

# Annual Report 2023

& financial statements year ended 31 March 2023







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Dr Gareth Hathway, University of Nottingham,  
who is studying the causes of chronic pain in  
childhood cancer survivors.





# Our vision

Changing medicine today.  
Changing lives tomorrow.

**The Medical Research Foundation's vision is to advance medical research, improve human health and change people's lives.**

Many of the diseases and conditions that affect human health have been cured or overcome as a result of medical research. But there will always be more to do. Although significant resources are being spent around the world on developing exciting new treatments and therapies, there are areas of medical need that receive little or no support – and people's lives that see no improvement. That is where we step in.

As the charitable foundation of the Medical Research Council (MRC) we are inspired by the responsibility and independence that our donated income gives us. We are guided by the wealth of expertise available to us and are bold and ambitious in the science we choose to support. We fund and support the most promising new medical research, wherever we discover great opportunities that are not being pursued.

Dr Obianuju Ozoh, University of Lagos,  
who is investigating the impact of climate  
change on respiratory health in Nigeria.

# How we arose

The Medical Research Foundation is the charitable foundation of the MRC. The MRC, as part of UK Research and Innovation, is the UK's main government-funded body charged with improving human health through medical research. In addition to its government funding, the MRC has been eligible to accept income from the giving-public since its inception in 1920 and separately registered these charitable funds with the Charity Commission in 1968.

In 2010, the funds of this predecessor charity were transferred to a new, modern charitable company, the Medical Research Foundation. A Declaration of Trust and a subsequent Deed of Assignment allows for charity funds gifted to benefit the MRC, to be assigned to the Medical Research Foundation.

The Medical Research Foundation is the trustee of 18 linked charities whose vision and aims to improve human health through research align with its own.



# A note from the MRC's Executive Chair



Medical research charities like the Foundation play an extremely significant role in the UK's broader research landscape.

I have seen this first-hand, having had the pleasure of attending the Foundation's Lupus Emerging Leaders Prize event in November. Schemes like this, which award crucial funding in the middle of a scientist's career, can help to shape their focus for the future. Without it, talented researchers can be forced to abandon their passion and leave science altogether, which is especially damaging for people who live with diseases or conditions – like lupus – that has to compete for research funding with more common conditions.

The Emerging Leaders Prize is just one example of the Foundation offering flexible funding during this critical period, aiding career progression and helping researchers to become leaders in their field. This, in turn, ensures they can continue to push forward life-changing medical research long into the future.

I have thoroughly enjoyed getting to know the Foundation more, during my 18 months so far with the MRC, and look forward to seeing what the charity – and its supporters – can continue to achieve together. With bold plans to fund even more research in the coming years, I have every confidence that the Foundation's impact on medical research and human health will continue to grow.

A handwritten signature in dark ink, appearing to read 'John Iredale', written in a cursive style.

**Professor John Iredale**  
**President, Medical Research Foundation**  
**Interim Executive Chair, Medical Research Council**

The MRC is part of UK Research and Innovation.



# Welcome

## From our Chief Executive and Chair of the Board of Trustees

Thanks to our supporters and our fantastic research community, 2022/23 was another bumper year for the Foundation. We funded more research than ever before, committing a further £5.4 million towards 51 new grants, fellowships and studentship awards. You can read about what we funded in the year on pages 26-30.



### Planetary health

We would like to begin this report, however, with some reflections around the subject of planetary health. As a charity whose very mission is to improve human health, we cannot sit back and watch as the planet's health declines, and we cannot make matters worse by our own actions.

Science has clearly shown that climate change is a real and continually growing threat to human health, estimated to cause 250,000 additional deaths per year between 2030 and 2050 (World Health Organization). The changing climate will impact on all of us but especially those who are already the most vulnerable, by threatening the social determinants of health – clean air, clean and adequate supplies of water, safe and sufficient food, and secure shelter. It is thought that over 40 per cent of the world's population – between 3.3 to 3.6 billion people – are highly vulnerable to climate change because of the location and circumstances in which they live.

We can see the changing climate impacting on health already – the devastating super flood that submerged one third of Pakistan, drought and crop failures in Europe and Africa, melting glaciers and rising sea levels, and changes in the ways that pathogens are spread, which is increasing the risk of disease.

### Promoting partnerships for the planet

One of the ways we can contribute to tackling this problem is of course by funding much-needed new

research into the health impacts of climate change. People in sub-Saharan Africa are among the most severely impacted communities in the world, despite being a relatively small contributor to climate change. For this reason, we have focused our efforts here, by supporting mutually beneficial partnerships between mid-career researchers in sub-Saharan Africa and the UK.

We committed £2.7 million of funding towards nine such partnerships, which are delving into a range of important issues, from air pollution and respiratory health in Nigeria, to heat exposure and maternal health in Kenya. In 2023/24, we plan to fund even more of these equitable and sustainable partnerships.

As a charity focused on improving health, we can also take steps to limit our own impact on the climate – after all, we cannot protect and improve human health unless the planet is also healthy. You can read more about these efforts on page 24, which include careful consideration around investments and steps to reduce the climate impact of our office.

We know these steps alone are not enough, so we are working on plans to do even more.

### High need, low research investment

Returning to more familiar ground, eating disorders research has been a key funding priority for many years. We know these devastating disorders have grown in scale and severity during the pandemic, yet research investment continues to languish behind the already limited funding available for other mental health



# Trustees' Annual Report

conditions. Together with the MRC and other funders, we were delighted to award more than £4 million of funding for vital new research collaborations, involving leading researchers from across the UK. We hope this new joint investment breaks the cycle of underfunding in eating disorders research, and most importantly, that discoveries from these collaborations help to improve the lives of people with eating disorders.

Building on previous investments in pain research, we also committed a further £550,000 towards new research on child and adolescent cancer pain. Among childhood cancer survivors, pain is one of the most common ongoing symptoms, so it's vital we understand more about how this pain develops and what can be done to tackle it.

## Funding the scientists of tomorrow

Through our sixth Emerging Leaders Prize, we recognised exceptional researchers who are working to tackle lupus, a complex, long-term illness that affects around 50,000 people in the UK. Lupus is one of our longest-standing priorities, so we were thrilled to fund three scientists whose research breakthroughs could dramatically improve the lives of adults and children living with lupus.

## Changing policy and practice

Finally, to one of our smaller but perhaps most impactful research funding schemes – our Changing Policy and Practice Awards.

Of course, the ultimate goal of medical research is to advance human health by improving diagnosis, healthcare, treatments and behaviour. But to have this level of impact, researchers need the necessary funding to share their results and recommendations with patients, healthcare practitioners and policymakers. That's where our Changing Policy and Practice Awards step in.

Just one example – from the six awards made this year – includes the dissemination of a 'pain severity scale' for premature or unwell babies, which could transform the way pain from clinical procedures is managed in neonatal units across the UK.

## £50 million by 2029

As usual, none of this research would have been possible without our supporters. Thanks to their generosity, we remain well on track for our longer-term aim, of **investing £50 million** in life-changing medical research between 2019-2029.

**The Trustees present their report and the audited financial statements of the charity and its 19 connected charities for the year ended 31 March 2023. The Trustees have adopted the provisions of the Statement of Recommended Practice "Accounting and Reporting by Charities" ("FRS 102 SORP") in preparing the annual report and financial statements of the charities.**

The financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charities governing documents, the Companies Act 2006, Charities Act 2011 and the FRS102 SORP.

## Trustees of the charity

The directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year and since the year end are listed on page 84.

## Public benefit statement

The Charities Act 2011 requires that every charity meets the legal requirement that its aims are for the public benefit. The Trustees confirm that they have had regard to the guidance on public benefit issued by the Charity Commission when considering the objectives and activities of the Medical Research Foundation and its connected charities. The charities provide public benefit through the funding, capacity building and co-ordination of medical research.

I hope you enjoy reading about what we, our supporters, and our wonderful research community have achieved this year.



**Dr Angela Hind**  
Chief Executive



**Professor Nicholas Lemoine CBE**  
Chair of the Board of Trustees







# Our objectives and activities

**Guided by the expertise available to us through our association with the MRC, we identify the health issues with the most pressing need for new research.**

Some of the research areas we fund are specified by individual supporters, who restrict their gifts to fund research on particular diseases or by specific research teams. In these cases, we rely on independent scientific experts to advise us on the most urgent questions that need to be addressed and the most effective way to do so.

We take a targeted approach; only funding research that aligns with one of our key strategic research themes:



**Increasing understanding**

Support for the discovery science that increases understanding of the processes underpinning all human health and disease.



**Emerging research leaders**

Opportunities for the emerging research leaders who will address the biomedical research questions of the future and support for their cutting-edge research today.



**High need, low research investment**

Support for research on the conditions and diseases that devastate lives, where there is unmet need for new research but a low research investment.



**Changing policy and practice**

Support to disseminate research results beyond the scientific press to people and places that will influence healthcare policy and practice as well as personal life choices.

Dr Lauren Heathcote with her team at King's College London, researching a body-mindset intervention for cancer pain.

# Our achievements and performance



## Climate change and health

Climate change is a severe and continually growing threat to human health globally. The World Health Organization estimates that climate change will cause 250,000 additional deaths per year between 2030 and 2050. It is an area that urgently needs research investment.

This year, we committed £2.7 million of new funding towards nine research partnerships, which will investigate the impact of climate change on health in sub-Saharan Africa. Despite being a relatively small contributor to climate change, people in sub-Saharan Africa are also likely to be among the most severely impacted communities.

**Dr Victor Mogre** from the **University for Developmental Studies** in Ghana, and **Dr Michael Head** from the **University of Southampton**, will explore community-led interventions to tackle the impact of climate change on health in rural Ghana.

The research team is focusing on Yellow Fever and skin-related Neglected Tropical Diseases (skin-NTDs), which include conditions like leprosy and scabies. They will look at community-led 'dialogue-based interventions' to see if they can improve popular knowledge and practice around climate change, as well as influence decision-making by both local and national policymakers. This will include information about skin-NTDs, Yellow Fever, and the evolving impacts of climate change.



**Dr Obianuju Ozoh** from the **University of Lagos** in Nigeria, and **Dr Davies Adeloye** from the **University of Edinburgh**, will investigate the impact of climate change on respiratory health in South-West Nigeria.

Through a study of Nigerian households, the researchers will collect data on individual exposure to air pollution and compare this to the development of respiratory problems. The team will also interview community members to understand their knowledge and awareness of climate change, and work together with these stakeholders to develop solutions to the impacts of air pollution.





In 2023, we committed

**£2.7 million**

for 9 research partnerships tackling the health impacts of climate change.



Medical Research Foundation-funded research partnerships working on climate change and health.

**Dr Houriiyah Tegally** from **Stellenbosch University** in South Africa, and **Dr Moritz Kraemer** and the **University of Oxford**, are exploring human migrations as a result of climate change and their impact on 'arboviral disease transmission' in sub-Saharan Africa.

Diseases most affected by climate change in Africa are predicted to be arboviruses – viruses that are transmitted by mosquitoes, ticks, or other arthropods. These include conditions like Dengue Fever, Yellow Fever, and Zika. The team will look at how climate contributes to the risk of arbovirus epidemics and explore the impact of changes in migration and urbanisation on pathogen transmission.

**Dr Dari Da** from the **Institut de Recherche en Sciences de la Santé** in Burkina Faso, and **Dr Joseph Challenger** from **Imperial College London**, will study wild mosquitoes to assess the impact of temperature on malaria transmission.



Temperature has an impact on mosquitoes' ability to survive, reproduce, and harbour malaria parasites, but they may have evolved to cope with more extreme temperatures compared to laboratory-reared mosquitoes. The researchers will assess the capacity of wild malarial mosquitoes to survive and adapt in different environmental conditions. This data will inform mathematical models to help understand the implications of temperature change on the transmission of malaria in the future.



**Dr Kingsley Orievulu** from the **Africa Health Research Institute** in South Africa, and **Dr Saeideh Babashahi** from **Brighton and Sussex Medical School**, will study the health, social, and economic impacts of extreme weather events on people living with HIV in South Africa.

South Africa is experiencing increasing frequency and severity of extreme weather events, like droughts, floods, and heatwaves. And some populations, such as those with HIV, are more vulnerable to health and well-being risks as a result of extreme weather. The researchers will investigate the impact of floods on people with HIV and HIV healthcare, before then evaluating policy interventions to reduce these health, economic, and social impacts.

# Our achievements and performance



**Dr Sokhna Thiam** from the **African Population and Health Research Centre** in Kenya, and **Dr Peninah Murage** from the **London School of Hygiene & Tropical Medicine**, will aim to better understand climate change and non-communicable diseases (NCDs) in Senegal by exploring the impact of air quality and urban green spaces.

The researchers will explore the link between climate change, air pollution, ecosystem degradation, and NCDs in four cities in Senegal that experience high levels of NCD deaths. This study will help to predict how climate change could impact NCD deaths in the future, as well as engaging key decision-makers to generate new solutions.

**Dr Begna Tulu Eticha** from **Bahir Dar University** in Ethiopia, and **Dr Rachel Tanner** from the **University of Oxford**, are investigating the impact of climate change on mycobacteria living in the environment and the human response to infection.

The team will investigate the effects of climate change on the survival, growth, virulence, and sequence of several mycobacteria strains from Ethiopia. Dr Eticha and Dr Tanner hope these findings could inform improved vaccinations and therapies in the future.

**Dr Adelaide Lusambili** from the **Africa International University** in Kenya, and **Dr Chérie Part** from the **London School of Hygiene & Tropical Medicine**, will study the impact of heat exposure on maternal and neonatal health in rural Kenya.

Communities in Kilifi reported that hot weather during pregnancy, labour, and the postpartum period negatively affects women's health, access to health services, and ability to perform daily tasks like infant care. The researchers will gather data on temperatures and humidity levels in both outdoor and indoor settings, as well as measuring women's personal temperature using wrist-worn devices and conduct in-depth interviews with participants to better understand their experiences.

The team will develop mathematical functions to estimate indoor temperatures and identify building structures most conducive to maternal and neonatal health. They plan to work with local stakeholders to design interventions to reduce the impact of heat on maternal health.



**Dr Thandi Kapwata** from the **South African Medical Research Council**, and **Dr Anya Burton** from the **University of Bristol**, are exploring the role of climate in muscle function, physical performance, and metabolites.

Musculoskeletal conditions affect 1.7 billion people around the world. In sub-Saharan Africa, these numbers are increasing as populations are ageing. The team will identify how climate variables like temperature impact muscle function and physical performance in older adults and assess whether metabolites (small molecules) play a role in these relationships across The Gambia, South Africa, and Zimbabwe.

The researchers hope their findings will help inform stakeholders about policies and guidelines which could reduce the potential health effects of climate change on older people.

Page opposite:  
Dr Kingsley Orievulu from the  
Africa Health Research Institute.





# Our achievements and performance



High need,  
low research  
investment

## Eating disorders

Eating disorders are thought to impact around 1.25 million people in the UK, although this number is likely to be significantly higher following the COVID-19 pandemic. Anorexia has the highest death rate of any psychiatric disorder, and other eating disorders such as bulimia can lead to severe medical complications.

Despite their devastating impact, especially on young people, our understanding of what drives them to develop is still limited, and research funding is scarce.



A new joint funding commitment from the Foundation, the Medical Research Council, the Economic and Social Research Council, the Arts and Humanities Research Council and the National Institute for Health and Care Research, aims to address this 'vicious cycle of underfunding', highlighted in a 2021 report by the All-Party Parliamentary Group on Eating Disorders.

The combined investment of more than £4 million will enhance knowledge and understanding of the biological, psychological and social causes of eating disorders, to help improve treatments and prevention strategies.



### Eating Disorders Clinical Research Network

**Professor Gerome Breen** and **Dr Karina Allen**, King's College London

UK eating disorder services are facing unprecedented demand, with effective care and treatment hampered by inadequate resources, fragmented services and variable care pathways. There is a critical need to develop better care pathways and treatments, to improve outcomes for people with eating disorders.



Professor Gerome Breen and Dr Karina Allen will work with the eating disorders research teams at King's College London's Institute of Psychiatry, Psychology & Neuroscience, and other centres nationally, to establish a UK-wide NHS research network spanning child and adult eating disorder services.





### **The environment and eating disorders: developing novel measures and hypotheses through inter-disciplinary collaborations**

**Dr Francesca Solmi, UCL**

Around six per cent of women and two per cent of men experience anorexia nervosa, bulimia nervosa, binge eating disorder, or other specified feeding and eating disorders. However, researchers still know little about who has eating disorders in the population and what causes these conditions.

To improve the data available on eating disorders in the general population, the researchers will conduct studies using the Age of Wonder Cohort, a large study of 30,000 adolescents. They will also explore the role of shifting societal risk factors, and in particular which aspects of urban environments (e.g. green spaces, deprivation, and food environments), sleep problems, and loneliness could contribute to eating disorder development.



### **Enhancing eating disorder research networks: the Eating Disorders and Autism Collaborative (EDAC)**

**Dr Karri Gillespie-Smith and Dr Fiona Duffy, University of Edinburgh**

There is a pressing need for new research focusing on eating disorders in Autistic people, involving wider and more diverse collaborations. We need to better understand what it's like to be an Autistic person with an eating disorder, what makes some Autistic people more vulnerable to eating disorders than others, the mechanisms that underpin this, and potential targets for intervention.



Thanks to this funding, the researchers will host a new UK-wide interdisciplinary network at the University of Edinburgh, which aims to facilitate collaborations with Autistic people, academia (including peer researchers), policy makers and clinicians. The priorities for this network will be set and steered by Autistic individuals with experience of disordered eating. The researchers aim to increase research capacity and career development by supporting early career and peer researchers, elevating the next generation of eating disorder researchers.



### **An anthropological approach to eating disorders: developing a socio-cultural strategy for research, treatment and prevention**

**Dr Anna Lavis, University of Birmingham**

The All-Party Parliamentary Group on Eating Disorders recently highlighted significant gaps in knowledge about the experiences and needs of people with eating disorders. Addressing them requires two key things: firstly, research priorities need to be set, and research undertaken, in collaboration with people with lived experience. Secondly, there is a need to understand how socio-cultural contexts and social and mental health inequalities impact experiences, access to services and outcomes.

This project will draw together an anthropological approach, with co-production, to undertake a range of capacity building, networking and research activities.

# Our achievements and performance



High need,  
low research  
investment

## Child and adolescent cancer pain

Pain is one of the most common ongoing symptoms among childhood cancer survivors, with over 50 per cent reporting continued pain and many reporting chronic pain.

Chemotherapy can also damage pain-sensing nerves. These changes in nervous system development in childhood can increase pain sensitivity in adulthood and affect cognition, mood, and quality of life.

This year, we've invested over £550,000 into new research on child and adolescent cancer pain.

More than

**50 per cent**

of childhood cancer survivors  
report continued or chronic pain



**Dr Lauren Heathcote** from **King's College London** will develop and test one of the first behavioural interventions to alleviate the impact of pain and improve well-being in childhood cancer survivors.

Working closely with childhood cancer survivors and their parents, Heathcote's team will develop an intervention consisting of animated videos and reflection exercises.

Dr Heathcote will use this method to teach children about the biopsychosocial nature of pain (an interaction between biological, psychological, and social factors), normalise worrying about pain after cancer, and help shift children towards more adaptive mindsets about their bodies.



Dr Lauren Heathcote (centre) with team at King's College London, working on video interventions.



**Dr Gareth Hathway** from the **University of Nottingham** will investigate how cancer chemotherapies for childhood medulloblastoma can impact the experience of pain in survivors.

Childhood survivors of brain cancers, including medulloblastoma, are more likely to suffer from chronic pain, anxiety, and depression in adulthood.

Dr Hathway's team will examine extracellular vesicles – small particles which are released from cancer cells during chemotherapy. They will investigate the effects of these extracellular vesicles on short-term and long-term pain in children with medulloblastoma.

Dr Gareth Hathway with team based at the University of Nottingham.



# Our achievements and performance



Joint 1st place prize winners Dr Alex Clarke (University of Oxford) and Dr Eve Smith (University of Liverpool), with highly commended winner Dr Thomas McDonnell (UCL).



## Celebrating outstanding impact on lupus

Our 2022 Emerging Leaders Prize recognised ground-breaking research into lupus – a complex, long-term illness that can cause damage to the skin, organs, and joints.

Up to 50,000 people are thought to have lupus in the UK alone. It is inherently difficult to diagnose and treat as its broad range of symptoms can appear common to many other conditions, and there is currently no cure.

Funded by a gift in Will from Dr Erina Herrick, we awarded a total of £220,000 to three exceptional scientists from the University of Liverpool, the University of Oxford, and UCL, whose studies could lead to much-needed new approaches to diagnosis and treatment.

In turn, these advances could dramatically improve the lives of adults and children living with lupus.

Joint 1st place  
**£100,000**

**Dr Eve Smith, NIHR Academic Clinical Lecturer, the University of Liverpool and the Alder Hey Children's NHS Foundation Trust**



Dr Eve Smith's research focuses on lupus in children, which is more severe than adult-onset lupus. It has greater disease activity, frequent, early occurrence of permanent organ damage, and higher death rates.

Dr Smith is leading the international 'TARGET LUPUS' research programme, which aims to develop, implement, and test a novel 'treat-to-target' based approach to care, promoting early aggressive disease control to prevent organ damage, minimise adverse effects from drugs, and improve survival.

This prize will accelerate the development of clinical trials to test new treatment approaches. The funding is supporting a biostatistician to undertake analyses informing the programme and facilitate taskforce meetings to agree on fundamental aspects of TARGET LUPUS.

Joint 1st place  
**£100,000**

**Dr Alex Clarke, Senior Clinical Research Fellow at the University of Oxford's Kennedy Institute of Rheumatology**



Dr Alex Clarke's research aims to understand the fundamental causes of lupus, to help identify novel treatment targets.

He studies how the metabolism of immune cells differs in autoimmunity, and how this contributes to the development of lupus.

Thanks to the Emerging Leaders Prize, Dr Clarke will now also be able to study the metabolism of plasmacytoid dendritic cells in lupus. These cells are the main producers of a type of interferon that causes many of the symptoms and signs of lupus. If researchers can understand how cell metabolism is altered, they might be able to rebalance it and, as a result, develop new treatment approaches.

Highly commended  
**£20,000**

**Dr Thomas McDonnell, Medical Research Foundation Fellow, UCL**



Dr Thomas McDonnell's research focuses on antiphospholipid syndrome (APS) – a condition that overlaps significantly with lupus.

His work has ranged from developing a potential new treatment, to studying Beta-2-Glycoprotein I (B2GPI) – the main autoantigen in APS. Dr McDonnell has focused on developing a unique, multidisciplinary approach to translational research, incorporating techniques from multiple fields.

With £20,000 of prize funding, Dr McDonnell will be able to attend a leadership course and train other scientists working on lupus and associated conditions. The funding will also be spent on introducing automation into Dr McDonnell's lab, which will significantly extend the scope of his research.

Enhancing  
Research Awards

**Dr Michael Devine, The Francis Crick Institute**



Parkinson's disease is a neurodegenerative disorder caused by the loss of a particular group of neurones in the brain.

Dr Michael Devine from The Francis Crick Institute is investigating the distribution and activity of mitochondria in neurons to better understand its role in Parkinson's disease. Using mass spectrometry imaging (a technique that allows for precise measurement of proteins and molecules of the mitochondria), Dr Devine and his team are looking specifically at mitochondrial function at brain synapses.

Studying the mitochondria in this way may help to uncover new insights into the underlying causes of Parkinson's disease and could potentially lead to new therapies that specifically target these organelles within synapses to slow or stop the progression of the disorder.



# Our achievements and performance



## Changing Policy and Practice Awards

Our Changing Policy and Practice Awards provide targeted support to Foundation and Medical Research Council-funded researchers, awarding up to £30,000 to each successful applicant.

In the year, we made seven of these unique awards, which support researchers to disseminate their findings beyond the scientific press, to people who can influence healthcare policy and practice, as well as people's individual life choices.



## Understanding how babies feel pain

Many babies born prematurely or unwell will spend their first weeks of life in neonatal care, where they are exposed to frequent clinical procedures. The way pain is monitored in babies is inconsistent across the country, so it is not always possible to know how babies really experience these painful procedures.



To influence the way pain from clinical procedures is monitored and managed for babies in neonatal intensive care, **Dr Lorenzo Fabrizi** from **UCL** will use this funding to disseminate a procedural pain severity scale to 15 neonatal care networks and parental advisory groups

across the UK. This scale has the potential to change the way pain from clinical procedures is monitored and managed for vulnerable babies.

## Tools to diagnose neurological problems in COVID-19 patients

Up to a third of individuals infected with COVID-19 develop neurological problems. COVID-19 patients admitted to hospital are particularly prone to encephalopathy – a process in which normal brain functioning is disturbed, causing confusion and fluctuating alertness. A quick diagnosis of encephalopathy is important to help clinicians address any underlying causes and initiate treatment for patients. But it is often difficult to diagnose.

A team of researchers from the **University of Liverpool** – **Professor Benedict Michael**, **Dr Arina Tamborska**, **Victoria Grimbly** and **Dr Greta Wood** – are using this funding to help clinicians across the country to diagnose encephalopathy earlier in COVID-19 patients.



## Screening pregnant women for cardiac problems in low-resource settings

Heart problems are a significant cause of maternal death worldwide. In India, it's estimated that two in 1,000 pregnant and postpartum women experience heart failure. And of these cases, 40 per cent are fatal.



**Dr Manisha Nair** and her team from the **University of Oxford** have developed a heart imaging method for obstetricians in Asia and Africa, which is a low-cost, portable, bedside imaging method which they found successfully helped to detect heart problems in pregnant women.

Using this funding, the team are developing an interactive training resource in collaboration with clinicians from Asia and Africa. This could save lives by reducing the need for on-site presence of costly equipment and cardiologists.

## Childhood obesity: the power of parental feeding

Childhood obesity is one of the biggest health challenges in the UK. Previous research has shown that some children are more likely to develop obesity than others because of their genes.



Although genes have a part to play in childhood obesity, **Dr Moritz Herle** from **King's College London** found that interventions to improve the way parents feed their children can buffer some of this genetic risk.

The Child Feeding Guide is a popular and interactive website which offers support for parents around parental feeding. Dr Herle and his team plan to update this website with new content that will provide users with education on genetic liability, and how parental feeding practices remain a powerful tool to support their children's healthy growth regardless of familial risk.

## Helping more people to benefit from palliative care

Palliative care supports people affected by serious or advanced illnesses to control symptoms, improve quality of life and live well despite their illness. It is needed by over 600,000 people in the UK each year.



During the COVID-19 pandemic, with funding from the MRC, **Professor Irene Higginson** and her **King's College London** team studied how palliative care services supported people during the pandemic. They found

that palliative care developed 'frugal innovations' to care for more people. Services controlled symptoms such as breathlessness, pain and agitation, reducing distress, trained other doctors and nurses, but were often overlooked by policy makers and were poorly understood.

Funding from the Foundation will allow Professor Higginson to transform the understanding and integration of palliative care evidence, taking insights from the COVID-19 pandemic, so more people can benefit in a long-lasting way.

## Reducing school dropouts in pregnant and parenting adolescents

Adolescent pregnancy and parenthood interfere with schooling and health for individuals across the world, but it can be particularly challenging for mothers in sub-Saharan Africa.

A research team from the **University of Cape Town** and **University of Oxford** – **Professor Lucie Cluver**, **Chelsea Coakley**, **Dr Janina Jochim**, **Dr Jane Kelly** and **Professor Elona Toska** – studied over 1,000 adolescent mothers living in South Africa's Eastern Cape and identified educational, socioeconomic, and service markers of school dropout.



Using this funding, the team will share recommendations and a training toolkit with South Africa's Department of Basic Education, and they will improve school healthcare and support services for pregnant and new mothers.

## Better supervision for community health workers

In the South African healthcare system, community health workers provide healthcare-related activities in communities but often have limited training and insufficient skills to perform their tasks.



**Professor Jane Goudge** from the **University of the Witwatersrand** investigated the influence of a nurse mentor (an experienced professional nurse) within South Africa's national community health worker programme. She found that, as a result of the nurse mentor, the teams increased the number of households they were able to care for, and the range of services they provided.

Using this award, Professor Goudge and her team will host collaborative workshops for community health workers and nurse mentors to share learnings from the study and design dissemination materials.



# Our achievements and performance



Medical Research Foundation team.



## Planetary health

**We are a small charity with limited resources, but we are strongly committed to protecting human health. And for just this reason, we are taking steps to limit our impact on the climate.**

For some time now, we have instructed our investments managers to exclude thermal coal from our investment portfolio, along with other things like controversial weapons, and to steward those companies that we do invest in that extract and process other fossil fuels to operate to high standards and develop alternatives.

We also ask our managers to steward any companies in our investment portfolio that are at risk of driving antimicrobial resistance, in particular through the overuse of antibiotics.

We have taken steps to reduce the climate impact of our office and only use recyclables and green products. We avoid single use plastics and cater wholly vegetarian for our events. If we ever need to fly for our business, we offset the carbon emissions of the flights and we pay for the same for the researchers that we support.

This is our contribution to planetary health. We know these steps alone are not enough, so we are working on plans to do even more.

## Equality of opportunity and inclusive practices

**We are constantly working on improving our practices and policies across all activities to ensure equality of opportunity and the removal of barriers to inclusion.**

We actively encourage and monitor the diversity of applicants to our grants, awards, our Board and committees and our jobs, and we pay close attention to unconscious bias in our decision-making panels.

This year we carried out an internal audit across all our activities, which has led to various improvements, for instance removing gendered language from our governing documents. We are conscious that improvement needs to be continuous, and we have committed to identifying actions on an ongoing basis and undertaking audits on a biennial basis.

We provided support for discovery science aimed at increasing our understanding of the biological processes that determine all human health and disease.





Above: Lisa and Stephen Nevitt, and team, climb Mount Kilimanjaro, Kenya, for autoimmune hepatitis research.

Right: Fundraisers take part in RideLondon.



## Raising funds

**2022/23 was a year of consolidation and growth for fundraising. Our legacy marketing campaign was broadened to include advertising to the general public.**

This campaign is gaining good traction. Despite the cost-of-living crisis, our donors continued to give generously and our income from individual giving exceeded targets. We continued to build upon our strong relationships with our trusts and corporate partners, with Pfizer continuing their sponsorship of the Emerging Leaders Prize award ceremony for a second year running.

Income from our fundraising events decreased from 2021/22, but this was anticipated given the extraordinary success of our events programme last year and a sector wide downturn in challenge event participation from pre-pandemic levels. We still enjoyed fantastic support, with a group led by Lisa and Stephen Nevitt climbing Mount Kilimanjaro to raise funds for autoimmune hepatitis research. Other teams also took part in the **RideLondon, Oxford Half Marathon**, and a skydive to raise funds.

## Raising awareness

To become a charity and research funder of choice, it is also critical that we raise awareness of the research – and researchers – we support. Our communications activities help to inspire potential donors, and they help to generate interest from researchers in our funding schemes.

We again delivered a comprehensive programme of communications activity linked to key announcements and awareness days, as well promoting the work of our funded researchers. As the first ever Charity Partner of New Scientist Live, we were also able to raise awareness among a key 'science literate' audience, while increasing our supporter contacts by more than 200 per cent.





# New research that we supported

We have highlighted some of the 51 new grants, fellowships and studentships that we made during 2022/2023 in the earlier section; here we provide summary information of each of the new research awards that we made during the year.

These new awards amounted to an additional investment of

## £5.4 million

in new medical research and training.



Increasing  
understanding

We provided support for discovery science aimed at increasing our understanding of the biological processes that determine all human health and disease.

### £100,000

Awarded to Dr Cristina Rada at the MRC Laboratory of Molecular Biology (MRC LMB) to support stipend supplements for externally funded international PhD students.

### £12,000

Awarded to Dr Nicolas Tapon at the Francis Crick Institute to support the delivery of the Crick Beddington Developmental Biology Symposium.

### £35,000

Awarded to Professor Petra Hajkova at the Francis Crick Institute to support an extension to the PhD research of Lida Kabir exploring the role of a specific enzyme in endothelial cells.

### £55,000

Awarded to Dr Cristina Rada at the MRC LMB to support stipend supplements and extension of stipends for externally funded international PhD students.

### £185,760

Awarded to Dr Kate McDole at the MRC LMB to support the PhD studies of Anfu Wang, who is researching the morphogenesis of the early mammalian embryo.

### £11,114

Awarded to Professor Massimo Zeviani at the Veneto Institute of Molecular Medicine, Italy, to support research on the genetics of mitochondrial diseases.

### £7,507

Awarded to Dr James Briscoe at the Francis Crick Institute to support two developmental biology summer studentship placements.

## Epidemiology

Four travel grants, thanks to a generous donation from Professor Thomas Meade:

- Awarded to Dr Emmanuel Essien (Federal Neuro-Psychiatric Hospital, Nigeria) to fund a collaboration at King's College London investigating workforce migration of psychiatric trainees in Nigeria.
- Awarded to Dr Grace Kia (Ahmadu Bello University, Nigeria) to fund a collaboration at the University of Glasgow to investigate integrated surveillance for rabies control and illumination in Nigeria.
- Awarded to Dr Celso Khosa (Instituto Nacional de Saúde, Mozambique) to fund a collaboration at the Liverpool School of Tropical Medicine to learn and apply epidemiological principles to end tuberculosis in Mozambique.
- Awarded to Dr Kwabena Duedu (University of Health and Allied Sciences, Ghana) to fund collaboration at the University of St Andrews to investigate genomic epidemiologic indicators of SARS-CoV-2 transmission dynamics in the Southeastern Corridor of Ghana.

# £50,311

## Tuberculosis

Five travel grants funded through a generous gift in 1929 from Florence Temple Cross in memory of her daughter Dorothy Temple Cross:

- Awarded to Dr Mina Mehanny and Dr John E. Pearl (Ain Shams University and the University of Leicester) to investigate novel spray-dried ESAT-6 vaccine for pulmonary mucosal immunisation against Tuberculosis.
- Awarded to Dr Celso Khosa and Dr Tom Wingfield (Instituto Nacional de Saúde and Liverpool School of Tropical Medicine) to investigate acceptability and feasibility of video observed therapy for multi-drug resistant tuberculosis in Mozambique.

- Awarded to Dr Esto Bahizire and Dr Naomi Walker (Catholic University of Bukavu and Liverpool School of Tropical Medicine) to investigate mycobacterium tuberculosis drug resistance in Eastern Democratic Republic of Congo by clinical and genotypic characterisation.
- Awarded to Professor Veronica Ueckermann and Dr Caroline Williams (University of Pretoria and University of Leicester) to investigate exhaled Mycobacteria in drug resistant disease.
- Awarded to Dr Esin Nkereuwem and Dr Toyin Togun (MRC Unit The Gambia and London School of Hygiene and Tropical Medicine) to investigate reference values for lung function measurement among Gambian children.

# £149,981

## Skills Training and Development Awards

- **Epilepsy:** Dr Umesh Vivekananda (University College London)
- **Prostate Cancer:** Vasilis Stavrinides (University College London)
- **Gene Therapy:** Dr Guilherme Costa (Queen's University Belfast)
- **Immunotherapy:** Dr Anna Reed (Imperial College London)
- **Antimicrobial Resistance:** Dr Anand Shah (Imperial College London)
- **Cell Biology:** Dr Yihua Wang (University of Southampton)

# £25,792



# New research that we supported



High need,  
low research  
investment

## Eating disorders

Together with the MRC, we awarded over £3.6 million of funding to seven researchers, based at four universities across the UK:

- Professor Gerome Breen (King's College London) to establish and develop an NHS Eating Disorders Clinical Research Network.
- Dr Karri Gillespie-Smith (University of Edinburgh) to increase research innovation and capacity in the field of eating disorders.
- Dr Francesca Solmi (University College London) to establish inter-disciplinary collaborations in eating disorders, developing novel measures and hypotheses.
- Dr Anna Lavis (University of Birmingham) to develop an anthropological approach to eating disorders developing an innovative socio-cultural strategy for research, treatment and prevention.

## £874,945

Awarded to Dr Sylvane Desrivieres (King's College London), a 16-month extension due to COVID-19 disruptions, to a research grant Establishing causal relationships between biopsychosocial predictors and correlates of eating disorders and their mediation by neural pathways.

## £18,646

Awarded to Dr Rina Dutta (King's College London), 12-month extension due to COVID-19 disruptions, to a research project to investigate social media, smartphone use and self-harm in young people.

## £9,085

## Child and Adolescent Cancer Pain

Two research grants, to support research that will increase understanding of the mechanisms underpinning child and adolescent cancer pain, improve diagnosis and treatment, and/or impact on future outcomes:

- Awarded to Dr Lauren Heathcote (King's College London) to harness adaptive body mindsets to improve pain outcomes in childhood cancer survivors
- Awarded to Dr Gareth Hathway (The University of Nottingham) to investigate extracellular vesicles as conduits for the transfer of biologically active compounds which mediate cancer chemotherapy based pain in early life.

## £572,293

## Impacts of Climate Change on Health

Nine research grants funded through a generous gift from Sir Leonard Rogers in 1925, to increase understanding of the processes involved in the impact of climate change on infectious diseases and other non-infectious health outcomes that disproportionately affect tropical regions:

- Awarded to Dr Sokhna Thiam and Dr Peninah Murage (African Population and Health Research Center and London School of Hygiene & Tropical Medicine) to investigate climate change and non-communicable diseases in Senegal focusing on interactions with air quality and urban greenery.
- Awarded to Ms Houriiyah Tegally and Dr Moritz Kraemer (Stellenbosch University and the University of Oxford) to investigate the impact of climate related human migrations on the establishment of arboviral disease transmission in Africa through 2100.
- Awarded to Dr Obianuju Ozoh and Dr Davies Adedoye (University of Lagos and University of Edinburgh) investigating equitable and cost effective national and subnational strategies to map the impacts of climate change on respiratory health in Nigeria



- Awarded to Dr Adelaide Lusambili and Dr Cherie Part (Africa International University and London School of Hygiene & Tropical Medicine) to investigate the impacts of indoor and outdoor heat exposure on maternal and neonatal health in rural Kenya.
- Awarded to Dr Victor Mogre and Dr Michael Head (University for Development Studies and University of Southampton) to investigate using a dialogue-based intervention to sustainably implement a rural Ghana community-based systems approach to climate services for health.
- Awarded to Dr Kingsley Orievulu and Dr Saeideh Babashahi (Africa Health Research Institute and Brighton and Sussex Medical School) to evaluate the social and economic impact of extreme weather events in people living with HIV.
- Awarded to Dr Dari Da and Dr Joseph Challenger (Institut de Recherche en Sciences de la Santé and Imperial College London) to investigate the impact of climate change on the malaria burden and transmission.
- Awarded to Dr Thandi Kapwata and Dr Anya Burton (South African Medical Research Council and University of Bristol) to investigate the role of climate in muscle function, physical performance, and the metabolome.
- Awarded to Dr Begna Eticha and Dr Rachel Tanner (Bahir Dar University and Dr Rachel Tanner, University of Oxford) to investigate the impact of climate change on mycobacteria and host response to infection.

**£2,733,622**

### Antimicrobial resistance

Awarded to Professor Matthew Avison (University of Bristol) to cover extensions to PhD studentships due to COVID-19 disruptions for five students.

**£29,291**

### Lupus

These prizes were made possible by a generous gift in the Will of Dr Erina Herrick:

- Dr Alexander Clarke (University of Oxford) to understand the fundamental causes of lupus, with the objective of identifying novel treatment targets.
- Dr Eve Smith (University of Liverpool) to investigate lupus in children, leading the TARGET LUPUS research programme to develop, implement, and test a novel 'treat-to-target' based approach to care.
- Dr Thomas McDonnell (University College London) to investigate antiphospholipid syndrome; a condition which overlaps significantly with lupus.

**£224,958**

### Neurology

An Enhancing Research Award, funded through a generous gift in Will from Mr Raymond Christensen, to Dr Michael Devine (Francis Crick Institute) to understand subcellular mitochondrial heterogeneity in neurons.

**£89,969**



# New research that we supported



Seven Changing Policy and Practice Awards, to support researchers to disseminate their findings beyond the scientific press to people who are able to influence healthcare policy and practice as well as personal life-choices:

- Professor Irene Higginson (King's College London) to investigate better integrating and improving access to palliative care through partnerships and co-design across all settings.
- Professor Lucie Cluver (University of Oxford) to improve health outcomes amongst pregnant and parenting adolescent learners in South African schools.
- Professor Jane Goudge (University of the Witwatersrand) to strengthen supportive supervision of community health workers to build capacity and trust, ensuring they are an integral part of the health system.
- Dr Lorenzo Fabrizi (University College London) to raise awareness of evidence-based quantification of procedural pain severity in the Neonatal Intensive Care Unit.
- Professor Manisha Nair (University of Oxford) to develop an interactive to guide the diagnosis of cardiac problems in pregnant women in low-resource obstetric settings.
- Professor Moritz Herle (King's College London) to disseminate findings on the power of parental feeding and genetic risk for childhood obesity.
- Professor Benedict Michael (University of Liverpool) to disseminate clinical guidance and diagnostic tools to improve recognition and management of COVID-19 encephalopathy.

**£211,756**



# Plans for future periods

## Funding more research to change lives

The world in which we operate – and the areas of health most urgently in need of research – are constantly changing. Our 2024-2029 Organisational Strategy will respond to these changes, setting out a refreshed vision and mission for the charity, as well as defining what research is needed – and where – over the next five years.



We remain on course for our longer-term aim, of investing

**£50 million**

in life-changing medical research between 2019 and 2029.

In 2023, we will complete our plans to make £4 million available for new research into the impact of climate change on health. We will also continue to support more research in child and adolescent health, including investments in cancer pain, musculoskeletal pain and skin disorders. We will also make further investments in the fields of viral and autoimmune hepatitis research and hearing research.

## Planetary health



Planetary health is one of the foundation stones on which our charity sits. If we are to achieve our vision of better health for all, we need to protect the planet's health too.

In the coming year, as we develop our organisational strategy for the next five-year period, 2024-2029 we will pay special attention to reducing further the planetary impact of our activities.

The United Nations' Paris Agreement committed the signatories to aim to limit planetary temperature increases to 1.5 degrees C above pre-industrial levels. The whole world needs to be working towards this goal, otherwise we risk very significant consequences for human health. We will continue to play our part and we will include more details of our action plan in next year's Trustees' Report.

## Raising funds and awareness

To deliver our ambitious research funding plans it is vital that we increase our fundraising income over the coming years.

The promotion of gifts in Wills continues to be a major focus. Raising income from Trusts and Foundations will be a key priority for the coming year, both from existing funders and new relationships. 2023/24 will see the Foundation launch its first large scale individual-giving campaign aimed at researchers who have previously received MRC funding.

We are continuing to expand our communications offering, especially around digital and social media. This includes the launch of a new social media channel in 2023, Instagram, which will help us to reach even wider audiences. For the second year in a row, we will also be sponsoring New Scientist Live as its Charity Partner.



# Thank you to all our supporters and donors

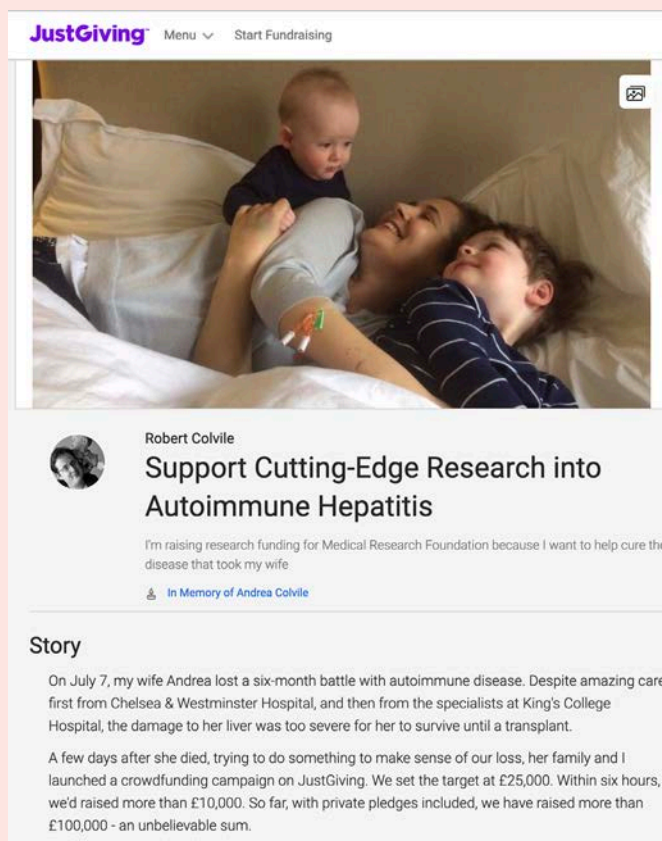
The life-changing medical research we fund is only possible thanks to the incredible generosity of our donors. Without them, we could not continue to support the UK's next generation of research leaders, who will make a difference to human health for decades to come.

This year, Robert Colville continued his remarkable fundraising campaign for autoimmune hepatitis research, in memory of his wife Andrea who sadly passed away in 2019. Robert has now raised more than £136,000.

We received generous support from our partners, including the Chellaram Foundation, the P F Charitable Trust, the Grace Trust, the Michael and Anna Wix Charitable Trust, the Edwards Family Trust, the Charles and Elsie Sykes Trust, and the Orange Tree Trust. We would also like to thank our corporate partners Pfizer UK and New Scientist for their continued support.

Thank you to every one of our supporters who gave generously during the year, either through one-off or regular donations.

As always, we are immensely grateful to our friends and colleagues at the MRC for giving us guidance, advice, and other *pro bono* support.



The screenshot shows a JustGiving fundraising page for Robert Colville. The header includes the JustGiving logo, a menu, and a 'Start Fundraising' button. The main image shows Robert Colville lying in bed with a young child, both smiling. Below the image, the name 'Robert Colville' is displayed, followed by the title 'Support Cutting-Edge Research into Autoimmune Hepatitis'. A short bio states: 'I'm raising research funding for Medical Research Foundation because I want to help cure the disease that took my wife.' Below this is a link 'In Memory of Andrea Colville'. The 'Story' section begins with: 'On July 7, my wife Andrea lost a six-month battle with autoimmune disease. Despite amazing care first from Chelsea & Westminster Hospital, and then from the specialists at King's College Hospital, the damage to her liver was too severe for her to survive until a transplant. A few days after she died, trying to do something to make sense of our loss, her family and I launched a crowdfunding campaign on JustGiving. We set the target at £25,000. Within six hours, we'd raised more than £10,000. So far, with private pledges included, we have raised more than £100,000 - an unbelievable sum.'



Fundraisers, Elena and Bruna, who took on a skydive to fundraise for the Foundation.

# Our key linked charities

As a small funder we know we need to be innovative to have the greatest impact on health. This means we do not limit ourselves to only supporting research through the traditional route of directly providing research awards.

We recognise the value in supporting other specialist research funders, that are too small to independently develop and deliver all of their activities to the highest level, but whose mission and vision are critical to improving human health.

We provide support to 18 linked charities that do not have dedicated employees, by managing all of the business of the linked charity as if it is a Foundation fund. In addition, we provide support to the Africa Research Excellence Fund (AREF) and the Global Alliance for Chronic Diseases (GACD) which are active, independent legal entities, with their own boards of trustees, CEOs and staff teams.



## Africa Research Excellence Fund (AREF)

The Africa Research Excellence Fund (AREF) was founded in 2015. Since then, it has offered career-enhancing opportunities to over 450 early career researchers across Africa, setting them on the path to leading their own research teams within the continent. AREF's ambitions are rooted in the strong conviction that Africa's health research agenda and priorities should be defined by Africans, in partnership with leading researchers across the world. African researchers possess a unique and nuanced understanding of African culture and health systems, having lived through the challenges facing their communities every day. AREF has empowered excellent African health researchers through innovative programming that provides fellowships and development opportunities in grant writing, publication, and research leadership in addition to providing networking and mentoring opportunities.

As a step on its pathway to independence, AREF was registered as a company limited by guarantee on 23 February 2021. AREF transitioned to full independence on 31 December 2022 when the Foundation ceased to be the sole member of the charity and it is now registered under its own charity number, 1193865. The reported activity covers nine months from 1 April 2022 to 31 December 2022.

In 2022/23 AREF supported 200 researchers from 28 African countries to develop the professional skills required for a successful career in research (a 43% increase from the previous year). This included three virtual grant

writing programmes as well as a new leadership programme. This year-long hybrid programme is funded by the MRC and the first cohort will include 20 fellows. AREF also successfully delivered a leadership programme exclusively to African women researchers and worked closely with the African Academy of Science (AAS), National Institute of Health (NIH) and the Bill and Melinda Gates Foundation (BMGF) to create and deliver a bespoke programme to meet the leadership needs of a cohort of researchers for the African Postdoctoral Training Initiative Leadership Programme.

AREF's mentoring programme continued and 19 Fellows were paired with research leaders across Africa. The 2022/23 Research Development Fellowships call opened in June 2022.

This year AREF launched its first Seed Fund competition. The Seed Fund provides awards of £50,000 for 12 months for fellows to support their transition to independence and development of an independent research programme. The final decision on the allocation of awards will be made in 2023-24.

AREF supports its alumni through its Alumni Programme, launched this year, and the Tumani Corrah Prize for Excellence. This prize recognises the achievements of researchers who have previously been supported by AREF. The winners of the prize this year were Dr Pauline Bakibinga from the African Population and Health Research Center, Kenya and Professor Salome Tumishang Maswime, from the University of Cape Town, South Africa.



# Our key linked charities



## Global Alliance for Chronic Diseases (GACD)

The Global Alliance for Chronic Diseases (GACD) is committed to improving inequities in health. GACD's focus lies in supporting implementation research in low- and middle-income countries (LMICs), as well as vulnerable populations in high-income countries, and strengthening capacity in implementation research. Through these efforts, GACD aims to generate valuable insights into tackling the burden of chronic non-communicable diseases (NCDs) worldwide.

GACD brings together international funding agencies, representing 80 per cent of global public funding for health research. It coordinates joint funding activities among the agencies and hosts networking and training events throughout the year.

In pursuit of its mission, GACD has increased the frequency of funding calls, offering more complex, real-world topics. GACD was excited

to host its seventh funding call, which adopted a novel lifecourse approach to NCD risk factor prevention and reduction. The Research Council of Norway joined as an additional Funding Partner for this call, expanding the reach and available resources. To date, the GACD 'Lifecourse' call has supported 25 awards, with an investment of at least \$55 million USD. In quick succession, GACD launched its eighth funding call in November 2022, focusing on chronic NCD risk prevention in cities.

Recognising the interconnection of environmental sustainability, climate change, and planetary health with chronic NCDs, the Research Network selected this topic for the 2022 mid-year workshop. The expert guest speakers explored the synergies between climate change, the environment and NCDs, highlighting the rationale for GACD's eighth grant call, and delved into the role of implementation research in planetary health.

GACD team-members at the Annual Scientific Meeting, London UK.



## Research capacity strengthening

GACD recognises the importance of strengthening research capacity in implementation research among global researchers to ensure high-quality research with a likelihood of sustainable impact. GACD approaches capacity strengthening through key strategies: integrating capacity development into all GACD research projects; and secondly, through hosting training events facilitated by expert faculty from the GACD Research Network.

In 2022, GACD introduced a new GACD Masterclass, specifically designed for mid-career investigators from LMICs to enhance their knowledge of implementation science methodologies. A third approach is the GACD e-Hub, an online platform providing a comprehensive training program not only for GACD's own events but also as a resource for external training activities.

In December 2022, as pandemic restrictions eased, GACD held its Annual Scientific Meeting (ASM) in London, UK, bringing together the GACD Research Network in person once again. The ASM 2022, was the tenth meeting and attracted over 140 participants from 101 institutions across 34 countries. This two-day knowledge-sharing event fostered open discussions on ongoing research successes and challenges, explored innovative methodologies, and empowered participants through collaborative learning within communities of practice.

GACD thrives on the support and commitment of the funding agencies within the alliance, and the invaluable contributions of the GACD Research Network members whose energy and insights ensure that the research collectively supported by GACD is productive and likely to have impact. Together, GACD strives for a future where chronic diseases cease to be a leading cause of death and disability.

To date, the GACD 'Lifecourse' call has supported  
25 awards, with an investment of at least

**\$55 million USD**



The GACD Annual Scientific Meeting in London, UK.



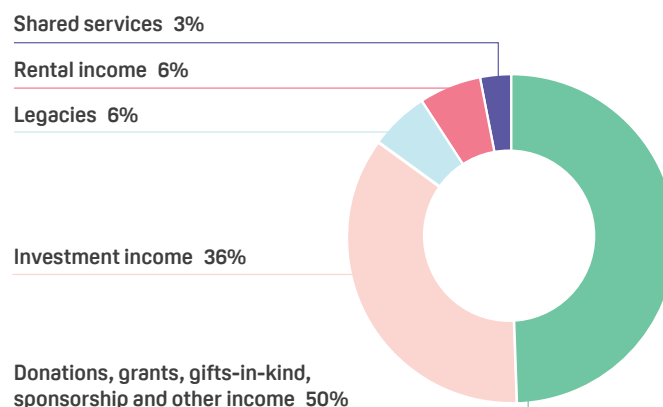
# Our finances in 2022/23



## Income

### Consolidated position: Medical Research Foundation and all linked charities

This year's total income of £5.1m is £0.6m less than the prior year (2022: £5.7m).



### Medical Research Foundation (prior to consolidation with AREF and GACD)

This year's total income of £4.1m is £1.5m more than the prior year (2022: £2.6m). The key difference is £1.6m of COVID-19 charity support funding from the Department for Business, Energy and Industrial Strategy (BEIS), distributed via the Medical Research Council, compared to £0.4m received in the prior year.

Legacy income improved with £239k received (2022: £14k); the legacy marketing campaign which commenced in 2021 is expected to generate significant income levels but the lead time could be several years.

£0.2m was derived from donations, Gift Aid and gifts-in-kind (2022: £0.2m) and £1.8m from grants (2022: £0.7m), largely awards from the MRC towards office costs and to distribute BEIS funding.

Income generated from charitable activities includes rental income of £0.2m from our residential property which is consistent with prior year and reflects the lease that is in place (2022: £0.2m).

£0.1m was generated from recharges of shared services to AREF and GACD (2022: £0.2m). The reduction from prior year reflects AREF's increasing independence and the transfer during the period of further responsibilities to its staff.

Our investments provided £1.5m of income, an increase of £0.3m from the previous year (2022: £1.2m). This reflects a full year of income generated on the infrastructure investment made in December 2021 and reflects an increase in returns on money market funds following interest rate rises.

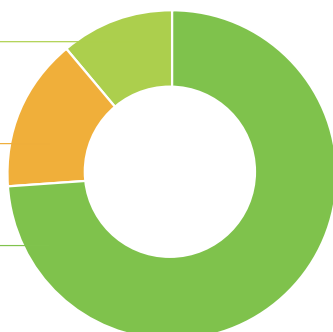
Despite economic uncertainty, high inflation and interest rate rises, at year-end we had recorded net realised and unrealised gains on our investment assets of £0.2m (2022: £6.1m gain).



Gifts-in-kind, bank interest and other income 11%

Delivery of workshops 15%

Donations and grants 74%



### Africa Research Excellence Fund (AREF)

The control of AREF's assets and liabilities was transferred from the Medical Research Foundation to AREF on 31 December 2022 and therefore only nine months of activity, from 1 April 2022 to 31 December 2022 is reflected in the Medical Research Foundation's consolidated financial statements and notes. The following commentary refers to this nine-month period only, however prior year comparative amounts are full year.

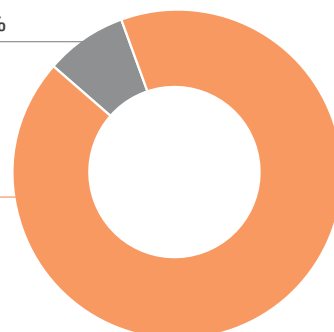
AREF received £0.3m of grant income in the nine-month period to 31 December 2022 (2022 full year: £2.6m), of which £0.2m was provided by Bristol-Myers Squibb to contribute to its Researcher Development Fellowship programme.

Gifts-in-kind were provided to a value of £36k (2022 full year: £95k); the MRC provided £10k of desk space and IT equipment; Bryan Cave Leighton Paisner LLP provided £3k legal services; the London School of Hygiene and Tropical Medicine provided £15k for overheads incurred in hosting AREF's staff at their Africa office; and £8k was the value assigned to experts who provided support in delivering AREF's workshop programmes.



Gifts-in-kind and bank interest 8%

Associate Member and Funding Partner contributions, including through grant awards 92%



### Global Alliance for Chronic Diseases (GACD)

£0.6m of GACD income is from Associate Member contributions, in line with the prior year (2022: £0.6m). In addition, gifts-in-kind were provided to a value of £41k (2022: £34k); Wellcome provided £36k for office services and £5k was pro-bono support provided by experts in the research network in facilitating programmes and research.

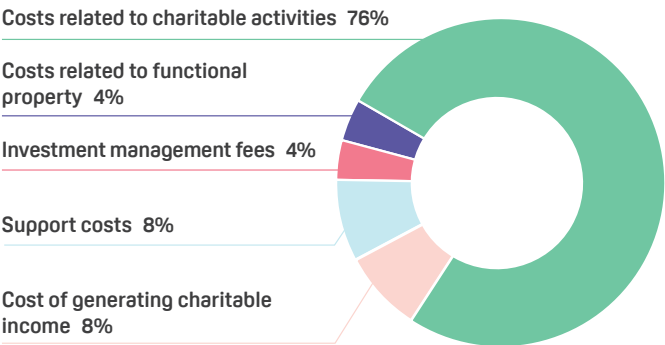


# Our finances in 2022/23

## Expenditure

**Consolidated position: Medical Research Foundation and all linked charities**

Total expenditure during the year was £8.7m, a decrease of £0.9m from the previous year (2022: £9.6m).



### Medical Research Foundation (prior to consolidation with AREF and GACD)

Total expenditure during the year was £7.7m, a decrease from the previous year (2022: £7.9m).

Direct expenditure on research activities was £5.7m (2022: £6.1m). £11m of funding calls are planned for 2023/24. Research awards are expected to average 72% of total expenditure to the end of our current strategic period.

Support costs, including governance costs, were £0.6m (2022: £0.5m). Functional property costs were £0.3m (2022: £0.3m).

The costs of raising funds was £0.9m (2022: £0.7m).

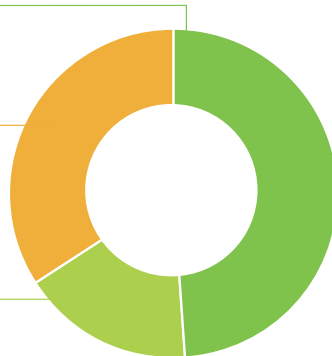
Investment management fees were £0.3m (2022: £0.3m).



Costs related to charitable activities 49%

Support costs 34%

Cost of generating charitable income 17%



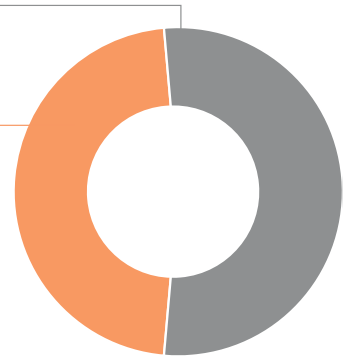
### Africa Research Excellence Fund (AREF)

Total expenditure in the nine-month period to 31 December 2022 was £0.6m (2022: £1.4m full year). Direct expenditure on researcher development activities was £0.3m (2022: £0.9m full year). Support costs were £0.2m (2022: £0.3m full year) and the costs of raising funds were £0.1m (2022: £0.2m full year).



Costs related to charitable activities 53%

Support costs 47%



### Global Alliance for Chronic Diseases (GACD)

Total expenditure during the year was £0.5m, a slight decrease from the previous year (2022: £0.6m) reflecting the costs of an external evaluation in 2022 which was not repeated in 2023.



# Our finances in 2022/23

## Investments

The Trustees' powers of investment are derived from the charity's governing documents and in exercising these powers the Trustees have acted in accordance with their duty as set out in the Trustee Act 2007.

Our Investment Committee recommends investment strategy to the Board of Trustees and oversees its implementation.

We have an investment strategy which ensures that sufficient liquid funds are held to meet short term forecast research award expenditure claims and seeks a total return approach, using any increase in the value of investments as income to fund operational or research expenditure.

Since 2011 Newton Investment Management Ltd have managed our segregated equity portfolio. We have a benchmark against which our equity investment managers are monitored, and they were 0.78 percentage points ahead of the benchmark for our segregated fund over the year to 31 March 2023.

Liquidity risk is low as all assets are traded on regulated markets. The ability to buy and sell quoted stocks and equities is expected to continue, and, as such, they could be sold if required. The stocks and equities within the portfolio are mainly traded in markets with good liquidity and high trading volumes. There are no material investment holdings in markets subject to exchange controls or trading restrictions.

The £5m infrastructure investment with IFM Investors, funded in 2021/22, diversifies the portfolio and is expected to generate healthy long-term returns. This is an illiquid investment with a long lock-up period, however, the substantial majority of assets remain in liquid investments.

## Environment, Social and Governance (ESG) Strategy

We seek to maximise the return on our investments, while managing risk and taking into account ethical factors that we believe to be critical to fulfilling our mission to improve human health.

There are some specific global activities that we believe could affect our ability to improve human health, including: i) the manufacture and distribution of tobacco; ii) activities that drive the global climate crisis; iii) weapons that risk indiscriminate and disproportionate harm on civilians during and after conflict e.g. anti-personnel landmines, cluster munitions, chemical, biological and nuclear weapons); and iv) the overuse of antimicrobials (in particular, antibiotics).

We instruct our equity managers to exclude from our investment portfolios stocks in sectors that involve tobacco manufacture and distribution, thermal coal and controversial weapons.

We take this 'divestment' approach because we consider investment in these particularly harmful sectors to be entirely inconsistent with our vision.

Where we invest in companies that deal with other fossil fuels (e.g. oil companies), or companies that are at risk of overusing antimicrobials (e.g. food production), we require our investment managers to engage with company management to address these issues and to participate in international initiatives related to these ethical concerns. We allow our managers to invest in these stocks where they will be an important source of income and growth for us, but we require them to use their influence and voting rights to drive improvements in practice that will ultimately benefit human health. This 'stewardship' approach to investment provides the opportunity to influence companies whilst still investing in them. However, we instruct our investment managers to exclude stocks from our portfolio if there is either a lack of engagement or no prospect that engagement will change the company's business model and practices.

When appointing our investment managers, we carefully consider their track record in responsible investing, and we require them to report regularly on their activities to our Board of Trustees and Investment Committee.

## Reserves policy

We take a prudent approach to reserves, to ensure that we can sustain our operations and continue the uninterrupted delivery of our objectives in the event of unpredictable fluctuations in our income or asset values. The COVID-19 pandemic showed us how quickly and unexpectedly difficulties can arise and, when making multi-year research commitments, the importance of a strong reserves position in safeguarding our ability to make a difference even in hard times. Our reserves policy ensures that if we were to face financial difficulties, we would have time to either recover our position by identifying new income sources or take a managed approach to decreasing expenditure and adapting to new financial circumstances without impacting immediately on the research that we plan to and already support.

The Trustees review our reserves policy every year and our reserves position each quarter. As at 31 March 2023 the total funds held by the Foundation amounted to £66.4m. Of these funds, £36.3m are unrestricted and £30.1m are restricted. Within the unrestricted funds there are funds that are designated for particular purposes totalling £17.7m. See note 26 for details of the designated funds. The required reserves at 31 March 2023 were £5.4m which includes two years' operating costs. Free reserves at 31 March 2023 were £9.4m (2022: £9.2m) calculated as liquid unrestricted funds excluding designated funds.

The Board believes that the £4.0m difference is a short-term position and has therefore agreed that it is prudent to accept the difference between the available reserves and the required reserves at the current time. This decision is based on the continued ambitious research funding strategy which will see us spend £25m on new research in a five-year period to 2023/2024; the Board's decision in September 2022 to fund a further £25m on new research over the next quinquennium (2024-2029) and uncertainty over future investment income streams and asset values, in particular related to global economic insecurity as a result of the Russia-Ukraine war and high inflation; and our current dependency on legacy income which is both volatile and unpredictable.

Our caution enabled us to continue with business-as-usual despite the economic impact of COVID-19, and to continue funding more research when most of our peer medical research charities had cut back on their research funding.

Our fundraising strategy is to grow our voluntary income, including legacies, from Trusts and Foundations, Individuals and Corporates, in order to achieve a less volatile and sustainable range of income streams, which will allow us to reduce our excess reserve levels in the future without placing the research that we wish to support at risk.

## Property

### 15 Akenside Road, London NW3 5BT ('Perrin Lodge')

The Medical Research Foundation owns Perrin Lodge, a block of residential flats in Hampstead, North London. There are 14 self-contained units ranging from studio to three bedrooms.

Perrin Lodge is held for charitable purposes.

The trustees of the MRC charity (the Medical Research Foundation's predecessor charity) purchased the site in the late 1960's and built the block in order to provide short-term accommodation for overseas researchers visiting MRC's London-based research establishments. The property was refurbished in 2014-15 and a lease was entered into with the Francis Crick Institute (Crick) in 2015 to support UK biomedical science by providing accommodation to researchers joining the Crick from overseas and outside of London.

The lease provides £0.2m rental income per annum; rent is increased annually to reflect the Consumer Prices Index. The rent is discounted from the market rent to reflect the charitable benefits to the Foundation of retaining the property and the level of management risk which rests with the Crick.

The lease ends 28 December 2025.

## Office premises

Office space is leased rather than owned. Perrin Lodge is considered to provide sufficient exposure to the risks and opportunities of the property market relative to overall net asset value.

The Foundation had been provided with space in MRC's offices at no cost until 2018 when the MRC moved to a smaller office. The MRC has awarded the Foundation premises grants since then to meet the costs of office space and the latest grant is in place until March 2028.

## Going Concern

The Trustees consider it appropriate to adopt the going concern basis in preparing the financial statements. Cash balances are healthy and there are net assets on the balance sheet of £66.4m (2022: £69.7m). The Foundation has sufficient assets to meet its liabilities as they fall due.

## Post balance sheet events

There have been no significant post balance sheet events that have required adjustments to be made to the 2022/23 accounts.

# Our structure, governance and management



## Medical Research Foundation

### Legal entity

The Medical Research Foundation is a company limited by guarantee which was registered in England and Wales on 6 September 2010 (Reg. No. 7366816), and a charity registered in England and Wales on 30 September 2010 (Reg. No. 1138223).

### Board of Trustees

The Medical Research Foundation is governed by a Board of Trustees, who for the purposes of the Companies Act 2006, act as Directors of the charitable company. The Board has overall responsibility for the strategy, management and control of the Foundation and its 19 linked charities, with the exception of the Global Alliance for Chronic Diseases (GACD) which has its own Board of Trustees.

The Board of Trustees typically meets at least four times each year for regular business and once a year to focus on strategy.

### The Board's committees

The Board has established several committees to support its work:

- A People Committee to oversee the proper administration and review of the terms and conditions of employment, employment-related policies and non-contractual benefits; to evaluate senior executive performance and set remuneration accordingly; to agree changes to all staff pay and rewards; to agree all new posts and to agree all restructuring plans. The Committee is composed of a subset of the Board and is chaired by the Chair of the Board of Trustees.
- An Investment Committee to provide strategic direction and oversight of the organisation's investment assets, to oversee the investment strategy, monitor performance against agreed objectives and periodically review the strategy against agreed objectives. The Committee comprises one Board member and three independent members. Richard Walters, a member of the Board of Trustees, chairs the Committee. Richard succeeded David Zahn, who retired as a member of the Board of Trustees on 30 June 2022.
- A Prospect and Donor Due Diligence Committee which carries out appropriate due diligence on those individuals and organisations that the charity might receive donations from, or work closely with, to ensure that the charity's funds, assets or reputation are not put at undue risk. The Committee is constituted by a subset of the Board and is chaired by the Chair of the Board of Trustees. The Committee has delegated authority to a sub-Committee,

chaired by a member of the Board of Trustees, to discharge its due diligence responsibilities for low-risk categories of supporters.

- Expert Review Panels review applications that have been received through our funding calls and make funding recommendations to the Board. Expert Review Panels are chaired by non-voting Trustees, who have authority delegated from the Board to take funding decisions. On occasions where established academics are invited to lend their specific expertise and chair Expert Review Panels, the Panel funding recommendations are ratified by the Board of Trustees.

Further details on the membership of the Board Committees can be found on page 82.

### Appointment of trustees and committee members

New Trustees and independent committee members are appointed by the Board. Initial appointments are normally for a three-year period. The Articles of Association provide that Trustees may serve up to three terms (each not exceeding three years), as standard, with Trustees serving a fourth or subsequent term in exceptional circumstances.

As at 31 March 2023, nine of the 10 Trustee positions, being the maximum number permissible under the Articles,<sup>1</sup> were filled. The Board is committed to recruiting individuals with the necessary skills and expertise to progress the aims and objectives of the Foundation and recruitment processes are specific to the vacancy. The MRC makes recommendations for two Trustee positions and such appointments are then made by the Board of Trustees. All other Trustee vacancies are advertised in the national media as well as specialist digital platforms relevant to the expertise being sought. The Chair of the Board is appointed by the Trustees.

### Executive

The Chief Executive assists and advises the Board in all activities and has delegated authority for the implementation of policies and responsibility for the day-to-day management of the Foundation and its linked charities, with the exception of AREF and the GACD which have their own executive.

<sup>1</sup> The minimum number of Trustees is five.





## Africa Research Excellence Fund

### Legal entity

AREF was registered as a company limited by guarantee in England and Wales on 23 February 2021 (Reg. No. 13219209) and became a linked charity of the Medical Research Foundation in April 2021. AREF transitioned to independence following its delinking from the Foundation on 31 December 2022, and is now registered under its own charity number, 1193865. The Foundation was AREF's Sole Member until 31 December 2022, after which the charity's Trustees became its Members.

### Board of Trustees

AREF is governed by a Board of Trustees who, for the purposes of the Companies Act, also act as Directors of the charitable company. The Board has overall responsibility for the strategy, management, and control of the charitable company. The Board met twice and held one extraordinary meeting during the period to 31 December 2022.

### The Board's committees

The Board has created several committees to support its work:

- Programme Strategy Committee: an advisory body focusing on programmatic activities, specifically capacity building in Africa.
- Expert Review Panels: Panels which assess applications and agree the allocation of awards.
- Institutional Due Diligence Committee: considers due diligence on the research institutes to which the fellowship awards will be paid.

### Appointment of trustees and committee members

As at 31 December 2022, the Board was made up of eight Trustees. Two Trustees had been nominated by the Foundation as the Sole Member of the charity, and the remaining Trustee positions were advertised internationally through a wide range of media.

### Executive

The Chief Executive is responsible for managing the daily operations of the charity and is assisted by a team in The Gambia and UK, as well as shared services provided by the Foundation.



## Global Alliance for Chronic Diseases

### Legal entity

GACD is the working name for GACD Action, a Charitable Incorporated Organisation (CIO) registered in England and Wales as a linked charity of the Medical Research Foundation (Reg. No. 1138223-22). The Foundation serves as the sole member of the CIO. The CIO additionally has a non-voting Associate Membership, open to public funding bodies, trusts and foundations, and philanthropic organisations involved in the funding of research on chronic non-communicable diseases. In 2022/23 there were twelve active Associate Members.

### Board of Trustees

GACD is governed by its own Board of Trustees. The Board is constituted by five Trustees, three of whom are nominated by the Medical Research Foundation, and two who are appointed representatives of GACD's Associate Members. The Board met quarterly during 2022/23.

### The Board's Committees

The Board has established several committees to support its work:

- Strategy Board: comprised of senior representatives of all Associate Members which advises on scientific strategy and programmatic activities.
- Strategy Board Executive Committee: acts on behalf of the Strategy Board between meetings.
- Programme Subcommittee: oversees the research project life-cycle and advises the Strategy Board on the implementation of programmatic activities.

### Appointment of trustees and committee members

Trustees nominated by the Medical Research Foundation are appointed for an initial term of three years and are eligible for reappointment. The Trustees who represent the Associate Members are usually appointed as Trustees for a term of four years.

### Executive

GACD's Chief Executive, supported by a small team based in London, assists and advises the Board of Trustees in all activities, holding delegated authority for the policies and responsibility for day-to-day management of the charity. The GACD staff team are employed by the Medical Research Foundation and are seconded to work for GACD to facilitate the delivery of its strategic objectives.

# Our structure, governance and management

## Governance across the charities

The charities' success and competitiveness depends on their ability to embrace diversity and draw on the skills, understanding and experience of all their people. In recruiting to vacancies, the Foundation and its linked charities looks to attract a diverse pool of candidates seeking applications from those characteristics it recognises as being under-represented on the Boards.

### Charity Governance Code

The Foundation and its linked charities are committed to the principles of the Charity Governance Code.

### Induction and training of all Trustees

New Trustees across all of the linked charities undertake a comprehensive induction programme. Trustees are expected to abide by the Code of Conduct and act in accordance with the 'Seven Principles of Public Life' (the Nolan Principles). Trustees are provided with opportunities for training in the duties and responsibilities associated with their role.

Each of the charities' Boards of Trustees reviews their own effectiveness annually. Individual Trustees meet with the Chairs of the Board to discuss and assess personal and whole-Board effectiveness. Trustees review the performance of the Chief Executives annually. With the exception of the annual review of the external auditors, the performance of the charities' professional advisers is reviewed on a triennial basis. Responsibility for these reviews are either reserved to the Boards, or have been delegated to an appropriate Committee or the Executives.

### Declared interests

Trustees, committee and expert review panel members, and executives across all of the linked charities are required to disclose all private, professional or commercial interests that might, or might be perceived to, conflict with the charities' interests, and, in accordance with the charities' policy, withdraw from decisions where a conflict of interest arises. Registers of these declared interests are maintained and are open to public inspection.

## Fundraising

The charities<sup>2</sup> support the independent regulation of fundraising. They participate in and comply with the Fundraising Regulator's voluntary regulation scheme, where appropriate, pay the Fundraising Regulator levy, and adhere to the Fundraising Regulator's good practice guidance in all areas of fundraising. The charities have small fundraising teams and do not use the services of professional external fundraisers or commercial partners. There has been no failure to comply with the Fundraising Regulator's compliance scheme during the year and two complaints have been received about the fundraising.

The Boards have direct oversight of fundraising activities. The charities have Safeguarding policies in place to protect anyone who comes into contact with them, including vulnerable people and other members of the public who may be contacted for fundraising purposes.

## Risk management

The charities pay due regard to the management of risk. They have in place systems of internal control designed to manage the risk of failure to achieve policies, aims and objectives; these systems provide reasonable assurance of effectiveness. Major risks are considered to be those that have a high likelihood of occurring and would, if they occurred, have a severe impact on operational performance, achievement of aims and objectives or could damage the reputation of the charity. The risks associated with new activities are considered, assessed and mitigated as part of the business case for the new activity. The Trustees of each respective charity review all major risks on a quarterly basis. The Foundation's Board also reviews its investment-related risks on a quarterly basis, but has delegated this responsibility to the Investment Committee from 1 April 2023 onwards.

Each of the charities' Boards of Trustees, consider that the greatest risks they face are a loss of income. For the Foundation, this includes both legacy income and investment income. It has a robust Fundraising Strategy in place to secure future charitable income, and an Investment Strategy which is overseen by its Investment Committee. AREF is reliant on continual support of donors and partners to be able to execute its mission. Reliable and long-term support needs to be secured, to ensure a sustainable implementation of its strategic objectives. Continuity of membership is GACD's greatest risk. Agreeing priority topics in advance for the GACD annual joint research funding calls offered an opportunity to attract new Funding Partners with a mutual interest in particular topics. In 2022 the Research Council of Norway partnered with GACD to increase the funding available for research on the life-course approach to non-communicable disease risk prevention.

<sup>2</sup> The Foundation and AREF engage in charitable fundraising activities. GACD is funded through annual contributions from Associate Members.

### **Key management personnel remuneration policy**

Trustees and independent committee members give their time freely and there is no remuneration. Reasonable travel expenses are reimbursed.

The Foundation's People Committee considers the pay for new or changed executive posts and makes recommendations to the Board for approval. Decisions on pay for new or changed posts below the chief executive band, are delegated to the Foundation's CEO. The GACD and AREF Boards are responsible for the staffing structures of those charities.

### **Relationships with other organisations**

The charities cooperate with the MRC, the AMRC and other national and international medical research funders in order to achieve their objectives.

### **Funds held as Custodian Trustee on behalf of others**

Neither the Medical Research Foundation, nor its linked charities, hold funds as Custodian Trustee on behalf of others.

### **Third party indemnity provisions**

The charities have purchased professional indemnity insurance policies which indemnify themselves, their trustees and employees against any loss arising from a wrongful act on their part.

### **Financial instruments**

The Medical Research Foundation's investment policy permits the use of derivatives and forward currency transactions, but none were used in the period.

### **Research and development**

The Medical Research Foundation funds research and development but does not directly take part in any such activities. AREF provides research training and funds researchers in order to meet its charitable objectives. GACD coordinates and facilitates research collaboration into chronic diseases between low-, middle- and high-income countries and funds networking and capacity building activities.

### **External audit**

Crowe U.K. LLP was reappointed as auditor during the year, and having expressed willingness to continue in office, will be deemed to be appointed for the next financial year in accordance with Section 487(2) of the Companies Act 2006 unless the company receives notice under Section 488(1) of the Companies Act 2006.



# Statement of Trustees' responsibilities

The Trustees, who are also directors of the Medical Research Foundation for the purposes of company law, are responsible for preparing the report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). Company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any one time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 and the provisions of the charity's constitution. 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.

## Disclosure of information to the auditors

We, the directors of the company who held office at the date of approval of these Financial Statements as set out above each confirm, so far as we are aware, that:

- there is no relevant audit information of which the company's auditors are unaware; and
- we have each taken all the steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

## On behalf of the Board



**Professor Nicholas Lemoine**  
**Chair of the Board of Trustees**  
**19 September 2023**

# Independent auditor's report to the members of Medical Research Foundation

## Opinion

We have audited the financial statements of Medical Research Foundation ('the charitable company') for the year ended 31 March 2023 which comprise the Consolidated Statement of Financial Activities, Consolidated and Charity Balance Sheets, the Consolidated 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 Financial Reporting Standard 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 March 2023 and of 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.

## 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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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.

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 this gives rise to a material misstatement in the financial statements themselves. 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.

## Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

## Matters on which we are required to report by exception

In light of the knowledge and understanding of the charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

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

- adequate and proper accounting records have not been kept; or

# Independent auditor's report to the members of Medical Research Foundation

- 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.

## Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 46, 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

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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Anti-fraud, bribery and corruption legislation, Taxation legislation, and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income, and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Board of Trustees about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.



Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

### 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. Our audit work has been undertaken so that we might state to the charitable company's members those matters 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 anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



[This report has not yet been signed]

**Tim Redwood**  
**Senior Statutory Auditor**  
**For and on behalf of**

**Crowe U.K. LLP**  
**Statutory Auditor**  
**London**  
**1 November 2023**

# Statement of financial activities

(incorporating consolidated income and expenditure account)

Year ended 31 March 2023

		2023 Continuing activities – Unrestricted funds £000	2023 Continuing activities – Restricted funds £000	2023 Discontinued activities – AREF £000	2023 Total £000	2022 Total £000
	Note					
<b>Income from:</b>						
Donations and legacies	2	400	2,012	329	2,741	3,613
Charitable activities	3	231	495	60	786	851
Investments	4	795	683	8	1,486	1,242
Trading activities		27	-	-	27	3
Other income		16	-	-	16	-
<b>Total income and endowments</b>		<b>1,469</b>	<b>3,190</b>	<b>397</b>	<b>5,056</b>	<b>5,709</b>
<b>Expenditure on:</b>						
Raising funds	5	(740)	(178)	(104)	(1,022)	(896)
Charitable activities	6	(2,345)	(4,881)	(444)	(7,670)	(8,753)
<b>Total expenditure</b>		<b>(3,085)</b>	<b>(5,059)</b>	<b>(548)</b>	<b>(8,692)</b>	<b>(9,649)</b>
Net gains on investments assets	16, 18	147	25	-	172	6,124
<b>Net (expenditure)/income</b>		<b>(1,469)</b>	<b>(1,844)</b>	<b>(151)</b>	<b>(3,464)</b>	<b>2,184</b>
<b>Transfer of control of AREF assets and liabilities</b>						
		-	-	(3,500)	(3,500)	-
<b>Transfers between funds</b>		<b>1,262</b>	<b>(2,100)</b>	<b>838</b>	<b>-</b>	<b>-</b>
<b>Net movement in funds</b>	26	<b>(207)</b>	<b>(3,944)</b>	<b>(2,813)</b>	<b>(6,964)</b>	<b>2,184</b>
<b>Reconciliation of funds:</b>						
Total funds brought forward	26	36,537	34,057	2,813	73,407	71,223
<b>Total funds carried forward</b>	26	<b>36,330</b>	<b>30,113</b>	<b>-</b>	<b>66,443</b>	<b>73,407</b>

The statement of financial activities includes all gains and losses recognised during the year and reflects the consolidated position for the Medical Research Foundation and its linked charities. **See note 27** for statements of financial activities for AREF for the nine months to 31 December 2022 (when the Foundation ceased to be its sole member) and GACD for the year ended 31 March 2023.

The notes on pages 53 to 83 form part of these financial statements.

# Balance sheet

Year ended 31 March 2023

	Note	Consolidated and charity 2023 £000	Consolidated 2022 £000	Charity 2022 £000
<b>Fixed assets</b>				
Intangible fixed assets	14	25	-	-
Tangible fixed assets	15	7,642	7,829	7,829
Investment securities	16	55,443	55,278	55,278
		<b>63,110</b>	<b>63,107</b>	<b>63,107</b>
<b>Current assets</b>				
Debtors	17	1,599	1,330	154
Short-term deposits		10,758	21,083	19,632
Current asset investments	18	4,586	-	-
Cash at bank and in hand		2,874	3,612	2,534
		<b>19,817</b>	<b>26,025</b>	<b>22,320</b>
<b>Creditors: amounts falling due within one year</b>	21	(10,617)	(11,147)	(10,847)
<b>Net current assets</b>		<b>9,200</b>	<b>14,878</b>	<b>11,473</b>
<b>Total assets less current liabilities</b>		<b>72,310</b>	<b>77,985</b>	<b>74,580</b>
<b>Creditors: amounts falling due after more than one year</b>	22	(5,867)	(4,578)	(4,902)
<b>Net assets</b>		<b>66,443</b>	<b>73,407</b>	<b>69,678</b>
<b>Charity Funds</b>				
Restricted funds	26, 28	30,113	36,870	32,883
Unrestricted funds	26, 28	36,330	36,537	36,795
<b>Total charity funds</b>	26, 28	<b>66,443</b>	<b>73,407</b>	<b>69,678</b>

The balance sheet reflects the consolidated position for the Medical Research Foundation and its linked charities and additionally for the prior year only, the charity-only position for the Medical Research Foundation and its linked charities excluding AREF; AREF is excluded from the consolidated position at 31 March 2023 as the Foundation ceased to be its sole member on 31 December 2022.

The financial statements were approved and authorised for issue by the Board on 19 September 2023.

Signed on behalf of the Board of Trustees:



**Professor Nicholas Lemoine CBE**  
Chair of the Board of Trustees  
19 September 2023

The notes on pages 53 to 83 form part of these financial statements.  
Company registration number: 7366816



# Statement of cash flows

Year ended 31 March 2023

	Note	2023 £000	2022 £000
<b>Net cash flow used in operating activities</b>	29	(4,712)	(2,596)
<b>Cash flow from investing activities</b>			
Payments to acquire tangible fixed assets	15	(2)	(60)
Payments to acquire intangible fixed assets	14	(31)	-
Payments to acquire investments	16,18	(5,633)	(8,643)
Receipts from sales of investments	16,18	1,053	19,835
Dividends, interest and rents received from investments	4	1,486	1,242
<b>Net cash flow (used in)/provided by investing activities</b>		<b>(3,127)</b>	<b>12,374</b>
<b>Outflow of cash resulting from transfer of control of AREF</b>		<b>(3,224)</b>	<b>-</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(11,063)</b>	<b>9,778</b>
<b>Cash and cash equivalents at 1 April</b>		<b>24,695</b>	<b>14,917</b>
<b>Cash and cash equivalents at 31 March</b>		<b>13,632</b>	<b>24,695</b>
<b>Cash and cash equivalents consist of:</b>			
Cash at bank and in hand		2,874	3,612
Short-term deposits		10,758	21,083
<b>Cash and cash equivalents at 31 March</b>		<b>13,632</b>	<b>24,695</b>

# Notes to the financial statements

Year ended 31 March 2023

## 1 Summary of significant accounting policies

### a) General information and basis of preparation

The Medical Research Foundation is an incorporated charity (charity registration number 1138223), limited by guarantee in England and Wales (company registration number 7366816). In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is at 99 Charterhouse Street, London EC1M 6HR. The nature of the charity's operations and principal activities are described on page 8.

The charity had one subsidiary during the year, the Africa Research Excellence Fund (AREF) registered number 13219209, which was incorporated on 23 February 2021. The subsidiary was dormant until 31 March 2021; consolidated accounts have been prepared for the year ended 31 March 2023. On 31 December 2022 the Medical Research Foundation resigned as the sole member of AREF meaning it no longer exercised control over AREF and so AREF's results have not been consolidated from this date.

The charity has 19 linked charities (excluding AREF) whose results and assets and liabilities are reflected in the charity's consolidated financial statements. These include GACD for which an increased level of analysis is provided as it is a Charitable Incorporated Organisation with a significant level of activity and its own CEO and team of staff.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with 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 (FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The Trustees consider that there are no material uncertainties regarding the ability of the Medical Research Foundation to continue as a going concern. The Trustees are satisfied that the Foundation has sufficient reserves and liquidity within the investment portfolio to continue as a going concern for the next 12 months from the date of approval of these financial statements. Assets within the investment portfolio can be liquidated to meet short term requirements. Cash flow and net asset forecasts are regularly prepared, taking into consideration

expectations of dividend income and investment gains. The Foundation sets research funding strategies to ensure they remain within anticipated budgets.

The financial statements are prepared in sterling which is the functional currency of the charity and rounded to the nearest £000. Totals may not add due to rounding.

The key areas of estimation and judgement used in the preparation of the financial statements relate to recognition of income, recognition of grants payable, cost allocation and the useful life of tangible fixed assets. The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### b) Significant judgements and estimates

In the application of the Group's accounting policies, which are described in this note, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors considered to be relevant. Actual results may differ from these estimates.

Key areas subject to judgement and estimation are as follows:

#### *Legacy income*

Judgement is applied in the consideration of the likelihood of receipt and reliability of measurement of amounts receivable in respect of legacies to which the Group has established entitlement at the balance sheet date. The recognition policy is detailed in section d of this note. Subsequent events are monitored to identify those which give additional information about conditions as at the balance sheet date which would warrant adjustment to the financial statements.

#### *Grant and contract income*

Where grant and contract income has not been received in line with the entitlement to the income, the income has been deferred or accrued accordingly. There may also be performance criteria attached to the grants received which the Trustees may consider impact on the establishment of entitlement to the grant.

#### *Useful life and impairment of assets*

Assets are reviewed annually to assess that their useful life and carrying value are still appropriate.

# Notes to the financial statements

Year ended 31 March 2023

## **Cost allocation**

All support costs have been allocated on the basis of actual usage and the basis for allocation between activities has been reviewed (as detailed in section f of this note).

In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

## **c) Funds**

Permanent Endowment funds represent capital gifts to the charities for specified areas of medical research or associated activity. The terms imposed by the donors determine how the income generated by the capital may be used. The capital element of the permanent endowment funds is ring-fenced and remains within the endowment fund. Details of each fund can be found in the notes to the financial statements.

Restricted funds are for areas of medical research or associated activity specified by the donors. Income generated from the assets held in these funds is legally subject to the same restrictions as the original income. Details of each restricted fund can be found in the notes to the financial statements.

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charities and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular charitable purposes. The intended use of each designated fund is set out in the notes to the financial statements.

## **d) Income recognition**

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income, after any performance conditions have been met, when the amount can be measured reliably and when it is probable that the income will be received.

Grants receivable are included in the accounts when the charity is entitled to the income, there is adequate probability of receipt and the amount can be quantified with reasonable accuracy. Grants received for a specific purpose are accounted for as restricted funds.

Performance-related contracts for primary purpose trading, conditional on performing a specified service, are recognised as the specified output is delivered.

Income from donations is recognised on receipt, unless there are conditions attached to the donation that require a level of performance before entitlement can be obtained. In this case income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

Fixed asset gifts-in-kind are recognised when receivable and are recognised at fair value.

Legacy income is recognised when the charity becomes aware that probate has been granted, there are sufficient assets in the estate to pay the legacy and that any conditions attached to the legacy are either in control of the charity or have already been met. On occasion legacies will be notified where it is not possible to measure the amount expected to be distributed with sufficient reliability. On these occasions, the legacy is treated as a contingent asset and disclosed.

Investment income is earned through holding assets for investment purposes such as shares. It includes dividends and interest. Investment income and the surplus or deficit arising from the sale or revaluation of assets, is allocated to the funds in proportion to the value of each fund, as at the balance sheet date and appropriate intermediate dates.

Associate Member contributions are included in the accounts when the charity is entitled to the income, there is adequate probability of receipt and the amount can be quantified with reasonable accuracy.

## **e) Expenditure recognition**

Commitment accounting is employed. All expenditure is accounted for on an accruals basis. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds includes the direct cost of advertising, fundraising consultants and investment manager's fees;
- Expenditure on charitable activities is determined by the aims of the charity. Research costs, equipment, dissemination and travel grants, fellowships, studentships and scholarships, and the costs associated with reviewing, awarding and managing them, are charged when the obligation to pay arises i.e. the full amount of the grant is accrued when a commitment is made. This category also includes the costs of



workshops, events and other capacity building activities and the costs of maintaining the functional property used to facilitate medical research; these are charged as they arise. These costs also include donated services and facilities (gifts-in-kind); and,

- Other expenditure represents those items not falling into the categories above.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

## **f) Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office and governance costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to cost of raising funds and expenditure on charitable activities on a basis consistent with use of the resources. All support costs have been allocated on the basis of actual usage.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

The analysis of these costs is included in note 7.

## **g) Tangible and intangible fixed assets**

Property and equipment fixed assets are stated at cost less depreciation.

Depreciation and amortisation is provided at rates calculated to write off the values of the properties, less their estimated residual value, over their expected useful lives at the following effective rates:

- Freehold buildings – 2% per annum on the straight-line basis.
- Freehold improvements – 5% per annum on the straight-line basis
- Leasehold improvements and reinstatement costs – 33.3% per annum on the straight-line basis
- General office equipment – 12.5% per annum on the straight-line basis.
- Computer and electronic equipment – 33.3% per annum on the straight-line basis.
- Software development – 20% per annum on the straight-line basis.

The accounting policies allow for freehold buildings to depreciate over a 50-year period on a straight-line basis. For the first four years since valuation this depreciation rate was applied to the combined value of freehold land and freehold buildings. From 1 April 2018, land has been excluded and the freehold buildings net book value at that day is being depreciated over a 46-year period on a straight-line basis.

Items under £1,000 are not capitalised.

## **h) Tangible fixed assets – investment securities**

Publicly traded investments, or those where fair value can otherwise be measured reliably, are measured at fair value at each balance sheet date, with changes in fair value recognised in 'net gains/(losses) on investments' in the SoFA. Other investments are measured at cost less impairment.

## **i) Current asset investments**

Current asset investments are short-term highly liquid investments and are held at fair value.

These include cash on deposit and cash equivalents with a maturity of less than one year. Fixed interest UK government securities are held with maturity dates within one year and as there is currently no firm plan to reinvest these amounts as they mature, these investments are treated as current asset investments.

## **j) Debtors and creditors receivable/payable within one year**

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

## **k) Loans and borrowings**

Loans and borrowings are initially recognised at the transaction price including transaction costs. Subsequently, they are measured at amortised cost using the effective interest rate method.

## **l) Impairment**

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each balance sheet date. If such indication exists, the recoverable amount of the asset is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in the relevant expenditure heading in the SoFA.

# Notes to the financial statements

Year ended 31 March 2023

## m) Provisions

Provisions are recognised when the charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

## n) Foreign currency

Foreign currency transactions are initially recognised by applying to the foreign currency amount the spot exchange rate between the functional currency and the foreign currency at the date of the transaction.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate.

## o) Tax

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010

It therefore meets the definition of a charitable company for UK corporation tax purposes.

## 2 Income from donations, grants and legacies

	2023 £000	2022 £000
Legacies	239	14
Grants	2,224	3,217
Donations	117	210
Gifts-in-kind	161	172
	<b>2,741</b>	<b>3,613</b>

Income from donations, grants and legacies was £2,741,000 (2022: £3,613,000) of which £2,341,000 (2022: £3,504,000) was attributable to restricted funds and £400,000 (2022: £109,000) was attributable to unrestricted funds.

Gifts-in-kind income represents the total costs borne by other organisations on behalf of the charities and is all attributable to charitable activities. UK Research and Innovation (UKRI) provided the largest single source of the gifts-in-kind received by the Medical Research Foundation, largely for IT provision. The Medical Research Council Unit The Gambia at the London School of Hygiene & Tropical Medicine was the largest single source of gifts-in-kind received by AREF (office accommodation, HR, payroll, security services and office consumables). Wellcome provided the largest single source of gifts-in-kind received by GACD including office accommodation. These free facilities and services are recorded as voluntary income in the SoFA and are also recorded as expenditure. They are apportioned to charitable activities.

At the balance sheet date there is one material legacy in the pipeline estimated at £220,000, which did not meet the criteria to be recognised in the 2023 period.

### 3 Income from charitable activities

	2023 £000	2022 £000
Rental income from functional assets	230	220
Associate Member contributions	495	595
Royalties	1	2
Delivery of workshops	60	34
	<b>786</b>	<b>851</b>

Income from charitable activities was £786,000 (2022: £851,000) of which £231,000 (2022: £222,000) was attributable to unrestricted funds and £555,000 (2022: £629,000) was attributable to restricted funds.

The total commercial market rent that could be achieved on the functional property is estimated to be £313,000 (2022: £291,000). The amount of rental income receivable is as shown. The rental income benefitted the Medical Research Foundation only.

Associate member contributions benefitted GACD only.

### 4 Income from investments

	2023 £000	2022 £000
Dividends – equities and money market funds	1,298	1,206
Interest – deposits	58	1
Income – infrastructure fund	130	35
	<b>1,486</b>	<b>1,242</b>

Income from investments was £1,486,000 (2022: £1,242,000) of which £691,000 (2022: £566,000) was attributable to restricted funds and £795,000 (2022: £676,000) was attributable to unrestricted funds. Dividend and infrastructure fund income benefitted the Medical Research Foundation only.



# Notes to the financial statements

Year ended 31 March 2023

## 5 Costs of raising funds

	2023 £000	2022 £000
<b>Costs of raising voluntary income:</b>		
Staff costs	296	305
Other direct costs	358	204
Allocated support costs	18	14
<b>Costs of investment management:</b>		
Investment management fees	337	320
Investment income withholding tax reclaim - advisor fees	5	45
Allocated support costs	8	8
	<b>1,022</b>	<b>896</b>

Costs of raising funds was £1,022,000 (2022: £896,000) of which £281,000 (2022: £306,000) was attributable to restricted funds and £741,000 (2022: £590,000) was attributable to unrestricted funds.

No investment manager fees have been charged to AREF or GACD.

## 6 Analysis of expenditure on charitable activities

	Costs related to charitable activities £000	Allocated support costs £000	Costs related to functional property £000	2023 Total £000	2022 Total £000
Medical research (MRF)	5,696	586	344	6,626	6,976
Research capacity in Africa (AREF)	313	213	-	526	1,230
Research capacity and coordination for NCDs (GACD) <sup>3</sup>	274	244	-	518	547
<b>Total 2022/23</b>	<b>6,283</b>	<b>1,043</b>	<b>344</b>	<b>7,670</b>	<b>8,753</b>

Expenditure on charitable activities was £7,670,000 (2022: £8,753,000) of which £5,325,000 (2022: £4,172,000) was attributable to restricted funds (including AREF and GACD) and £2,345,000 (2022: £4,581,000) was attributable to unrestricted funds.

	Costs related to charitable activities £000	Allocated support costs £000	Costs related to functional property £000	2022 Total £000
Medical research (MRF)	6,148	520	308	6,976
Research capacity in Africa (AREF)	887	343	-	1,230
Research capacity and coordination for NCDs (GACD) <sup>3</sup>	307	240	-	547
<b>Total 2021/22</b>	<b>7,342</b>	<b>1,103</b>	<b>308</b>	<b>8,753</b>

<sup>3</sup> NCDs = Non communicable diseases.

Costs related to charitable activities is comprised as follows:

	2023 £000	2022 £000
<b>Medical research (MRF):</b>		
Grants to Institutions and Individuals (see note 9)	5,181	5,473
Other Activities	100	337
Staff costs	415	338
	<b>5,696</b>	<b>6,148</b>
<b>Research capacity in Africa (AREF):</b>		
Grants (see note 9)	69	616
Other Activities	100	115
Staff costs	144	156
	<b>313</b>	<b>887</b>
	<b>2023 £000</b>	<b>2022 £000</b>
<b>Research capacity and coordination for NCDs (GACD):</b>		
Activities	101	165
Staff costs	173	142
	<b>274</b>	<b>307</b>
<b>Total</b>	<b>6,283</b>	<b>7,342</b>

Medical Research Foundation 'Other Activities' includes £68k liability to MRC Laboratory of Molecular Biology to meet the restriction on a grant received from Fidelity Bermuda Foundation.

# Notes to the financial statements

Year ended 31 March 2023

## 7 Allocation of support costs

Support costs	Medical research (MRF)	Research capacity in Africa (AREF)	Research capacity and coordination for NCDs (GACD)	2023 Total	2022 Total
	£000	£000	£000	£000	£000
Governance (see note 8)	59	12	13	84	73
Derived from gifts-in-kind	83	36	42	161	172
Human resources	379	136	173	688	772
Office and administrative costs	91	29	16	136	108
<b>Total 2022/23</b>	<b>612</b>	<b>213</b>	<b>244</b>	<b>1,069</b>	<b>1,125</b>
<b>Attributable to:</b>					
Charitable activities	586	213	244	1,043	1,103
Raising funds:					
Costs of raising voluntary income	18	-	-	18	14
Costs of investment management	8	-	-	8	8
<b>Total 2022/23</b>	<b>612</b>	<b>213</b>	<b>244</b>	<b>1,069</b>	<b>1,125</b>

Basis of allocation:

Governance	Actual usage
Derived from gifts-in-kind income	Actual usage
Human resources	Actual usage
Office and administrative costs	Actual usage

Support costs	Medical research (MRF)	Research capacity in Africa (AREF)	Research capacity and coordination for NCDs (GACD)	2022 Total
	£000	£000	£000	£000
Governance (see note 8)	44	27	2	73
Derived from gifts-in-kind	44	95	33	172
Human resources	377	205	190	772
Office and administrative costs	77	16	15	108
<b>Total 2021/22</b>	<b>542</b>	<b>343</b>	<b>240</b>	<b>1,125</b>



**Attributable to:**

Charitable activities	520	343	240	1,103
Raising funds:				
Costs of raising voluntary income	14	-	-	14
Costs of investment management	8	-	-	8
<b>Total 2021/22</b>	<b>542</b>	<b>343</b>	<b>240</b>	<b>1,125</b>

**8 Governance costs**

	<b>2023</b> <b>£000</b>	<b>2022</b> <b>£000</b>
Internal and External Auditors' current year remuneration	48	45
Legal fees	25	23
Other direct governance costs	11	5
	<b>84</b>	<b>73</b>

**9 Analysis of grants**

	<b>Grants to institutions £000</b>	<b>Grants to individuals £000</b>	<b>2023 Total £000</b>	<b>2022 Total £000</b>
Medical research	5,397	-	5,397	5,551
Research capacity in Africa	77	-	77	636
	<b>5,474</b>	<b>-</b>	<b>5,474</b>	<b>6,187</b>
Grant commitments no longer required	(224)	-	(224)	(98)
	<b>5,250</b>	<b>-</b>	<b>5,250</b>	<b>6,089</b>

Grants to individuals were £nil (2022: £nil). Of the total grants awarded during the year to institutions, £nil related to grants made from unrestricted funds (2022: £31,000), £1,274,000 related to grants made from designated funds (2022: £3,491,000) and £4,200,000 related to grants made from restricted funds, including AREF (2022: £2,665,000).

# Notes to the financial statements

Year ended 31 March 2023

## 9 Analysis of grants (continued)

### Grants to institutions:

	2023 Number	Total 2023 £000	Total 2022 £000
<b>Medical Research</b>			
Africa Health Research Institute, South Africa	1	212	-
Africa International University, Kenya	1	207	-
African Population and Health Research Centre, Senegal	1	190	-
Ahmadu Bello University, Nigeria	1	3	-
Bahir Dar University, Ethiopia	1	153	-
Brighton & Sussex Medical School, UK	1	97	-
Imperial College London, UK	3	159	-
Institut de Recherche en Sciences de la Santé, Burkina Faso	1	153	-
Instituto Nacional de Saude, Mozambique	1	9	-
Kings College London, UK	8	663	1,060
Liverpool School of Tropical Medicine, UK	3	64	-
London School of Hygiene & Tropical Medicine, UK	3	243	163
MRC Clinical Trials Unit at University College London, UK	-	-	30
MRC Laboratory of Molecular Biology, UK	3	341	244
MRC Lifecourse Epidemiology Centre, UK	-	-	30
MRC London Institute of Medical Sciences, UK	1	35	-
Queen Mary University of London, UK	-	-	64
Queen Square Institute of Neurology at University College London, UK	-	-	80
Queen's University Belfast, UK	1	6	-
Shifa Tameer-e-Millat University, Pakistan	-	-	30
Stellenbosch University, South Africa	1	154	-
The Francis Crick Institute, UK	3	109	-
University College London, UK	5	284	516
University for Development Studies, Ghana	1	177	-
University of Birmingham, UK	1	247	-
University of Bristol, UK	2	165	292
University of Coventry, UK	-	-	94
University of Dundee, UK	-	-	139
University of Edinburgh, UK	2	296	90
University of Exeter, UK	-	-	30
University of Glasgow, UK	1	9	151
University of Health & Allied Sciences, Ghana	1	9	-
University of Johannesburg, South Africa	1	151	-
University of Lagos, Nigeria	1	156	-
University of Leeds, UK	-	-	3
University of Leicester, UK	2	60	-
University of Liverpool, UK	2	133	-
University of Newcastle, UK	-	-	506
University of Northumbria, UK	-	-	291
University of Nottingham, UK	1	263	591
University of Oxford, UK	5	473	1,079
University of Southampton, UK	2	131	-
University of St Andrews, UK	1	5	-
University of the Witwatersrand, South Africa	1	30	-
Veneto Institute of Molecular Medicine, Italy	1	11	69
Less grant commitments no longer required	-	(217)	(78)
	<b>64</b>	<b>5,181</b>	<b>5,473</b>

	2023 Number	Total 2023 £000	Total 2022 £000
<b>Research capacity in Africa</b>			
African Population and Health Research Center, Kenya	1	2	-
Angola Health Research Center, Angola	-	-	5
Botswana-Harvard AIDS Institute Partnership, Botswana	1	4	40
British Geological Survey at University of Nottingham, UK	1	3	27
Ifakara Health Institute, Tanzania	1	1	10
Imperial College London, UK	2	6	46
Institut Pasteur de Dakar, Senegal	-	-	4
Institute de Recherche en Sciences de la Santé, Burkina Faso	1	3	28
Institute of Hygiene and Tropical Medicine at NOVA University of Lisbon, Portugal	1	4	36
Institute of Molecular, Cell and System Biology, University of Glasgow, UK	1	1	-
Jaramogi Oginga Odinga University of Science and Technology, Kenya	-	-	4
Karolinska Institutet, Sweden	1	3	25
KAVI-Institute of Clinical Research, Kenya	-	-	4
KEMRI-Wellcome Trust Research Programme, Kenya	1	4	40
Kenya Medical Research Institute, Kenya	-	-	3
Liverpool School of Tropical Medicine, UK	1	4	36
London School of Hygiene and Tropical Medicine, UK	1	3	-
MRC Unit The Gambia at LSHTM, The Gambia	1	3	-
MRC/UVRI and LSHTM, Uganda	-	-	8
Noguchi Memorial Institute for Medical Research at University of Ghana	-	-	12
Nottingham Trent University, UK	1	5	-
Swiss Tropical & Public Health Institute, Switzerland	-	-	3
University of Abomey-Calavi, Benin	-	-	4
University of Cambridge, UK	1	2	45
University of Cape Town, South Africa	1	2	-
University of Coimbra, Portugal	-	-	12
University of Copenhagen, Denmark	-	-	45
University of Gondar, Ethiopia	1	3	32
University of Kabianga, Kenya	-	-	4
University of Leeds, UK	1	1	-
University of Leicester, UK	1	4	36
University of Manchester, UK	1	4	32
University of Medical Sciences, Ondo, Nigeria	-	-	8
University of Oxford, UK	1	3	27
University of Stellenbosch, South Africa	-	-	5
University of Surrey, UK	1	3	27
University of the Witwatersrand, South Africa	1	3	7
Usmanu Danfodiyo University Sokoto, Nigeria	1	4	22
Less grant commitments no longer required	-	(6)	(20)
<b>Total</b>	<b>25</b>	<b>71</b>	<b>616</b>
<b>Grand Total</b>	<b>89</b>	<b>5,252</b>	<b>6,089</b>

# Notes to the financial statements

Year ended 31 March 2023

## 10 Net income/(expenditure) for the year

Net income/(expenditure) is stated after charging/(crediting):

	2023 £000	2022 £000
Amortisation of intangible fixed assets	6	-
Depreciation of tangible fixed assets	147	151
(Profit)/loss on fair value movement of investments	(172)	(6,124)

## 11 Auditor's remuneration

The external auditor's remuneration amounts to an audit fee of £25,860 for the audit of the Medical Research Foundation's consolidated financial statements (2022: £22,200). No other services were provided.

## 12 Staff costs

Staff costs for persons employed by the Medical Research Foundation, including those employed on behalf of the linked charities, during the year were as follows:

	2023 £000	2022 £000
Wages and salaries	1,332	1,349
Social security costs	147	142
Pension costs	150	143
Recharge of AREF Gambian team time	40	34
	<b>1,669</b>	<b>1,668</b>

The average number of persons employed by the charity during the year was as follows:

	2023	2022
Medical research (MRF)	8.9	7.3
Corporate functions (MRF)	8.4	8.8
Fundraising (MRF)	4.1	3.3
Research capacity in Africa (AREF)	3.3	5.2
Research capacity and coordination for non-communicable diseases (GACD)	5.6	5.9
	<b>30.3</b>	<b>30.5</b>

The staff costs above include redundancy and termination payments of £10k for the year ending 31 March 2023 (2022: £nil) which all related to AREF staff.

AREF also incurred additional staff costs of £40k for an average of 3.2 persons (supporting research capacity in Africa) who are employed by the MRC Unit The Gambia at the London School of Hygiene and Tropical Medicine and seconded to AREF to work from its Africa office.



The total amount of employee benefits received by key management personnel during the year was £321k (2022: £317k). The Medical Research Foundation considers its key management personnel to comprise of the CEO. Key management personnel in the linked charities comprise of the Director and subsequent CEO of AREF and CEO of GACD.

Employees whose annual emoluments for the year fell within the following bands:

	Medical Research Foundation		AREF		GACD	
	2023	2022	2023	2022	2023	2022
£60,000 - £70,000	3	2	-	1	-	-
£70,000 - £80,000	-	-	-	-	1	1
£90,000 - £100,000	-	-	-	-	-	-
£100,000 - £110,000	-	1	-	-	-	-
£110,000 - £120,000	1	-	-	-	-	-

### 13 Trustees' remuneration and expenses

No trustee received or waived remuneration during the current or previous period.

Four trustees' expenses totalling £2,322 were reimbursed during the year (2022: one trustee's expenses of £72).

No expenses were paid directly to third parties.

### 14 Intangible fixed assets

#### Consolidated and Charity

	£000
<b>Cost</b>	
At 1 April 2022	-
Additions	31
<b>At 31 March 2023</b>	<b>31</b>
<b>Amortisation</b>	
At 1 April 2022	-
Charge for the year	(6)
<b>At 31 March 2023</b>	<b>(6)</b>
<b>Net book value:</b>	
<b>At 31 March 2023</b>	<b>25</b>
At 31 March 2022	-

Intangible fixed assets relate to grant management software used to administer the Medical Research Foundation's research grant portfolio.

# Notes to the financial statements

Year ended 31 March 2023

## 15 Tangible fixed assets

Consolidated and Charity	Freehold land and buildings	Freehold improvements	Leasehold improvements and reinstatement costs	Office equipment	Total
	£000	£000	£000	£000	£000
<b>Cost</b>					
At 1 April 2022	7,300	1,798	42	53	9,193
Additions	-	-	-	2	2
Adjustments	-	-	(42)	-	(42)
<b>At 31 March 2023</b>	<b>7,300</b>	<b>1,798</b>	<b>-</b>	<b>55</b>	<b>9,153</b>
<b>Depreciation</b>					
At 1 April 2022	(788)	(550)	-	(26)	(1,364)
Charge for the year	(51)	(90)	-	(6)	(147)
<b>At 31 March 2023</b>	<b>(839)</b>	<b>(640)</b>	<b>-</b>	<b>(32)</b>	<b>(1,511)</b>
<b>Net book value:</b>					
<b>At 31 March 2023</b>	<b>6,461</b>	<b>1,159</b>	<b>-</b>	<b>23</b>	<b>7,642</b>
At 31 March 2022	6,512	1,248	42	27	7,829

Included in freehold land and buildings is land valued at £4,380,000 which is not depreciated.

The adjustment to leasehold improvement and reinstatement costs relates to the reversal in 2022/23 of leasehold reinstatement provisions made during 2021/22, following a deed of variation agreed in 2022/23 to change the lease break date and remove reinstatement cost clauses. **See note 19.**

The Medical Research Foundation holds the following property:

### 15 Akenside Road ("Perrin Lodge"), Hampstead, London

Perrin Lodge is a freehold property built in the late 1960's using charitable funds. It consists of 14 self-contained flats which are leased to the Francis Crick Institute and are used to house medical researchers with the aim of facilitating collaborative research and skill sharing. It was valued at 1 April 2014 by Powis Hughes Chartered Surveyor at £7,300,000, which was the deemed cost on conversion to the 2015 Charities' Statement of Accounting Practice.

## 16 Fixed asset investments

### Consolidated and Charity

	Listed investments 2023 £000	Listed investments 2022 £000
<b>Market Value</b>		
At 1 April 2022	55,278	60,345
Additions	1,070	8,644
Disposals	(1,053)	(19,835)
Net unrealised and realised gains and losses	148	6,124
<b>At 31 March 2023</b>	<b>55,443</b>	<b>55,278</b>
<b>Carrying amount: At 31 March 2023</b>	<b>55,443</b>	<b>55,278</b>
<b>At 31 March 2022</b>	<b>55,278</b>	<b>60,345</b>
<b>Investments at fair value comprise:</b>	<b>2023 £000</b>	<b>2022 £000</b>
UK equities	15,746	15,651
Overseas equities	32,813	32,765
Cash within equity portfolio	1,144	1,582
Infrastructure fund	5,740	5,280
	<b>55,443</b>	<b>55,278</b>

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date.

Newton Investment Management Ltd (Newton) manage a segregated equity portfolio for the Medical Research Foundation. Newton makes the portfolio investment decisions and their performance relative to the agreed benchmark is monitored. Bank of New York Mellon are the custodians.

IFM manage the infrastructure fund investment.

# Notes to the financial statements

Year ended 31 March 2023

## 17 Debtors

	Consolidated and charity 2023 £000	Consolidated 2022 £000	Charity 2022 £000
Other debtors	191	62	62
Prepayments and accrued income	1,408	1,268	92
	<b>1,599</b>	<b>1,330</b>	<b>154</b>

## 18 Current asset investments

### Consolidated and Charity

	2023 £000
Investments at fair value comprise:	
Fixed interest UK government securities	4,586
	<b>4,586</b>

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date. Gains on current asset investments during the year were £24k (2022: £nil).

Newton Investment Management Ltd (Newton) manage the fixed interest UK government securities investments.

## 19 Lessor

The Medical Research Foundation's freehold property is leased out under a non-cancellable operating lease for the following future minimum lease payments. There is no contingent rent.

Not later than 1 year	£245k
Later than 1 year but not later than 5 years	£429k
Later than 5 years	£nil

The lease is dated 29 December 2015 and the contractual term ends 28 December 2025. The break date was 29 December 2021, but no break occurred.

## 20 Lessee

The Medical Research Foundation leases office space under a non-cancellable operating lease for the following future minimum lease payments. There is no contingent rent.

Not later than 1 year	£186k
Later than 1 year but not later than 5 years	£330k
Later than 5 years	£nil

The lease is dated 30 March 2022 but covers the period from 14 March 2022; the contractual terms ends 13 March 2027. The lessee break date is 1 January 2026; the lessor break date is any time from 1 January 2026. An additional sum of £16,013 has to be paid if the lessee exercises the break clause.



## 21 Creditors: amounts falling due within one year

	Consolidated and charity 2023 £000	Consolidated (restated) 2022 £000	Charity (restated) 2022 £000
Grant commitments	10,180	10,575	10,032
Accruals and other creditors	327	518	769
Deferred income	70	-	-
Tax and social security	40	54	46
	<b>10,617</b>	<b>11,147</b>	<b>10,847</b>

£723k (2021: £994k) of invoices received relating to grant commitments were included in the Financial Statements for the year ended 31 March 2022 within Accruals and other creditors. The 2022 and 2021 balances have been restated to include these within Grant commitments.

## 22 Creditors: amounts falling due after more than one year

	Consolidated and charity 2023 £000	Consolidated 2022 £000	Charity 2022 £000
Grant commitments	5,843	4,538	4,862
Accruals	-	40	40
Deferred income	24	-	-
	<b>5,867</b>	<b>4,578</b>	<b>4,902</b>

## 23 Grants payable

Consolidated	Under 1 year £000	Over 1 year £000	Total £000
At 1 April 2022 (restated)	10,575	4,538	15,113
Grants no longer required	(224)	-	(224)
Refunds received from institutions – grants made	3	-	3
Amounts paid/invoiced during the year	(4,335)	-	(4,335)
Grants committed in the year	1,768	3,706	5,474
Transfer of control of AREF assets and liabilities	(842)	(116)	(958)
Grant to AREF no longer eliminated on consolidation	288	662	950
Transfer between categories	2,947	(2,947)	-
<b>At 31 March 2023</b>	<b>10,180</b>	<b>5,843</b>	<b>16,023</b>

# Notes to the financial statements

Year ended 31 March 2023

## 23 Grants payable (continued)

	Under 1 year £000	Over 1 year £000	Total £000
At 1 April 2021 (restated)	9,000	3,188	12,188
Grants no longer required	(98)	-	(98)
Amounts paid/invoiced during the year	(3,164)	-	(3,164)
Grants committed in the year	2,809	3,378	6,187
Transfer between categories	2,028	(2,028)	-
<b>At 31 March 2022 (restated)</b>	<b>10,575</b>	<b>4,538</b>	<b>15,113</b>

Charity	Under 1 year £000	Over 1 year £000	Total £000
At 1 April 2022 (restated)	10,000	4,862	14,862
Grants no longer required	(217)	-	(217)
Amounts paid/invoiced during the year	(4,019)	-	(4,019)
Grants committed in the year	1,691	3,706	5,397
Transfer between categories	2,725	(2,725)	-
<b>At 31 March 2023</b>	<b>10,180</b>	<b>5,843</b>	<b>16,023</b>

£723k (2021: £994k) of invoices received relating to grant commitments were included in the Financial Statements for the year ended 31 March 2022 within **note 21** Creditors: amounts falling due within one year, Accruals and other creditors. The 2022 and 2021 balances have been restated to include these within Grants payable.

## 24 Provisions for liabilities

The Medical Research Foundation has no provisions for liabilities at 31 March 2023 (2022: £nil).

## 25 Contingent liabilities/assets

The Medical Research Foundation has no contingent assets or liabilities at 31 March 2023 (2022: £nil).

## 26 Fund movement

	Consolidated balance at 31 March 2022	Income	Expenditure	Transfer of control of AREF assets and liabilities	Transfers	Gains/ (losses)	Consolidated and Charity balance at 31 March 2023
	£000	£000	£000	£000	£000	£000	£000
<b>Unrestricted Funds</b>							
General Purpose Research Fund	18,369	1,074	(1,714)		808	80	18,617
<b>Designated Funds</b>							
Balzan Prize (Meade Research Fund)	156	3	(52)		-	(1)	106
Descartes Prize Fund (Holt)	97	-	-		-	-	98
Diagnostic Techniques Research Fund	940	21	(7)		-	5	959
Emerging Leaders Prize Fund	1,362	31	(14)		101	11	1,492
Eye Diseases Research Fund	1,297	29	(10)		-	7	1,323
Herrick Lupus Erythematosus and Other Prize Fund	470	8	(231)		-	(12)	235
Horlock Travel Bursary Research Fund	83	2	(1)		-	-	85
Human Movement and Balance Research Fund	273	6	(2)		-	1	278
Jeantet Prize Fund (Skehel)	96	2	3		-	1	102
Jeantet Prize Fund (Unwin)	244	5	(2)		-	1	249
Kathleen Goff Training Fund	4,201	93	(62)		90	26	4,349
Leukaemia Research Fund	479	11	(4)		-	3	489
Mental Health Research Fund	2,285	45	(934)		82	(18)	1,460
MRC Biostatistics Unit Research Fund	89	2	(1)		-	-	91
MRC Clinical Trials Unit Research Fund	178	4	(2)		-	1	181
MRC Institute of Hearing Research General Research Fund	448	10	(4)		-	2	456
MRC LMB BIORAD Visiting Fellows Research Fund	533	12	(4)		-	3	544
MRC LMB General Purposes Research Fund	68	1	(1)		-	-	69
MRC LMB Techne Fund	582	13	(5)		-	3	594
MRC LMB Yamanouchi Research Fund	105	2	(1)		-	1	107
MRC LMS General Research Fund	122	2	(36)		-	(1)	87
MRC NIMR General Purposes Research Fund	261	6	(2)		-	1	267
MRC NIMR Robinson Research Fund	199	4	(2)		-	1	202
MRC Toxicology Unit Research Fund	115	3	(1)		-	1	117
Nutrition Research Fund	261	6	(2)		-	1	266
Pain Research Fund	722	16	(9)		-	4	733
Rosa Beddington Research Fund	798	17	(26)		-	4	793
Skin Disorders Research Fund	1,408	31	(13)		-	8	1,434
MRC Human Genetics Unit Research Fund	53	1	-		-	-	55
MRC Institute of Hearing Research Stuart Gray Fund	31	2	(3)		197	7	234
Other Research Funds	211	8	54		(17)	3	260
<b>Total Designated Funds</b>	<b>18,169</b>	<b>395</b>	<b>(1,371)</b>	<b>-</b>	<b>454</b>	<b>67</b>	<b>17,713</b>
<b>Total Unrestricted and Designated Funds</b>	<b>36,538</b>	<b>1,469</b>	<b>(3,086)</b>	<b>-</b>	<b>1,262</b>	<b>147</b>	<b>36,331</b>

# Notes to the financial statements

Year ended 31 March 2023

## 26 Fund movement (continued)

	Consolidated balance at 31 March 2022	Income	Expenditure	Transfer of control of AREF assets and liabilities	Transfers	Gains/ (losses)	Consolidated and Charity balance at 31 March 2023
	£000	£000	£000	£000	£000	£000	£000
<b>Restricted Funds</b>							
Alice Cory Fellowship Income Fund	1,336	30	(11)		-	7	1,362
Anti-microbial Resistance Research Fund	8	12	(8)		(12)	-	-
AREF (see note 27)	2,813	398	(549)	(3,500)	838	-	-
Autoimmune Hepatitis Research Fund	14	14	(1)		-	1	29
BEIS Funding	-	1,576	-		(1,576)	-	-
Cancer Research Fund	7,088	149	(635)		-	3	6,605
Crohns Disease Research Fund	1	-	1		-	-	2
Diabetes Research Fund	8	-	-		-	-	8
Dorothy Temple Cross Research Fellowship Fund	231	2	(156)		-	(8)	71
Epilepsy Research Fund	2	-	(2)		-	-	1
Fleming Memorial Fund for Medical Research	2,573	57	(210)		335	16	2,772
Francis Crick Institute Neurology Research Fund	95	1	(92)		-	(3)	2
GACD (see note 27)	1,046	694	(479)		-	-	1,260
Gene Therapy Research Fund	12	-	(6)		-	-	6
Genetics of Mitochondrial Diseases Research Fund	11	-	(11)		-	-	-
Heart Diseases Research Fund	56	1	-		-	-	58
Hepatitis Research Tarttelin Fund	527	13	(4)		200	10	747
Hugh Pelham Fund	2,168	48	(18)		-	12	2,210
John Chadwick Barlow Bequest	308	7	(2)		-	2	314
Liver Diseases in Scotland Research Munro Fund	22	1	(1)		44	2	69
Mental Health Research Fund	-	6	(4)		-	-	1
MRC LMB UCB Fund	1,170	26	(7)		-	7	1,196
MRC LMB Merck Visiting Research Fellow Fund	1,396	31	(11)		-	8	1,423
MRC LMB Strauss Fund	1,208	22	(305)		-	(11)	913
MRC LMB cryo-EM Research Fund	-	68	(68)		-	-	-
Mrs Gornall Asthma Income Fund	346	8	(3)		-	2	352
Pain Research Fund	344	8	(5)		81	5	433
Poliomyelitis Research Fund	1,928	43	(15)		-	11	1,966
Premises Fund	-	147	(147)		-	-	-
Rheumatic Diseases Research Fund	2,677	59	(21)		-	15	2,729
Sir Cusrow Wadia Research Fund	337	7	(3)		-	2	344
Sir Leonard Rogers Tropical Medicine Research Income Fund	7,614	125	(2,822)		(1,174)	(63)	3,680
Stem Cell Research Fund	137	3	(1)		-	1	139
Whittaker Bequest for Alzheimer's & Parkinson's Disease	17	-	-		-	-	17
Williams Barker Bequest Income Fund	1,377	30	(11)		-	8	1,404
<b>Total Restricted Funds</b>	<b>36,869</b>	<b>3,586</b>	<b>(5,606)</b>	<b>(3,500)</b>	<b>(1,262)</b>	<b>25</b>	<b>30,112</b>
<b>Total Funds</b>	<b>73,407</b>	<b>5,055</b>	<b>(8,692)</b>	<b>(3,500)</b>	<b>-</b>	<b>172</b>	<b>66,442</b>



## 26 Fund movement (continued)

The prior year 2021-22 fund movement schedule shows the consolidated balance at year end and charity-only balance at year end, which excludes the only incorporated linked charity in the period, AREF.

The current year 2022-23 fund movement schedule only reflects the consolidated balance at year end as the control of AREF's assets and liabilities was transferred to AREF at 31 December 2022 and therefore AREF's assets and liabilities are excluded from the consolidated net assets at 31 March 2023.

### Fund descriptions

#### *a) Restricted funds*

Restricted funds relate to specific areas of medical research and include the funds of charities linked to the Medical Research Foundation by the Charity Commission. **See note 32.**

#### *b) Unrestricted funds*

Designated funds with a fund value of less than £50,000 at the end of the year, have been grouped under the 'Other Research Funds' category for the purposes of this note. In practice, all funds are managed separately. Designated funds have been assigned by the trustees to: i) reflect donors' wishes where the gift was not formally restricted by the donor but the donor expressed a wish about how the funds would be used; or ii) to set aside funds for agreed future research priorities.

### Transfers

£1,576,000 of COVID-19 funding from the Department for Business, Energy & Industrial Strategy (BEIS), distributed by the Medical Research Council, was received in the period, restricted to specified, historical, research grants already awarded by the Foundation; the BEIS funds were transferred to the various funds from which these research grants had been made.

A designation of £5,000 for cancer pain research was made in the period, to reflect the donor's wishes.

The designation of £21,000 for shingles and chickenpox research was lifted and these funds were transferred to unrestricted general-purpose funds; this relates to residual funding remaining after £1m was invested in research on shingles and chickenpox.

£12,000 of donations restricted to anti-microbial resistance research and given in response to fundraising for awards already made, were matched to the various funds from which these research grants had been funded.

£838,000 of accumulated related party transactions between AREF and the Medical Research Foundation have been reversed following the transfer of the control of AREF's assets and liabilities to AREF on 31 December 2022. These include grants to AREF totalling £1,174k in prior periods from the Sir Leonard Rogers Fund for Tropical Medicine Research linked charity; a grant to AREF of £8k from the General Purpose Research Fund in 2021/22; £265k prior periods shared costs and other transactions; and £79k current period shared costs and other transactions.

# Notes to the financial statements

Year ended 31 March 2023

## 26 Fund movement (continued)

	Consolidated balance at 31 March 2021	Income	Expenditure	Transfers	Gains/ (losses)	Consolidated balance at 31 March 2022	Charity balance at 31 March 2022
	£000	£000	£000	£000	£000	£000	£000
<b>Unrestricted Funds</b>							
General Purpose Research Fund	17,117	624	(1,506)	527	1,607	18,369	18,627
<b>Designated Funds</b>							
Balzan Prize (Meade Research Fund)	142	3	(1)	-	13	156	156
Descartes Prize Fund (Holt)	155	-	(57)	-	-	97	97
Diagnostic Techniques Research Fund	853	16	(7)	-	77	940	940
Emerging Leaders Prize Fund	1,527	27	(324)	-	133	1,362	1,362
Eye Diseases Research Fund	1,177	23	(9)	-	107	1,297	1,297
Herrick Lupus Erythematosus Prize Fund	427	8	(4)	-	39	470	470
Horlock Travel Bursary Research Fund	74	1	2	-	7	83	83
Human Movement and Balance Research Fund	248	5	(2)	-	22	273	273
Jeantet Prize Fund (Skehel)	87	2	(1)	-	8	96	96
Jeantet Prize Fund (Unwin)	222	4	(2)	-	20	244	244
Kathleen Goff Training Fund	3,815	73	(33)	-	346	4,201	4,201
Leukaemia Research Fund	435	8	(3)	-	39	479	479
Mental Health Research Fund	2,231	43	(192)	1	202	2,285	2,285
MRC Biostatistics Unit Research Fund	81	2	(1)	-	7	89	89
MRC Clinical Trials Unit Research Fund	161	3	(1)	-	15	178	178
MRC Institute of Hearing Research General Research Fund	406	8	(3)	-	37	448	448
MRC LMB BIORAD Visiting Fellows Research Fund	484	9	(4)	-	44	533	533
MRC LMB General Purposes Research Fund	61	1	-	-	6	68	68
MRC LMB Techne Fund	528	10	(4)	-	48	582	582
MRC LMB Yamanouchi Research Fund	95	2	(1)	-	9	105	105
MRC LMS General Research Fund	111	2	(1)	-	10	122	122
MRC NIMR General Purposes Research Fund	237	5	(2)	-	22	261	261
MRC NIMR Robinson Research Fund	268	5	(102)	-	28	199	199
MRC Toxicology Unit Research Fund	104	2	(1)	-	9	115	115
Nutrition Research Fund	236	5	(2)	-	21	261	261
Pain Research Fund	1,541	29	(988)	-	140	722	722
Rosa Beddington Research Fund	724	14	(6)	-	66	798	798
Skin Disorders Research Fund	2,188	37	(1,050)	-	233	1,408	1,408
MRC Human Genetics Unit Research Fund	48	2	-	-	4	53	53
Other Research Funds	1,033	40	(866)	(20)	55	241	241
<b>Total Designated Funds</b>	<b>19,699</b>	<b>386</b>	<b>(3,665)</b>	<b>(19)</b>	<b>1,767</b>	<b>18,169</b>	<b>18,169</b>
<b>Total Unrestricted and Designated Funds</b>	<b>36,816</b>	<b>1,010</b>	<b>(5,171)</b>	<b>508</b>	<b>3,375</b>	<b>36,538</b>	<b>36,795</b>

## 26 Fund movement (continued)

	Consolidated balance at 31 March 2021	Income	Expenditure	Transfers	Gains/ (losses)	Consolidated balance at 31 March 2022	Charity balance at 31 March 2022
	£000	£000	£000	£000	£000	£000	£000
<b>Restricted Funds</b>							
Alice Cory Fellowship Income Fund	779	16	(9)	525	25	1,336	1,336
Anti-microbial Resistance Research Fund	6	14	-	(14)	1	8	8
AREF (see note 27)	1,367	2,689	(1,243)	-	-	2,813	-
Autoimmune Hepatitis Research Fund	8	6	(1)	-	1	14	14
BEIS 2021-22 Funding	-	395	-	(395)	-	-	-
Cancer Research Fund	6,431	123	(50)	-	584	7,088	7,088
Covid-19 Research Fund	2	100	(102)	-	-	-	-
Crohns Disease Research Fund	-	-	-	-	-	1	1
Diabetes Research Fund	7	-	-	-	1	8	8
Dorothy Temple Cross Research Fellowship Fund	210	4	(2)	-	19	231	231
Dr Gornall Bequest Medical Income Fund	4	4	(257)	249	-	-	-
Dr Wezi Sendama Research Fund	-	5	-	(5)	-	-	-
Epilepsy Research Fund	2	-	-	-	-	2	2
Fleming Memorial Fund for Medical Research	2,538	47	(248)	5	231	2,573	2,573
Francis Crick Institute Neurology Research Fund	86	2	(1)	-	8	95	95
GACD (see note 27)	928	629	(511)	-	-	1,046	1,046
Gene Therapy Research Fund	11	-	-	-	1	12	12
Genetics of Mitochondrial Diseases Research Fund	79	-	(71)	-	3	11	11
Heart Diseases Research Fund	51	1	-	-	5	56	56
Hepatitis Research Tarttalin Fund	391	8	(7)	103	32	527	527
Hugh Pelham Fund	2,081	39	(143)	-	191	2,168	2,168
John Chadwick Barlow Bequest	279	5	(2)	-	25	308	308
Liver Diseases in Scotland Research Munro Fund	-	-	(1)	24	(1)	22	22
Mental Health Research Fund	-	17	(138)	121	1	-	-
MRC LMB Celltech Research Fellowships Fund	1,143	21	(93)	-	99	1,170	1,170
MRC LMB Merck Visiting Research Fellow Fund	1,267	24	(10)	-	115	1,396	1,396
MRC LMB Strauss Fund	1,096	21	(9)	-	99	1,208	1,208
MRC LMB cryo-EM Research Fund	-	67	(67)	-	-	-	-
Mrs Gornall Asthma Income Fund	34	7	(80)	374	10	346	346
ODA-affected AMR Research Fund	-	3	(3)	-	-	-	-
Pain Research Fund	1,392	17	(1,169)	-	104	344	344
Poliomyelitis Research Fund	1,750	33	(14)	-	159	1,928	1,928
Premises Fund	-	203	(164)	(39)	-	-	-
Rheumatic Diseases Research Fund	2,429	46	(19)	-	220	2,677	2,677
Sir Cusrow Wadia Research Fund	306	6	(2)	-	28	337	337
Sir Leonard Rogers Tropical Medicine Research Income Fund	7,014	120	(49)	-	530	7,614	6,440
Stem Cell Research Fund	124	2	(1)	-	11	137	137
Whittaker Bequest for Alzheimer's & Parkinson's Disease	15	-	-	-	1	17	17
Williams Barker Bequest Income Fund	264	23	(10)	1,076	25	1,377	1,377
<b>Total Restricted Funds</b>	<b>32,095</b>	<b>4,699</b>	<b>(4,478)</b>	<b>2,025</b>	<b>2,530</b>	<b>36,869</b>	<b>32,883</b>
<b>Permanent Endowment Funds</b>							
Alice Cory Fellowship Fund	480	-	-	(525)	46	-	-
Gertrude Nicholl Bequest Fund	197	-	-	(215)	19	-	-
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for Asthma Research	341	-	-	(374)	32	-	-
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for Medical Research	312	-	-	(342)	30	-	-
Williams Barker Bequest Fund	982	-	-	(1,076)	93	-	-
<b>Total Permanent Endowment Funds</b>	<b>2,312</b>	<b>-</b>	<b>-</b>	<b>(2,532)</b>	<b>220</b>	<b>-</b>	<b>-</b>
<b>Total Funds</b>	<b>71,223</b>	<b>5,709</b>	<b>(9,649)</b>	<b>-</b>	<b>6,124</b>	<b>73,407</b>	<b>69,678</b>

## 26 Fund movement (continued)

### Designated Funds

Designated funds will be utilised as and when suitable grants are awarded.

The purpose of material designated funds:

Fund	Purpose
Balzan Prize (Meade Research Fund)	Professor Thomas Meade's research on heart diseases
Descartes Prize Fund (Holt)	Bio-medical or health services research as directed by Dr Ian Holt
Diagnostic Techniques Research Fund	Research using computer techniques in connection with the diagnosis of diseases
Emerging Leaders Prize Fund	Prizes for emerging biomedical research leaders working in various priority areas
Eye Diseases Research Fund	Research on eye diseases
Herrick Lupus Erythematosus Prize Fund	Prize for lupus researchers
Horlock Travel Bursary Research Fund	Annual travel bursaries for technicians working on PET chemistry to attend UK and overseas laboratories
Human Movement and Balance Research Fund	Movement and balance research
Jeanette Prize Fund (Skehel)	Professor Sir John Skehel's research
Jeanette Prize Fund (Unwin)	Dr Nigel Unwin's research
Kathleen Goff Training Fund	Biomedical research training
Leukaemia Research Fund	Leukaemia research
Mental Health Research Fund	Mental health research
MRC Biostatistics Unit Research Fund	Research at the University of Cambridge School of Clinical Medicine – MRC Biostatistics Unit
MRC Clinical Trials Unit Research Fund	Research of Dr Lesley Stewart at the UCL – MRC Clinical Trials unit
MRC Human Genetics Unit Research Fund	Human genetics
MRC Institute of Hearing Research General Research Fund	Research based at Nottingham University
MRC Institute of Hearing Research Stuart Gray Fund	Research based at the University of Nottingham from the former MRC Institute of Hearing Research
MRC LMB BIORAD Visiting Fellows Research Fund	Research Fellowships at the MRC LMB
MRC LMB General Purposes Research Fund	Medical research at the MRC LMB
MRC LMB Techne Fund	General biomedical research at the MRC Laboratory of Molecular Biology
MRC LMB Yamanouchi Research Fund	Purchase equipment for researchers at the MRC LMB
MRC LMS General Research Fund	Dr Dave Carling's research at the MRC LMS
MRC NIMR General Purposes Research Fund	General biomedical research at The Francis Crick Institute
MRC NIMR Robinson Research Fund	Dr Iain Robinson's research
MRC Toxicology Unit Research Fund	Toxicology research at MRC Toxicology Unit
Nutrition Research Fund	Nutrition research
Pain Research Fund	Pain research
Respiratory Medicine Research Fund	Respiratory research
Rosa Beddington Research Fund	Developmental biology research
Skin Disorders Research Fund	Skin disorders research



## 27a AREF Charity Statement of Financial Activities

	Nine months to 31 December 2022			2022
	Unrestricted funds £000	Restricted funds £000	Total £000	Total £000
Donations – other	46	284	330	2,663
Charitable activities	60	-	60	33
Investments	5	3	8	1
<b>Total income</b>	<b>111</b>	<b>287</b>	<b>398</b>	<b>2,697</b>
<b>Expenditure on:</b>				
Raising funds	(38)	(66)	(104)	(150)
Charitable activities	(186)	(337)	(523)	(1,239)
<b>Total expenditure</b>	<b>(224)</b>	<b>(403)</b>	<b>(627)</b>	<b>(1,389)</b>
<b>Net income/(expenditure)</b>	<b>(113)</b>	<b>(116)</b>	<b>(229)</b>	<b>1,308</b>
<b>Transfers between funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net movement in funds</b>	<b>(113)</b>	<b>(116)</b>	<b>(229)</b>	<b>1,308</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward	1,469	2,260	3,729	2,421
<b>Total funds carried forward</b>	<b>1,356</b>	<b>2,144</b>	<b>3,500</b>	<b>3,729</b>

On 31 December 2022 the Medical Research Foundation resigned as the sole member of AREF meaning it no longer exercised control over AREF and so the consolidated results include AREF's results for the nine months to 31 December 2022 only.

AREF's activities are considered to be restricted for the purposes of Medical Research Foundation's accounts and financial reporting, however they include unrestricted activities for the purposes of AREF itself as shown above.

The figures above represent the performance of the individual fund in the nine months to 31 December 2022 and include the following transactions with the Medical Research Foundation: £78k of shared costs for the current year; £145k prior year shared costs and £8k grant awarded to AREF.

**See the Linked Charities note 32** for the charity's purpose and other information.

# Notes to the financial statements

Year ended 31 March 2023

## 27b GACD Charity Statement of Financial Activities

	Unrestricted funds £000	2023 Total £000	2022 Total £000
<b>Income from:</b>			
Charitable activities	495	495	595
Donations	188	188	34
Investments	11	11	-
<b>Total income</b>	<b>694</b>	<b>694</b>	<b>629</b>
<b>Expenditure on:</b>			
Charitable activities	(523)	(523)	(555)
<b>Total expenditure</b>	<b>(523)</b>	<b>(523)</b>	<b>(555)</b>
<b>Net income/(expenditure)</b>	<b>171</b>	<b>171</b>	<b>74</b>
<b>Net movement in funds</b>	<b>171</b>	<b>171</b>	<b>74</b>
<b>Reconciliation of funds:</b>			
Total funds brought forward	813	813	739
<b>Total funds carried forward</b>	<b>984</b>	<b>984</b>	<b>813</b>

GACD's activities are considered to be restricted for the purposes of Medical Research Foundation's accounts and financial reporting, however they are unrestricted activities for the purposes of GACD itself as shown above.

The figures above represent the performance of the individual fund and includes transactions with the Medical Research Foundation totalling £44k for shared costs for the current year and £43k for prior periods. When these transactions are removed the fund balance, as reflected in [note 26](#), is £1,260k.

GACD's required reserves at 31 March 2023 were £0.3m which includes 4 months' operating costs, while available reserves at 31 March 2023 were £1m (being the total of its unrestricted funds; there are no designated funds). GACD's Board has agreed that it is prudent to accept the £0.7m difference between the available reserves and the required reserves at the current time given that investment in new charitable activities is planned during 2023/24 to bring free reserves closer in line with required reserves.

**See the Linked Charities note 32** for the charity's purpose and other information.

## 27c Medical Research Foundation Charity Statement of Financial Activities

(excludes GACD and AREF)

	2023 Unrestricted funds £000	2023 Restricted funds £000	2023 Endowment funds £000	2023 Total £000	2022 Total £000
<b>Income from:</b>					
Donations and legacies	400	1,824	-	2,224	925
Charitable activities	358	-	-	358	412
Investments	795	672	-	1,467	1,241
Trading activities	27	-	-	27	3
Other income	11	-	-	11	-
<b>Total income and endowments</b>	<b>1,591</b>	<b>2,496</b>	<b>-</b>	<b>4,087</b>	<b>2,581</b>
<b>Expenditure on:</b>					
Raising funds	(731)	(188)	-	(919)	(665)
Charitable activities	(2,355)	(4,391)	-	(6,746)	(7,237)
<b>Total expenditure</b>	<b>(3,086)</b>	<b>(4,579)</b>	<b>-</b>	<b>(7,665)</b>	<b>(7,902)</b>
Net gains/(losses) on investments assets	147	25	-	172	6,124
<b>Net income/(expenditure)</b>	<b>(1,348)</b>	<b>(2,058)</b>	<b>-</b>	<b>(3,406)</b>	<b>803</b>
<b>Transfers between funds</b>	<b>927</b>	<b>(927)</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net movement in funds</b>	<b>(421)</b>	<b>(2,985)</b>	<b>-</b>	<b>(3,406)</b>	<b>803</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward	37,028	31,837	-	68,865	68,062
<b>Total funds carried forward</b>	<b>36,607</b>	<b>28,852</b>	<b>-</b>	<b>65,459</b>	<b>68,865</b>

The figures above include transactions with AREF and GACD totalling £122k of shared costs for the current year (for AREF for the period 01 April 2022 – 31 December 2022 only); £8k grant awarded to AREF in the prior period; and £189k prior year shared costs and other transactions. When these transactions are removed the fund balance, as reflected in **note 26** for all funds excluding GACD, is £65,182k.

# Notes to the financial statements

Year ended 31 March 2023

## 28 Analysis of net assets between funds

Consolidated	Unrestricted funds	Restricted funds	Expendable Endowment funds	Total
	£000	£000	£000	£000
Fixed assets	34,342	28,768	-	63,110
Current assets	9,617	10,200	-	19,817
Creditors due within one year	(5,623)	(4,994)	-	(10,617)
Creditors due after more than one year	(2,006)	(3,861)	-	(5,867)
<b>Total 2022/23</b>	<b>36,330</b>	<b>30,113</b>	<b>-</b>	<b>66,443</b>

	Unrestricted funds	Restricted funds	Expendable Endowment funds	Total
	£000	£000	£000	£000
Fixed assets	32,096	31,011	-	63,107
Current assets	13,236	12,789	-	26,025
Creditors due within one year	(6,101)	(5,047)	-	(11,148)
Creditors due after more than one year	(2,694)	(1,883)	-	(4,577)
<b>Total 2021/22</b>	<b>36,537</b>	<b>36,870</b>	<b>-</b>	<b>73,407</b>

## 29 Reconciliation of net income/(expenditure) to net cash flow from operating activities

	2023 £000	2022 £000
<b>Net income/(expenditure) for the year</b>	<b>(3,464)</b>	<b>2,184</b>
Dividends, interest and rents from investments	(1,486)	(1,242)
Depreciation and impairment of tangible fixed assets	190	151
Amortisation of intangible fixed assets	6	-
Gains on investments	(172)	(6,124)
Increase in debtors	(1,762)	(788)
Increase in creditors	1,976	3,223
<b>Net cash flow used in operating activities</b>	<b>(4,712)</b>	<b>(2,596)</b>

The movement in debtors and creditors during the year to 31 March 2023 refers to continuing activities plus the movement relating to AREF from 01 April 2022 to 31 December 2022. On 01 January 2023 £1,494k debtors and £1,217k creditors were transferred to AREF as the Medical Research Foundation no longer exercised control over AREF. The outflow of cash resulting from the transfer of control of AREF is shown as a separate line on the Statement of Cash flows on page 52.



### 30 Related party transactions

During the year the Medical Research Foundation incurred costs of £44k on behalf of GACD (2022: £43k); **see note 27b**. £11k remained outstanding at the year-end (2022: £11k).

During the period 01 April 2022 to 31 December 2022 the Medical Research Foundation incurred costs of £79k (2022: £145k) on behalf of AREF. **See note 27a**.

### 31 Financial instruments

The charity holds a number of financial assets (for example investments, debtors and cash) and financial liabilities (for example creditors and provisions for grants payable) which meet the definition of basic financial instruments under the FRS 102 SORP. Details of the measurement bases, accounting policies and carrying values for these financial assets and liabilities are disclosed in **notes 16 to 24 above**.

### 32 Linked Charities

The following charities are linked by the Charity Commission to the Medical Research Foundation. In 2022/23, two linked charities (AREF and GACD) operated as incorporated legal entities. All others were held as restricted funds within the Medical Research Foundation.

The balances and movements in each of the funds are included in **note 26**.

#### Restricted Funds

##### Cory Fellowship Fund

**Registration number:** 1138223-1

**Governing document:** Will proved on 24 July 1956 as amended by scheme dated 31 March 2011

**Charitable objects:** The establishment of fellowships for the furtherance of research work in medical science.

##### Sir Leonard Rogers Tropical Medicine Research Fund

**Registration number:** 1138223-2

**Governing document:** Scheme dated 28 March 2019

**Charitable objects:** The promotion or support of charitable research work in tropical medicine being carried out anywhere in the world by persons approved by the Trustees of the charity.

##### The Liver Diseases in Scotland Research Munro Fund

**Registration number:** 1138223-4

**Governing document:** Will proved on 14 February 1983 as amended by a scheme dated 31 March 2011

**Charitable objects:**

- a) The promotion of research in Glasgow into diseases and illnesses affecting the liver and the publication of the useful results of such research.

- b) If and in so far as the income and expendable endowment of the charity can be applied towards the object specified in sub-clause a) above, the trustees may apply it for the promotion of research elsewhere in Scotland into diseases and illnesses affecting the liver and the publication of the useful results of such research.
- c) The promotion of research in a) or b) above may take place in collaboration with organisations elsewhere in the United Kingdom.

##### The Susan Catherine, Cicely May and Doctor Thomas Beardwood Gornall Fund

**Registration number:** 1138223-3

**Governing document:** Will proved on 24 October 1943 as amended by scheme dated 31 March 2011

**Charitable objects:** The trustee shall pay one-quarter of the annual income to each of the following: 1) Asthma Research Council for the purposes of research, 2) The British Red Cross Society for the general purposes of the Society, 3) British Heart Foundation for the purposes of research, 4) by the Medical Research Council for such medical research work.

The Fund was split between asthma research and other medical research for the purpose of fund accounting. The latter was fully spent by the 2021/22 year, and only the asthma fund remains.

# Notes to the financial statements

Year ended 31 March 2023

## The Hepatitis Research Tarttelin Fund

**Registration number:** 1138223-5

**Governing document:** Will proved on 4 July 1991 as amended by a scheme dated 31 March 2011

**Charitable objects:**

- a) The promotion of research into hepatitis at such institutions as the trustees shall think fit and the publication of the useful results of such research.
- b) If and in so far as the income and expendable endowment of the charity cannot be applied towards the object specified in sub-clause a) above, the trustees may apply it for the promotion of research into cancer and the publication of the useful results of such research.

## Cancer Research Fund in Connection with the Medical Research Council

**Registration number:** 1138223-6

**Governing document:** Individual small bequests and donations 1989

**Charitable objects:** For cancer research.

## Mental Health Research Fund

**Registration number:** 1138223-7

**Governing document:** Bequests and donations of unknown date

**Charitable objects:** For mental health research.

## Williams Barker Bequest Research Fund

**Registration number:** 1138223-8

**Governing document:** Will proved on 7 September 1987

**Charitable objects:** To fund cancer research at the discretion of Medical Research Council preferably at 1) Leeds University, 2) Sheffield University or 3) a University in Yorkshire.

## MRC Laboratory of Molecular Biology UCB Fund

**Registration number:** 1138223-9

**Governing document:** Deed of covenant of 13 October 1989 and related terms of reference, amended on 1 December 2020

**Charitable objects:** To further charitable purposes connected to the Medical Research Council's Laboratory of Molecular Biology Protein Nucleic Acid Chemistry Division, in particular, not exclusively by funding: (A) research fellowships; (B) PhD Studentships; or (C) equipment and relevant consumables.

## MRC Laboratory of Molecular Biology Merck Visiting Research Fellowships Fund

**Registration number:** 1138223-10

**Governing document:** Letter dated 29 September 1989

**Charitable objects:** To fund a visiting fellowship at the MRC Laboratory for Molecular Biology.

## MRC Laboratory of Molecular Biology Strauss Fund

**Registration number:** 1138223-11

**Governing document:** Correspondence with Samuel Strauss

**Charitable objects:** To provide bursaries to graduate students.

## Pain Research Fund

**Registration number:** 1138223-12

**Governing document:** Small donations and bequests between 1998 and 2004.

**Charitable objects:** Research into pain.

## Poliomyelitis Research Fund

**Registration number:** 1138223-13

**Governing document:** Unknown

**Charitable objects:** Research into Poliomyelitis.

## Rheumatic Diseases Research Fund

**Registration number:** 1138223-14

**Governing document:** Bequests and donations

**Charitable objects:** Research into rheumatic diseases.

## Sir Cusrow Wadia Research Fund

**Registration number:** 1138223-15

**Governing document:** Will proved on 15 April 1957

**Charitable objects:** Benefit of medical research or scientific research at the University of Cambridge.

## The Dorothy Temple Cross Research Fellowship Fund

**Registration number:** 1138223-16

**Governing document:** Trust Deed dated 23 August 1929 as amended by a scheme dated 16 January 1953, as amended by deed dated 16 August 1965, as amended by a scheme dated 31 March 2011, as amended by resolution dated 18 September 2019

**Charitable objects:** The advancement of research or teaching in the curative or preventive treatment of tuberculosis in all or any of its forms or to increase knowledge of diseases of the lung through the awarding of travelling fellowships and prizes or grants.

## The Gertrude Nicholl Bequest Fund

**Registration number:** 1138223-17

**Governing document:** Scheme dated 25 October 1935 as amended by a scheme dated 31 March 2011

**Charitable objects:** The purposes of medical research  
The Fund was closed in 2022/23 and removed from the Register of Charities on 9 December 2022.

### **The Fleming Memorial Fund for Medical Research (The Fleming Memorial Fund)**

**Registration number:** 1138223-18

**Governing document:** Trust deed dated 22 September 1959 as amended by a scheme dated 24 September 1969 as amended by a scheme dated 31 March 2011

**Charitable objects:** The provision of assistance for medical research anywhere in the world.

### **The Hugh Pelham Fund**

**Registration number:** 1138223-20

**Governing document:** Trust Deed dated 17 January 2012 as amended by deed dated 18 September 2019

**Charitable objects:** To support the MRC Laboratory for Molecular Biology work in biomedical research.

- b) Promoting excellence in medical research training in Africa; and
- c) Promoting the use of high-quality medical research evidence in the development of public health policies and practices in Africa.

The Foundation ceased to be the sole member of AREF on 31 December 2022 and AREF ceased to be a linked charity of the Medical Research Foundation on 20 February 2023 and is now registered on the Register of Charities under registration number 1193865.

## **Restricted – Incorporated**

### **Global Alliance for Chronic Diseases Action (GACD)**

**Registration number:** 1138223-22

**Governing document:** Charitable Interest Organisation (CIO) Association Constitution registered 27 September 2017, amended on 24 January 2018, amended on 12 December 2018, amended on 22 May 2019, amended on 30 September 2019, amended on 30 March 2022.

**Charitable objects:**

- a) To relieve sickness and promote and protect good health of people suffering or at risk of suffering chronic diseases by addressing the burden of chronic non-communicable diseases through coordinated high-quality implementation research in low-resource settings and among vulnerable populations including indigenous peoples in high-income countries relating to the prevention, treatment, management and care thereof.
- b) Nothing in this constitution shall authorise an application of the property of the CIO for the purposes which are not charitable in accordance with section 7 of the Charities and Trustees Investment (Scotland) Act 2005 and section 2 of the Charities Act (Northern Ireland) 2008.

### **Africa Research Excellence Fund (AREF)**

**Registration number:** 1138223-23 (now ceased)

**Governing Document:** Articles of Association as amended by a written resolution of the Sole Member dated 26 May 2021.

**Charitable objects:** to promote medical research in Africa for the public benefit, in particular by:

- a) Providing education and training opportunities for individuals who: 1) are citizens of a country in Africa; and 2) are aspiring to, or have already embarked upon, a career in medical research in, Africa; and 3) meet any eligibility criteria the Trustees may agree from time to time;

# Legal and administrative information

## Medical Research Foundation

### Board of Trustees

Professor Nicholas Lemoine CBE

(Chair of the Board of Trustees)<sup>i, iii</sup>

Professor Daniel Altmann<sup>i, iii</sup>

(to 31 March 2023)

Jonathan Beck

Professor Richard Coward<sup>iii</sup>

Kristen Gallagher<sup>iii</sup>

Dr Hans Michael Haitchi

(to 31 December 2022)

Professor Patricia Kingori<sup>i, iii</sup>

Professor Paul Moss OBE

(from 1 April 2023)

Professor Rosalind Smyth CBE

Richard Walters (from 1 July 2022)<sup>ii</sup>

Professor Moira Whyte OBE

(from 1 April 2023)

Susan Wilkinson (Vice Chair)<sup>i</sup>

David Zahn (to 30 June 2022)<sup>ii</sup>

### Chief Executive

Dr Angela Hind

## Africa Research Excellence Fund

### Board of Trustees<sup>4</sup>

Professor Nicholas Lemoine CBE

(Chair of the Board of Trustees)

Jonathan Beck

Professor Tumani Corrah

(from 4 June 2022)

Russell Delew (from 1 June 2022)

Dr Angela Hind

(1 April 2022 – 10 November 2022)

Ratna Kakkar

Pauline Mullin

Dr Majdi Osman

Professor Faith Osier (from 1 June 2022)

Solomon Soquar

## Executive

Chief Executive: Professor Gibson Kibiki

Executive Chair: Professor Sir Tumani

Corrah (to 3 June 2022)

Chief Operating Officer: Maria Bellocchi

(to 31 August 2022)

## Global Alliance for Chronic Diseases

### Board of Trustees

Professor Nicholas Lemoine CBE

(Chair of the Board of Trustees)

Jonathan Beck

Dr Angela Hind

Dr Barbara Kerstiëns

Dr Mark Palmer (to 30 November 2022)

Dr Michael Strong

(1 December 2022 – 7 July 2023)

### Chief Executive

Dr Morven Roberts

## External Auditors

### Crowe U.K. LLP

2nd Floor

55 Ludgate Hill

London EC4M 7JW

## Internal Auditors

### Sayer Vincent LLP

Invicta House

108-114 Golden Lane

London EC1Y 0TL

## Bankers

### Lloyds Bank PLC

25 Gresham Street

London EC2V 7HN

### BNY Mellon

One Piccadilly Gardens

Manchester M1 1RN

## Equity Investment Manager

### Newton Investment Management Ltd

BNY Mellon Centre

160 Queen Victoria Street

London EC4V 4LA

## Infrastructure Investment Manager

### IFM Investors

2 London Wall Place

London EC2Y 5AU

## Investment Custodian

### The Bank of New York Mellon SA/NV

BNY Mellon Centre

160 Queen Victoria Street

London EC4V 4LA

## Solicitors

### Withers LLP

20 Old Bailey

London EC4M 7AN

## Company Secretarial Services

### Withers LLP

20 Old Bailey

London EC4M 7AN

## Registered Offices

### Medical Research Foundation

99 Charterhouse Street

London EC1M 6HR

### Africa Research Excellence Fund

99 Charterhouse Street

London EC1M 6HR

### Global Alliance for Chronic Diseases

215 Euston Road

London NW1 2BE

Page opposite:

Dr Lauren Heathcote and team,

King's College London.

<sup>i</sup> Member of the People Committee

<sup>ii</sup> Member of the Investment Committee

<sup>iii</sup> Member of the Prospect and Donor Due Diligence Committee

<sup>4</sup> Reporting for the period 1 April 2022 to 31 December 2022 when the Medical Research Foundation was the Sole Member of AREF.







☎ 020 4581 2400

✉ [contact@medicalresearchfoundation.org.uk](mailto:contact@medicalresearchfoundation.org.uk)

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in Medical Research Foundation

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