



**International Alliance of
Patients' Organizations**

Company registration number (England and Wales): 08495711

Charity registration number (England and Wales): 1155577

International Alliance of Patients' Organizations

**(Incorporated as a Company Limited by Guarantee
and not having a Share Capital)**

Annual Report and Financial Statements for the Year Ended in December 2024

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Company number	08495711 (England and Wales)
Charity number	1155577 (England and Wales)
Registered office	International Alliance of Patients' Organizations Canopi, 82 Tanner Street, London, SE1 3GN, UK
Governing Board members (Board of Trustees)	Ellos Ellard Lodzeni Professor Lara Claire Bloom Adebisi Omolola Bright (Resigned 4 Dec 2024) Orajitt Bumrungskulswat Anthony John Holland (Resigned 4 Dec 2024) Flavia Kyomukama Paul Albert Sumat Mendoza Fernanda Souza de Carvalho Mr. Agron Bytyqi (Joined 4 Dec 2024) Dr. Ratna Devi (Joined 4 Dec 2024) Vasiliki-Rafaela Vakouftsi (Joined 4 Dec 2024)
Chief Executive	Daniela Espindula Mothci
Bankers	NatWest Bank Plc PO Box 12258 1 Princes Street LONDON EC2R 8BP
Independent auditor	Knox Cropper LLP 65 Leadenhall Street London EC3A 2AD
Website	www.iapo.org.uk

Trustees' Report for the Year Ended 31 December 2024

The directors, who are also the trustees of the charity, are pleased to present their report together with the financial statements of the charity for the year ended 31 December 2024 which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

IAPO Trading Limited (company number 08863190) was dormant and was dissolved in July 2024.

The trustees have complied with the duty to have due regard to guidance issued by the Charity Commission and have adopted the Statement of Recommended Practice for charities (SORP) (FRS 102 second edition effective 1 January 2019).

Aims and objectives of the organisation

The objects of the International Alliance of Patients' Organizations (IAPO), as set out in the articles of association, are the promotion of the relief of sickness and preservation and protection of health for the public benefit through fostering patient-centred healthcare worldwide and in particular by developing the capacity of patients' organisations.

IAPO is a unique global alliance representing patients of all nationalities, across all disease areas, and promoting patient-centred healthcare around the world. IAPO brings a global patient voice to healthcare decision-making based on the belief that patients' voices are amplified and heard effectively when patients' organisations are linked, can share best practices and practical strategies, and are connected with resources. Our members are patients' organisations working at the international, regional, national and local levels to represent and support patients, their families and carers. A patient is a person with any chronic disease, illness, syndrome, impairment or disability.

IAPO was first established in 1999 in the Netherlands as a Dutch Stichting and subsequently deregistered, registering in England and Wales as a company limited by guarantee on 19 April 2013 and a charity on 30 January 2014. IAPO has a membership of nearly 300 organisations across 71 countries covering 51 diseases groups. IAPO is a non-State Actor in official relations with the World Health Organization (WHO) and has a memorandum of understanding with the International Council of Nurses (ICN), International Hospital Federation (IHF), International Pharmaceutical Federation (FIP), World Medical Association (WMA), International Society for Quality in Health Care (ISQua), The Professional Society for Health Economics and Outcomes Research (ISPOR), The Union for International Cancer Control (UICC), and with many other Non-State Actors.

IAPO's vision and mission

IAPO's **vision** is that patients throughout the world are at the centre of healthcare.

IAPO's **mission** is to help build patient-centred healthcare worldwide by:

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- ❖ Realizing active partnerships with patients' organisations, maximizing their impact through capacity building
- ❖ Advocating internationally with a strong patients' voice on relevant aspects of healthcare policy, with the aim of influencing international, regional and national health agendas and policies
- ❖ Building cross-sector alliances and working collaboratively with like-minded medical and health professionals, policy makers, academics, researchers and industry representatives

IAPO's activities include:

- ❖ Advocacy at global level on relevant aspects of healthcare policy to influence international health agendas and policies
- ❖ Providing membership services, including capacity building and shared learning, to its members, who are patient-led organisations across the world
- ❖ Empowering its members to undertake their own advocacy at regional and national meetings
- ❖ Providing opportunities for stakeholders from across the health sector to meet and work together to advance patient involvement in health services and decision-making
- ❖ Research on emerging areas of interest to patients' organisations and to underpin the evidence base for showing the importance of patient involvement to public health.

Structure

The organisation is a charitable company limited by guarantee, incorporated on 19 April 2013 and registered as a charity on 31 January 2014. The company was established articles of association which define the objects and powers of the company and its governance arrangements. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

All assets and liabilities from the International Alliance of Patients Organizations and its predecessor not-for-profit structure registered in the Netherlands, were transferred to the new UK incorporated charity on 1 February 2014. IAPO Netherlands was (voluntarily) dissolved from the Netherlands Trade Register with effect from 31 May 2015, executed on 21 October 2015.

Appointment and induction of Governing Board

Every member of the IAPO Governing Board is elected by IAPO's members, through a process defined in the [articles of Association](#), [by-laws](#) and [election code of conduct](#). Every year, in advance of the annual general meeting (AGM), the number of vacancies on the Board is notified to all members, who may then nominate someone from their organisations (a Board member or senior staff member) to IAPO's

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Governing Board. The full list of nominees is sent to all members in advance of the AGM; members may vote by post or proxy or in person at the AGM.

Governing Board members serve for a maximum of two terms subject to the retirement by rotation clause; once their term of service is complete, they or anyone from their organisation cannot be re-elected to the Board for at least a year. All new members of the Board receive induction including core information about the work and history of the organisation, and conversations with the Chief Executive Officer and the Chair.

All Governing Board members sign a code of conduct when they are appointed to the Board. All staff and Governing Board members are required to declare any relevant conflict of interests or conflict of loyalties at every Board meeting, or between meetings if applicable. The Governing Board have no beneficial interest in the charitable company or its trading subsidiary. No Governing Board member receives any remuneration, but some receive reimbursement for essential travel or similar expenses.



Trustees' Report for the Year Ended 31 December 2024

Governance

The International Alliance of Patients' Organizations has a Board of Trustees and Directors overseeing its governance and direction, supported by a secretariat headed by the Chief Executive Officer.

Board of Trustees/Directors			
Name	Position	Country	Dates
Mr. Ellos Ellard Lodzeni	Chair	Malawi	
Prof. Lara Claire Bloom	Vice Chair	United Kingdom	
Mr. Paul Albert Mendoza	Secretary	Philippines	
Mrs. Orajitt Bumrungruskulswat	Board Member	Thailand	
Ms. Flavia Kyomukama	Treasurer	Uganda	
Ms. Fernanda Souza de Carvalho	Board Member	Brazil	
Mr. Agron Bytyqi	Board Member	Kosovo	Since 4 Dec 2024
Dr. Ratna Devi	Board Member	India	Since 4 Dec 2024
Vasiliki-Rafaela Vakouftsi	Board Member	Greece	Since 4 Dec 2024



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Public benefit

The Governing Board confirms that they have considered the guidance contained in the Charity Commission's general guidance on public guidance when reviewing the charity's aims and objectives. They consider that the activities carried out, summarised in the Achievements and Performance section of this report, provide benefit to the public.

IAPO's objects are the promotion of the relief of sickness and the preservation and protection of health for the public benefit. IAPO pursues this through fostering patient-centred healthcare worldwide and, in particular, by developing the capacity of patients' organisations.

In setting our objectives and planning our activities trustees have given consideration to the Charity Commission's general guidance on public benefit (PB1, PB2 and PB3) and have taken these into account in making all decisions. We have not departed from the guidance in 2024.

IAPO's services are open to all people and our membership reflects a diverse group of patients' organisations representing patients with communicable and non-communicable diseases, including patients with diseases that are stigmatised in many societies.

IAPO had 278 members comprising umbrella groups and single organisations in 2024 who directly represented views of over 1 million patients in 72 countries across 54 disease areas. The services the charity provides are designed to build the capacity of patients' organisations, allowing them to better assist the needs of patients and carers (and their own member patient organisations in some cases) from across the world.

Access to IAPO's website is freely available to the public. Currently it is in English, with some sections in Spanish. The website contains a wide range of information on IAPO's activities and on patient-centred healthcare, which is of benefit to the public, particularly those who wish to set up local patients' organisations.

By improving access to information, training and other capacity building programmes for patients and their representative organisations, IAPO improves access to healthcare itself. By raising awareness and through capacity building and education, we increase access to acceptable services that respect patients' preferences, values, rights and needs.

IAPO has a wealth of evidence, gained from patients' organisations worldwide, which demonstrates that patient involvement in patients' care leads to better health outcomes and lower costs for the whole of society. The charity works with patients' organisations that are not for profit and non-governmental organisations who demonstrate commitment to improving patient-centred healthcare which is reflected in the charity's membership criteria.

Trustees' Report for the Year Ended 31 December 2024

Chair's Report for the Financial Year 1st January to 31st December 2024

The year 2024 marked a significant period of transition for our organisation, laying the groundwork for a new strategic direction.

The appointment of Dani Mothci as the new CEO in August 2023 followed by the celebrations of our 25th anniversary in 2024, triggered a pivotal moment of realignment of goals, and strengthening of our governance and operations.

Throughout the year, we remained deeply committed to supporting our member organisations, to engaging with the World Health Organization through our status of Non-State Actor in official relations with them, and fulfilling our obligations to both longstanding and newly established partners and funders. These relationships have been vital to sustaining our mission, and we are grateful for the continued trust and support from our community. At the same time, we laid the foundation for a renewed and resilient future: one built on collaboration, shared values, and strengthened partnerships.

A major area of focus in 2024 was strengthening our governance. We dedicated time and resources to ensure that our structures and practices reflect the highest standards of accountability, transparency, and effectiveness. This work positions us to respond more effectively to the challenges and opportunities ahead.

To support our growing ambitions, we expanded our team by hiring a new administration officer, helping to improve our day-to-day operations and internal coordination. Alongside this, we invested in operational improvements, including streamlining internal processes and adopting new digital tools to enhance efficiency and collaboration.

We also launched a new impact strategy, including a new vision, mission and strategic framework: FACE – facilitation, advocacy, collaboration and empowerment. The impact strategy sets a clear direction for the coming years, supported by a refreshed brand identity that reflects this exciting new chapter. These developments have helped articulate our mission and values more clearly, both internally and externally.

Finally, and most importantly, we made a conscious effort to deepen our engagement with our member organisations, ensuring their voices, perspectives, and experiences are at the heart of everything we do. Their active involvement has been instrumental in shaping our initiatives, and we remain committed to working with and for our global patient organisation community.

As we look ahead, we do so with a renewed sense of purpose, a strengthened foundation, and deep gratitude for the resilience and dedication of our board members, staff, member organisations, partners, and supporters.



Ellos Ellard Lodzeni
Chair of IAPO Governing Board


Trustees' Report for the Year Ended 31 December 2024

Achievements and Performance


In 2024, IAPO continued its journey of collaboration, advocacy and innovation to advance patient-centred healthcare globally. This report presents our 2024 highlights organized according to the IAPO Strategic Plan 2022-2024.

Goal 1: **EMPOWER**

Empower members with cutting- edge knowledge and advocacy skills to enhance the reach, efficacy, and impact of our membership in bringing about a Patient-Centred (PC) and Pandemic Prepared (PP) Universal Health Coverage (UHC).

 In 2024, IAPO proudly celebrated its [25th anniversary](#), reflecting on the quarter century journey we have been on as an alliance championing patient-centred healthcare globally. To mark this milestone, we launched our [new impact strategy](#) to guide our efforts through 2025 and beyond. This includes an updated vision and mission, as well as IAPO's new FACE – a strategic framework standing for **F**acilitation, **A**dvocacy, **C**ollaboration and **E**mpowerment.

- **Vision:**
A world where health systems are shaped by the unique needs and preferences of the people and communities they represent.
- **Mission:**
Mobilise and support patient organisations around the world, empowering them to play an active role in decision-making processes shaping the global health landscape.
- **FACE strategic framework:**
Facilitation
Advocacy
Collaboration
Empowerment

 As part of our **25th anniversary celebrations**, we also launched a special 4-episode web series titled [‘IAPO Turns 25’](#) spotlighting the voices of our global membership. Each of the 4 episodes featured members exploring a pillar of our new FACE framework and sharing what these pillars mean to them and their communities.





Trustees' Report for the Year Ended 31 December 2024

- ◆ We celebrated [Patient Solidarity Day \(PSD\)](#) on 9 December 2024 under the theme 'The Power of Community', which highlighted the collective strength of the IAPO patient organisation community built over the last 25 years. PSD 2024 showcased this community as a powerful testament to what can be achieved when patient organisations come together to take control of their journeys, amplify their voices, and advocate for healthcare systems that prioritise the needs of patients and communities.
 - To mark PSD 2024, IAPO members contributed with video testimonials, sharing their perspectives on the strengths of the global patient organisation community. These insights were brought together as [a special playlist on IAPO's YouTube channel](#), showcasing diverse and compelling interpretations of this concept from different regions around the world.
- ◆ Through the [Personalised Cancer Care Alliance \(PCC Alliance\)](#), IAPO hosted a [capacity-building workshop](#) in **Morocco**, bringing together 18 patient advocates from the country. The workshop served as a platform for exchanging ideas, forging collaborations, and laying the groundwork for initiatives aimed at integrating the personalised approach to cancer care in Morocco.
- ◆ Additionally, through the **PCC Alliance**, we hosted a **second regional capacity-building workshop in Dubai** for cancer patient organisations from countries of the Gulf Confederation (GCC), where we also had the participation of the WHO Office for the Eastern Mediterranean Region. The workshop culminated in a collaborative roadmap translating the action points agreed by the group to advance personalised cancer care.
- ◆ As part of IAPO's efforts to advance social participation in healthcare, we co-hosted a webinar with the Civil Society Engagement Mechanism for UHC2030 (CSEM) and Frontline Aids, titled ["What's next? Follow-up on the resolution on social participation for universal health coverage: Translating global commitments into national action"](#). The webinar was a moment for participants to share valuable insights, lessons learned, and strategies for sustaining political support for social participation at both global and national levels.
- ◆ As a member of the World Skin Health Coalition, IAPO joined the ["Not Just My Skin" campaign](#): a collaborative effort to raise global awareness about the significant impact of skin diseases and conditions on patients, people with lived experience and communities. The campaign addressed the urgent need for timely diagnosis, access to care and affordable treatment, and mental health support for people with skin conditions, advocating for the prioritisation of these critical issues by health policy leaders worldwide. The campaign was a massive success and acted as a spark that ignited a global movement to act for better and more equitable skin healthcare.

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- ❖ As part of our involvement in the Global Patient Think Tank (GPTT), a group of patient representatives from across the globe convened by Roche, **IAPO co-created and launched the [UHC Compass](#)**. The compass was designed by patients, for patients, to support local leaders and communities in advancing decision-making and progress toward universal health coverage (UHC) on the ground. In addition to providing accessible knowledge on UHC, the UHC Compass offers self-assessment resources and case studies to help patient organisations develop their capabilities in playing an active role in decision-making processes in health.
- ❖ As a founding and steering committee member of the [African Medicines Agency Treaty Alliance \(AMATA\)](#), IAPO together with its partners finalised the **AMATA Toolkit**. This toolkit aims to support AMATA members and their networks in advocating for the operationalisation of the African Medicine Agency, a continental regulatory body which will ensure timely access to quality medicines that are safe and effective for all patients in Africa.
- ❖ IAPO joined global health stakeholders in celebrating the annual [World Patient Safety Day](#) (WPSD), a WHO-led initiative observed yearly on 17 September. Through the 2024 theme of "Improving diagnosis for patient safety," we actively promoted the campaign among our members and wider network, raising awareness about the critical importance of correct and timely diagnosis in ensuring patient safety and improving health outcomes.
 - As part of the global celebration of WPSD 2024, IAPO joined a webinar panel hosted by [Joint Commission International](#), titled "**Diagnostic Safety: The Multidisciplinary Approach**". Representing the patient perspective, we highlighted the importance of a patient-centred, collaborative approach to diagnostic safety underscoring how multidisciplinary cooperation is essential to achieving accurate and timely diagnoses that protect and empower patients.
 - IAPO also marked WPSD 2024 by **co-creating a global social media campaign** in collaboration with GS1 Healthcare, the European Association of Hospital Pharmacists (EAHP), the International Hospital Federation (IHF), and the International Society for Quality in Health Care (ISQua). This joint effort aimed to raise awareness and promote patient safety worldwide, reinforcing the importance of coordinated action across the healthcare community.

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-  IAPO participated in the **PEOF Virtual Session "Catalyzing Change: Using the WHO Resolution on Social Participation in health to achieve real patient-driven impact,"** where we discussed how patient voices can shape more inclusive health policies and systems for universal health coverage. The session was a unique opportunity to co-create actionable plans to advance the WHO resolution on social participation and drive meaningful change in health systems worldwide.
-  We advanced the **Patient Academy** website by collaborating on additional modules, involving patients in creating videos, and fostering engagement through social media awareness posts. The vision of the Patient Academy is to create communities of empowered patients who take ownership of the management of their medical condition through customized health information.
-  We launched a **new toolkit** on biosimilar medicines, titled **"Toolkit to Become an Informed Patient: Deciphering the World of Biosimilar Medicines."** This toolkit was created to empower and equip patient organisations with essential insights into the science, regulatory landscape, and benefits of biosimilars.
-  We launched an **AI-based application** called **EczemaLess App**, aiming to support patients in tracking and managing Atopic Dermatitis. The app also assists patients in setting up a care routine and tracking trigger factors, as well as providing insights and educational videos to raise awareness about this condition.

Strategy Goal 2: DRIVE RESEARCH

Co-create evidence in support of healthcare that is PC, PP and a UHC that strengthens patient involvement in clinical research and global health institutes.

-  IAPO conducted the **Unmet Patient Needs Research**, where we co-designed a survey with IAPO members to gather valuable insights about unmet health-related needs from the perspective of patients and people with lived experience. The research project deliverables consist of a comprehensive analytical report and a set of advocacy briefs to be launched in 2025.
-  We launched the report of our commissioned research project **"Improving Breast Cancer in the Middle East and Africa"** at an online panel discussion where we highlighted its key findings and potential as an advocacy tool featuring the involvement of patient representatives.
-  We continued our support to the **international research project EOLinPlace** both as part of the **Patient Advisory Group** and as the project's patient representative. Through IAPO board member

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Flavia Kyomukama, we participated in the work retreat advising and contributing to the development of the International Classification of Dying Places. This project is hosted by the University of Coimbra and is the largest study of international time trends in place of death and the first showing a rise of home deaths in the COVID-19 pandemic across countries.

- IAPO also continued to participate as a member of the **BMJ Group International Patient and Public Advisory Panel**, advising within the different working groups, including the ones on Patient Safety and Healthcare Sustainability.

Strategy Goal 3: **SHAPE LAW, POLICY, STANDARDS**

Apply the empowered patient community and evidence created to shape the institutional, law, policy, practice, and standards framework for healthcare that is PC, PP and a UHC at global, regional, and national levels.

- As part of our role as a Non-State Actor in official relations with the WHO, we developed and submitted our final report on the **IAPO-WHO Triennial Collaboration Plan (2022-2024)** for review by the WHO Executive Board, as well as our **new plan for the next three years of the collaboration (2025-2027)**. Both the final report and the **IAPO-WHO Triennial Collaboration Plan (2025-2027)** were approved and our status as Non-State Actor in official relations with the WHO was renewed for the next three years.
- We participated in the [World Patient Safety Day 2024 Global Consultation](#) 'Improving diagnostic safety and implementing the Global Patient Safety Action Plan 2021-2030', to discuss the strategies for enhancing diagnostic processes and reducing diagnostic errors and reflecting on the progress and challenges in implementing the Global Patient Safety Action Plan 2021-2030. On the occasion, we joined working groups and integrated the panel "How stakeholders can accelerate the implementation of the Global Patient Safety Action Plan" as representatives of patient and civil society organisations.
- In collaboration with The Synergist, we jointly hosted the [side event](#) "**Leveraging patient organisations as key partners in the delivery of Universal Health Coverage**" on the side-lines of the 77th World Health Assembly (WHA77) in Geneva. The event brought together 80 participants and discussed the importance of social participation in the delivery of universal health coverage, highlighting patient organisations' fundamental role in shaping patient-centred health systems.

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- ❖ As a member of the Global Self-Care Coalition, IAPO participated in the [1st Global Self-Care Summit](#), titled 'Self-Care in Action: Empowering Health and Well-Being', on the side-lines of WHA77 in Geneva. The event highlighted the relevance of self-care in achieving global health goals, including the health-related SDG targets, universal health coverage, NCD prevention and control, and improving access and quality of primary health care.
- ❖ IAPO joined the speaker panel of the side event "[Uniting Voices for Action on Women Cancer in the Eastern Mediterranean Region](#)", promoted by the NCD Alliance on the side-lines of WHA77. This session catalysed efforts around women's cancers in the region and galvanized the EMR political commitment in ensuring women's cancer remains a central focus on the agenda of the upcoming UN High-Level Meeting on Non-communicable Diseases in 2025.
- ❖ IAPO delivered statements at the WHO Regional Committee meetings as follows:
 - In August 2024, IAPO delivered a [statement](#) on **Agenda item 18.1 of the 74th Session of WHO Regional Committee for Africa**. In alignment with the resolution on social participation for universal health coverage, health, and well-being, IAPO urged Member States from the African region to fully commit to its implementation. We also joined the **African Medicines Agency Treaty Alliance (AMATA)**, in delivering a statement at the same regional meeting calling upon the African Union Member States who have not yet ratified the African Medicines Agency Treaty to do so urgently, to enable the operationalization of a strong continental regulatory system with the ultimate objective of improving public health, patient safety and the quality of life for all people in Africa.
 - In October 2024, IAPO delivered a [statement](#) on **Agenda item 8.2 of the 77th Session of the WHO Regional Committee for South-East Asia**. IAPO's statement urged Member States to fully commit to the resolution on social participation for universal health coverage, health, and well-being, stressing that engaging patients, communities, and people with lived experience in policy design and implementation is key to accelerating progress toward safe, quality, equitable, and people-centred healthcare policies across South-East Asia.
 - In October 2024, IAPO delivered a [statement](#) on **Agenda item 9 of the 74th Session of the WHO Regional Committee for Europe**. IAPO's statement called on Member States to commit fully to the resolution on social participation for universal health coverage, health, and well-being, emphasising that involving patients, communities, and people with lived experience in policy design and implementation is essential to advancing safe, quality, equitable, and people-centred healthcare policies throughout Europe.

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- ◆ IAPO co-authored an [editorial for the BMJ in July](#), highlighting the resolution on social participation for universal health coverage, health and well-being. Titled **"World leaders unite to embed social participation in health systems"** and published in the BMJ's patient-led issue **"Patient Partnership: Time for patients to have a seat at every table,"** the editorial delves into the critical role of social participation as a pressing need and fundamental right in health policy design and practices while discussing strategies to amplify the patient voice across all levels of healthcare systems.
- ◆ As a founding partner of the [International Consensus Framework for Ethical Collaboration](#), IAPO attended a roundtable meeting in May to mark the **10th Anniversary of the Framework**. At the meeting, partners discussed the importance and timeliness of these principles in building ethical and trustful partnerships aimed at delivering greater patient benefits. An outcome of this session was the agreement to review the framework, modernise its language and introduce a fifth principle on upholding the responsible use of health data and technology.
- ◆ To further celebrate the [10th Anniversary of the International Consensus Framework for Ethical Collaboration](#) as well as **Global Ethics Day**, IAPO joined other founding partners including International Council of Nurses (ICN), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International Pharmaceutical Federation (FIP), and World Medical Association (WMA), [in publishing a joint op-ed](#), where we reflected on progress made under the Framework over the last decade and announced our commitment to ensuring it is fit-for-purpose to address unfolding new realities, including the impact of new innovations on patients' lives.
- ◆ IAPO joined a coalition of patient groups, informal carers (Eurocarers), and palliative care professionals from the International Association for Hospice and Palliative Care (IAHPC) and the International Children's Palliative Care Network (ICPCN) in issuing [a statement on home support for patients with advanced diseases and their families](#). The statement urged governments to enhance home support for patients with advanced diseases and their families who prefer to receive care and pass away at home whenever feasible. This call came in response to findings from the [EOLinPlace](#) research project, the largest study to date on international time trends in place of death, where IAPO serves as the patient representative and participates in the Patient Advisory Group.
- ◆ IAPO continued to be part of the [Global Patient Think Tank \(GPTT\)](#), a diverse group of patient community representatives from across the globe, convened by Roche. The GPTT has come together to ensure the patient community voice is integrated into the global movement for universal health coverage, including policy discussion, inclusion into national design, governance and implementation, and at the primary healthcare level.

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- ❖ IAPO spoke at the [6th Global Ministerial Summit on Patient Safety in Chile](#), a platform that plays a vital role in driving forward the patient safety agenda, shaping policies, and catalysing action to ensure safer and more effective healthcare delivery worldwide.
- ❖ As a founding member of the African Medicines Agency Treaty Alliance (AMATA), IAPO joined the alliance in publishing a [statement during the 37th African Union Summit](#), in February 2024. The statement urged Member States to expedite the ratification and operationalisation of the African Medicines Agency Treaty to ensure timely access to quality medicines for all patients in Africa.
- ❖ In response to the revision of the **Declaration of Helsinki**, which has long stood as a foundational text in medical research ethics, shaping the ethical principles that govern human participation in clinical research, IAPO – through our board member Prof. Lara Bloom – published an [article](#) to contextualise the history of the Declaration, analyse the implications of its latest revision, and emphasize the need for patient centricity in research ethics.
- ❖ IAPO continued to be a member of the [WHO Civil Society Commission \(CSO\)](#) and applied to join the **working group “CSO engagement strategy”**, which together with the WHO Secretariat will co-develop the **WHO Civil Society Engagement Strategy 2025-2028**.



IAPO's Annual General Meeting

We held our Annual General Meeting in December 2024, where we celebrated IAPO's 25th anniversary by unveiling our new impact strategy for 2025 and beyond and introducing our new FACE framework designed to guide our efforts in empowering patient organisations to drive meaningful change globally. We also unveiled our new brand identity as a first step in our rebranding process which will culminate in the launch of a new website. We also launched a special four-episode web series titled '[IAPO Turns 25](#)' featuring our global membership. We also announced the newly elected and re-elected Governing Board Members.

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Communications

Newsletter & mailing

IAPO maintained its newsletter subscription of over 12,000 subscribers, who receive our announcements, campaigns and monthly newsletter covering all IAPO-related news and updates, including initiatives such as our congresses, member activities, advocacy news and information. We also added to the newsletter a section on relevant updates about the World Health Organization (WHO), including new policy documents and guidelines, important dates and advocacy campaigns. We also used several mailing campaigns to disseminate and promote important IAPO initiatives and events throughout the year.

X (formerly Twitter)

The IAPO secretariat continued to operate the following X accounts: [@IAPOvoice](#), [@PatientSolidarityDay](#), [@AfricanAmata](#), [@PCCAlliance](#).

Facebook

We continued to operate the following Facebook accounts: [IAPOvoice](#), [International Alliance of Patients' Organizations](#), [Patient Solidarity Day](#), [Personalised Cancer Care Alliance](#).

LinkedIn

IAPO also continued to operate the following LinkedIn accounts: [International Alliance of Patients' Organizations](#), [African Medicines Agency Treaty Alliance \(AMATA\)](#), [Personalised Cancer Care Alliance](#).

YouTube

We continued to operate IAPO's YouTube channel – [@IAPOPatientVoice](#) – which is currently composed of 235 videos.

Website



www.iapo.org.uk

IAPO's website continues to be the main source of information for all IAPO's activities, initiatives and events, as well as an important promotion and dissemination channel.

UHC Compass landing page



www.tinyurl.com/uhccompass

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In 2024, IAPO co-created and launched the **UHC Compass**, an evolving resource to support local leaders and communities in advancing decision-making and progress toward universal health coverage in their countries. The UHC compass can be accessed as a stand-alone landing page or through the IAPO website.

Rebranding

As part of our celebrations to mark IAPO's 25th Anniversary in 2024, we developed and launched a new logo as the starting point of our wider rebranding, which will culminate in the launch of our new website in 2025.

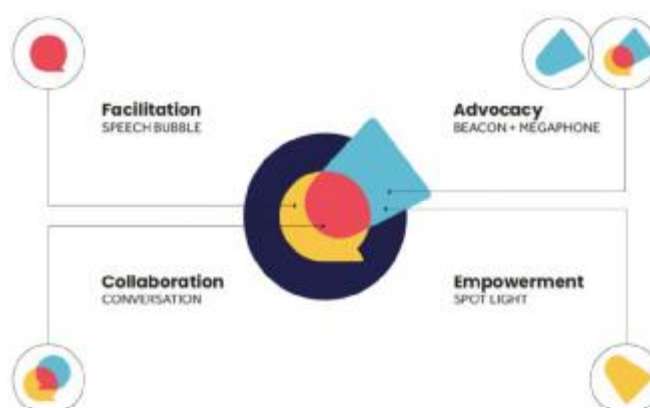
Besides marking the anniversary, a new branding system was needed for several reasons. The old logo had an outdated design with limited colour palette and unclear figures, was not accessible whenever applied to different backgrounds, and ultimately did not link with the IAPO's impact strategy for 2025 and beyond.

The new logo combines the concepts of 'communicate' through the yellow speech bubble, 'empower' through the blue beacon. Both shapes combined result in the multi-colour megaphone standing for the concept of 'amplify'. Altogether, our new icon translates IAPO's support and mobilisation to our IAPO membership and the wider global patient organisation community.

Below are some of the different uses of our new logo when applied against a white background:



Here are the links between the new logo concept and IAPO's FACE framework:



Trustees’ Report for the Year Ended 31 December 2024

Membership

IAPO continued to strengthen its member network in 2024 supporting its 278 members. IAPO is currently implementing software to streamline the entire membership management, from outreach to invoicing and engagement. As of 31st December 2024, IAPO members were:

Region	
African members	43
Eastern Mediterranean members	10
European members	96
Latin American members	67
North American members	24
South-East Asian member	14
Western Pacific members	24
TOTAL	278

Membership Type	
Full	99
Associate	37
Network	142
Affiliate	0
TOTAL	278

Trustees' Report for the Year Ended 31 December 2024

Risk Management

A risk register is prepared by the CEO and presented annually to the Board to discuss ensuring that there are effective and adequate risk management and internal control systems in place to manage the major risks to which the Charity is exposed. IAPO prepares the risk register by understanding the risk environment and its operations and then identifies the key risks. The CEO and the Treasurer then undertake a thorough analysis and evaluation of the risks identified before coming up with a treatment for the risks.

Risks are identified under headings of Financial, Funding, Governance, Operational and Personnel, and mitigation actions detailed.

IAPO aims to diversify its funding by approaching international trust funds, international development agencies and large programmes to raise non-industry partner funding.



Trustees' Report for the Year Ended 31 December 2024

Financial Review

Financial position at the end of the period

Incoming resources for the year amounted to £595,120 (2023: £620,727), which was higher than the previous year due to a strategic increase in research and special projects funded by our partners.

Expenditure in 2024 was £619,759 (2023: £608,257). Expenditure is also higher than the previous year, in line with the fact that we increased our output in research and Special Projects.

Reserves Policy

The IAPO Board approved a reserves policy in September 2014, with a target level of free reserves of 6-12 months' running costs. 6 months running cost is c.£132,280. This policy was set with due regard to guidance from Charity Commission (CC19 – Charity Reserves) and is reviewed annually.

The level of unrestricted reserves, as at 31st December 2024 is £240,564. This is within the target in the reserves policy, and will be monitored by the Board of Trustees.

Going Concern

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. Our current partners and funders have been very receptive to new proposals and wish to continue working with IAPO until the foreseeable future.

IAPO funding transparency

The Governing Board members declare relevant conflicts of interests and conflicts of loyalty at each Board meeting and between meetings. A register of interests is maintained.

Reference to IAPO's code of conduct and policy regulating IAPO's relationship with, and independence from, sponsors can be found at www.iapo.org.uk/consensus-framework-ethical-collaboration and www.iapo.org.uk/healthcare-industry-partners.

The overall proportion of industry to non-industry income for the year was approximately 99%.

Trustees' Report for the Year Ended 31 December 2024

Pension arrangements

IAPO operates an occupational pension scheme, and also operates a policy of contributions directly into staff members' chosen personal pension schemes, with no obligation for staff to make personal contributions. The issue of pension deficit, which would apply to an occupational scheme, does not therefore arise.



Trustees' Report for the Year Ended 31 December 2024

Future Plans




IAPO's Strategy for 2022-2024 is listed at:

<https://www.iapo.org.uk/sites/default/files/files/IAPO%20Strategy%202023-2024%20Draft.pdf>




Our vision, mission and tactical plans are adapted to build back better a patient-centred, pandemic prepared universal health coverage by 2030.

Vision 2022-2024

To ensure through global solidarity and national action that every patient enjoys healthcare that is:









-  Patient-centred (PC) (broader definition)
-  Pandemic prepared (PP)
-  A Universal Health Coverage (UHC)

Mission 2022-2024

-  Empower our members with cutting edge knowledge and advocacy skills in bringing about PC & PP UHC 2030.
-  Work with our membership, alliances, partners, and other stakeholders to drive research and policy development activity that establishes the evidence base needed in support of PC & PP UHC 2030 and strengthen patient involvement and co-creation in research.
-  Motivate the empowered patient community into using the evidence base created to shape the institutional, law, policy, practice, and standards framework needed for PC & PP UHC 2030 at global, regional (APEC, AU and EU etc) and national levels.

Tactical Plan 2022-2024

To attain PC (Broader Definition) and PP UHC 2030 it is important that IAPO advocates the delivery of:

-  Safe Healthcare
-  Quality Healthcare
-  Accessible Healthcare. Access is across four areas.
-  Non-Discriminatory Healthcare
-  Physically Accessible Healthcare
-  Information Accessibility
-  Affordable Healthcare
-  Acceptable Healthcare: Culturally Competent and Patient-Centred (Broader Definition)

Trustees' Report for the Year Ended 31 December 2024

In addition to the above, IAPO is collaborating closely with the WHO Work Plan 13 and ensuring that the WHO flagship Global Patient Safety Action Plan 2022-2030 is translated and implemented into national patient safety institutional, legislative, policy, practice and standards through patient and family engagement and co-creation/coproduction.



Trustees' Report for the Year Ended 31 December 2024

Statement of Trustees' Responsibilities

The trustees (who are also the directors of the company for the purposes of company law) are responsible for preparing the trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial period which 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 income and expenditure, of the charitable company for that period.

In preparing those 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 judgements 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 charity will continue in business.

The trustees are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time, the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement as to disclosure to our auditors

In so far as the trustees are aware at the date of approving this report:

- ❖ there is no relevant audit information, being information needed by the auditor in connection with preparing their report, of which the charity's auditor is unaware; and
- ❖ the trustees having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Trustees' Report for the Year Ended 31 December 2024

Reappointment of auditors

A proposal to reappoint Knox Cropper as the charity's statutory auditors will be put to members at our forthcoming annual general meeting.

Approved and authorised for issue by the Governing Board on 21 July 2025 and signed on their behalf by:



Ellos Ellard Lodzeni
Chair of IAPO Governing Board



Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2024

Opinion

We have audited the financial statements of International Alliance of Patients' Organization for the year ended 31 December 2024 which comprise the Statement of Financial Activities (including the Income and Expenditure Account), the Balance Sheet and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:

- ◆ Give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its income and expenditure, for the period then ended;
- ◆ Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- ◆ Have been prepared in accordance with the requirements of the Companies Act 2006.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the Trustees' Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information.

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2024

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

Opinion on other matters prescribed by the Companies Act 2006

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

- ◆ The information given in the Trustees' 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, has been prepared in accordance with applicable legal requirements.

Matters on which we are Required to Report by Exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in 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 accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- ◆ The financial statements are not in agreement with the accounting records and returns; or
- ◆ Certain disclosures of Trustees' remuneration specified by law are not made; or
- ◆ We have not received all the information and explanations we require for our audit; or

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2024

- ◆ The trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Trustees' Report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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 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 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.

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

- ◆ The Charitable Company is required to comply with both company law and charity law and, based
- ◆ The Charitable Company is required to comply with both company law and charity law and, based on our knowledge of its activities, we identified that the legal requirement to accurately account for restricted funds was of key significance.
- ◆ We gained an understanding of how the charitable company complied with its legal and regulatory framework, including the requirement to properly account for restricted funds,

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2024

through discussions with management and a review of the documented policies, procedures and controls.

- ◆ The audit team, which is experienced in the audit of charities, considered the charitable company's susceptibility to material misstatement and how fraud may occur. Our considerations included the risk of management override.
- ◆ Our approach was to check that all restricted income was properly identified and separately accounted for and to ensure that only valid and appropriate expenditure was charged to restricted funds. This included reviewing journal adjustments and unusual transactions.

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

Use of our report

This report is made solely to the charitable company's trustees, 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 trustees those matters we are required to state to them in an auditors' 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 trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Liv Burrell (Senior Statutory Auditor)
For and on behalf of Knox Cropper LLP (Statutory Auditor)
65 Leadenhall Street
London
EC3A 2AD
July 31, 2025

Statement of Financial Activities (incorporating an income and expenditure account) for the Year Ended 31 December 2024

				Total 2024	Total 2023
	N o t e s	Unrestricted	Designated	Restricted	
		£	£	£	
				(year)	(year)
				£	£
Income from charitable activities:					
Membership		193	-	-	193
Healthcare Industry Partners		81,336	-	-	81,336
APPC congress		-	-	-	-
GPC congress		-	-	-	-
Special Projects		-	-	488,499	488,499
Other charitable activities		25,092	-	-	25,092
Total	2	106,621	-	488,499	595,120
Expenditure on charitable Activities:					
Charitable activities:-					
• Capacity building, advocacy and collaboration		(97,206)	-	-	(97,206)
• Asia Pacific Patients Congress		-	-	-	-
• Global Patients Congress		-	-	-	-
• Special projects		-	-	(522,553)	(522,553)
Total	3	(97,206)	-	(522,553)	(619,759)
Net income/(expenditure)		9,415	-	(34,054)	(24,639)
Transfers		-	-	-	-
Net movement in funds		9,415	-	(34,054)	(24,639)
Reconciliation of funds:					
Funds brought forward		231,149	(21,351)	335,444	545,242
Total funds carried forward		240,564	(21,351)	301,390	520,603

All transactions are derived from continuing activities.

All recognised gains and losses are included in the Statement of Financial Activities.

Balance Sheet as at 31 December 2024

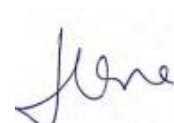
	Notes	2024 £	2023 £
Fixed assets	6	-	-
Current assets			
Debtors	7	56,885	6,868
Cash in hand and in bank		507,451	690,597
		564,336	697,465
Creditors: amounts falling due within one year	8	(43,733)	(152,223)
Net current assets		520,603	545,242
Net assets		520,603	545,242
Funds			
Unrestricted Funds		240,564	231,149
Designated Funds		(21,351)	(21,351)
Restricted Funds		301,390	335,444
Total Funds	9	520,603	545,242

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies.

These financial statements were approved and authorised for issue by the Governing Board on 21 July 2025 and signed on their behalf by:



Ellos Ellard Lodzeni
Chair



Ms. Flavia Kyomukama
Treasurer

Registered company number: 08495711 (England and Wales)

The notes on pages 35 to 45 form part of these financial statements.

Cash flow statement as of December 2024

	2024	2023	
Cashflows from operating activities			
Surplus/(deficit) for the financial year	(24,639)	12,470	
Adjustments for:			
Depreciation Charge	-	-	
(Increase)/Decrease in debtors	(50,017)	1,247	
Increase/(Decrease) in creditors	(108,490)	51,313	
	(183,146)	65,030	
Net increase/(decrease) in cash and cash equivalents	(183,146)	65,030	
Cash at 1 January 2024	690,597	625,567	
Cash at 31 December 2024	507,451	690,597	
A) Components of cash and cash equivalents			
Cash at bank and in hand	507,451	690,597	
B) Analysis of changes in net debt			
	At 1 January 2024	Cashflows	At 31 December 2024
Cash and cash equivalents	690,597	(183,146)	507,451
	690,597	(183,146)	507,451

Notes to the Financial Statements for the Year Ended 31 December 2024

1. Accounting Policies

1.1 Accounting convention

The financial statements of the charitable company, which is a public benefit entity under FRS102, have been prepared in accordance with the 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP) (FRS102 second edition - effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The financial statements are presented in Sterling (£).

IAPO Trading Limited (company number 08863190) was dormant and was dissolved in July 2024.

Statement on going concern

After reviewing the charity's forecasts and projections, the directors have reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

1.2 Company status

The parent charity is a company limited by guarantee. The directors of the company are the trustees named on page 1. 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.

1.3 Incoming resources



All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable certainty.

1.4 Expenditure

All expenditure is included on an accruals basis and is inclusive of all VAT, which cannot be reclaimed, and is reported as part of the expenditure to which it relates:

- ◆ Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Notes to the Financial Statements for the Year Ended 31 December 2024

-  Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.
-  All costs are allocated between expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, other costs are apportioned on the basis staff time incurred.

The core elements of charitable expenditure are as follows:

Capacity Building: Realising active partnerships with patients' organisations, maximising their impact through capacity building.

Advocacy: Advocating internationally with a strong patients' voice on the relevant aspects of healthcare policy, with the aim of influencing international, regional and national health agendas and policies.

Collaboration: Building cross-sector alliance and working collaboratively with like-minded medical and health professionals, policy makers, academics, researchers and industry representatives.

1.5 Funds

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds are funds which are 'ring-fenced' to be used for the specific purpose of the congress.

Restricted funds are funds, which are to be used in accordance with specific restrictions imposed by the donor. The aim and use of the restricted fund is set out in the notes of the financial statements.

1.6 Tangible fixed assets and depreciation

Capital expenditure on items costing £1,000 or higher are recorded as tangible fixed assets. Tangible fixed assets are stated at historical cost less depreciation.

Depreciation is provided to reflect the useful estimated economic life of computer equipment assets at a rate of 33% per annum (reducing balance method).

Notes to the Financial Statements for the Year Ended 31 December 2024

2. Incoming resources

	OTHER	Healthcare Industry Partners	Projects	Total
	£	£	£	£
IFPMA	-	43,113	-	43,113
GSK	-	38,223	-	38,223
Projects	-	-	488,499	488,499
Other income	25,285	-	-	25,285
	<u>25,285</u>	<u>81,336</u>	<u>488,499</u>	<u>595,120</u>

Income Resources comparative

	OTHER	Healthcare Industry Partners	Projects	Total
	£	£	£	£
GSK	-	39,584	-	39,584
IFPMA	-	44,354	-	44,354
Projects	-	-	410,197	410,197
Other income	126,592	-	-	126,592
	<u>126,592</u>	<u>83,938</u>	<u>410,197</u>	<u>620,727</u>

Notes to the Financial Statements for the Year Ended 31 December 2024

3. Congress Support 2024

APPC congress	GPC congress	Total
£	£	£
-	-	-
-	-	-
-	-	-
<u>-</u>	<u>-</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>-</u>

There was no congress held in 2024 but IAPO is holding the GPC in November 2025 in the Philippines.

Congress Support 2023

	APPC congress	GPC congress	Total
	£	£	£
ROCHE PHARMA HOLDING	32,309	39,220	71,529
NOVARTIS	-	11,679	11,679
BIOMARIN PHARMACEUTICAL	-	31,246	31,246
	<u>32,309</u>	<u>82,145</u>	<u>114,454</u>

Notes to the Financial Statements for the Year Ended 31 December 2024

4. Expenditure on Charitable Activities

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	22,870	-	74,113	96,983
Congress	-	-	-	-
Special Projects	86,235	325,757	110,784	522,776
Total	<u>109,105</u>	<u>325,757</u>	<u>184,897</u>	<u>619,759</u>

Expenditure on Charitable Activities Comparative

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	86,326	-	65,952	152,278
Congress	7,008	86,288	4,397	97,693
Special Projects	63,071	277,628	17,587	358,286
Total	<u>156,405</u>	<u>363,916</u>	<u>87,936</u>	<u>608,257</u>

5. Analysis of support costs

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	3,000	-	4,500	7,500
Other Office Costs	30,149	-	44,839	74,988
Legal and Professional Fees	35,772	-	53,657	89,429
Audit Fees	5,192	-	7,788	12,980
Total	<u>74,113</u>	<u>-</u>	<u>110,784</u>	<u>184,897</u>

Over 80% of the charity's total resources—including activities, staff time, and professional expertise — were dedicated to supporting our projects and ensuring the achievement of our deliverables.

Notes to the Financial Statements for the Year Ended 31 December 2024

Analysis of support costs comparative

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	5,321	355	1,419	7,095
Other Office Costs	38,300	2,553	10,213	51,066
Legal and Professional Fees	17,750	1,184	4,733	23,667
Audit Fees	4,581	305	1,222	6,108
Total	65,952	4,397	17,587	87,936

6. Trustees and staff remuneration

The trustees received no remuneration. The Charity also paid £25,373 on behalf of Trustees to allow them to fulfil their duties (2023: £22,056).

Staff remuneration and numbers

	Total 2024 £	Total 2023 £
Wages and salaries	109,105	125,376
Social Security	4,633	13,167
Pension costs	1,154	660
	114,892	139,203

The average number of full and part-time employees during the year was 3. 1 individual employee received emoluments in excess of £60,000 (2023: 1 in the band £60,001 to £70,000). Key management personnel costs amounted to £66,391 (2023: £74,315).

Notes to the Financial Statements for the Year Ended 31 December 2024

7. Operating Surplus

Operating surplus is stated after charging.

	Total 2024	Total 2023
	£	£
Auditors Remuneration	5,550	5,550
Depreciation of Assets	-	-
Operating Lease Charges (office rental)	7,500	7,095

8. Fixed Assets

	Computer equipment £
Cost	
Brought forward	4,169
Carried forward	4,169
Depreciation	
Brought forward	4,169
Charge for the year	-
Carried forward	4,169
Net book value	
At 31 December 2024	-
At 31 December 2023	-

There are no charges or securities held over any fixed assets. All fixed assets are held in the charity and none in the trading subsidiary. Depreciation was nil was in the previous period.

Notes to the Financial Statements for the Year Ended 31 December 2024

9. Debtors

	2024 £	2023 £
Debtors	50,000	-
Prepayments	6,885	6,868
Accrued income	-	-
	<u>56,885</u>	<u>6,868</u>

10. Creditors: amount falling due within one year

	2024 £	2023 £
Creditors	-	-
Deferred income	21,512	113,590
Accruals	22,221	38,633
	<u>43,733</u>	<u>152,223</u>

11. Analysis of net assets between funds

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total Funds £
Current assets	262,946	-	301,390	564,336
Current liabilities	(22,382)	(21,351)	-	(43,733)
	<u>240,564</u>	<u>(21,351)</u>	<u>301,390</u>	<u>520,603</u>
As at 31 December 2024				

Notes to the Financial Statements for the Year Ended 31 December 2024

Analysis of net assets between funds comparative

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total Funds £
Current assets	231,149	-	466,316	697,465
Current liabilities	-	(21,351)	(130,872)	(152,223)
	<hr/>	<hr/>	<hr/>	<hr/>
As at 31 December 2023	231,149	(21,351)	335,444	545,242
	<hr/>	<hr/>	<hr/>	<hr/>

The deficit in the designated fund is due to timing difference between the time we held the event and the time we received the income.

12. Movement in funds 2024

	At 31 December 2023 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2024 £
<u>Unrestricted fund</u>	231,149	106,621	(97,206)	-	240,564
<u>Designated Funds: -</u>					
APPC congress	33,978	-	-	-	33,978
GPC congress	(9,617)	-	-	-	(9,617)
Africa congress	(22,241)	-	-	-	(22,241)
Latin Congress	(23,471)	-	-	-	(23,471)
<u>Restricted funds: -</u>					
Special projects *	335,444	488,499	(522,553)	-	301,390
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	545,242	595,120	(619,759)	-	520,603
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Notes to the Financial Statements for the Year Ended 31 December 2024

Movements in funds comparative

	At 31 December 2022 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2023 £
<u>Unrestricted fund</u>	287,351	96,076	(152,278)	-	231,149
<u>Designated Funds: -</u>					
APPC congress	2,367	32,309	(698)	-	33,978
GPC congress	5,233	82,145	(96,995)	-	(9,617)
Africa congress	(22,241)	-	-	-	(22,241)
Latin Congress	(23,471)	-	-	-	(23,471)
<u>Restricted funds: -</u>					
PREFER	29,296	-	-	(29,296)	-
Special projects *	254,237	410,197	(358,286)	29,296	335,444
	532,772	620,727	(608,257)	-	545,242

Notes to the Financial Statements for the Year Ended 31 December 2024

13. SOFA - Comparative

	Notes	Unrestricted £	Designated £	Restricted £	Total 2023 (year) £
Income from charitable activities:					
Membership		2,767	-	-	2,767
Healthcare Industry Partners		83,938	-	-	83,938
APPC congress		-	32,309	-	32,309
GPC congress		-	82,145	-	82,145
Africa congress		-	-	-	-
Latin congress		-	-	-	-
Special Projects		-	-	410,197	410,197
Other charitable activities		9,371	-	-	9,371
Total	2	96,076	114,454	410,197	620,727
Expenditure on charitable Activities:					
Charitable activities:-					
• Capacity building, advocacy and collaboration		(152,278)	-	-	(152,278)
• Asia Pacific Patients Congress		-	(698)	-	(698)
• Global Patients Congress		-	(96,995)	-	(96,995)
• Africa Patients Congress		-	-	-	-
• LatAm Patients Congress		-	-	-	-
• Special projects		-	-	(358,286)	(358,286)
Total	3	(152,278)	(97,693)	(358,286)	(608,257)
Net income/(expenditure)		(56,202)	16,761	51,911	12,470
Transfers		-	-	-	-
Net movement in funds		(56,202)	16,791	51,911	12,470
Reconciliation of funds:					
Funds brought forward		287,351	(38,112)	283,533	532,772
Total funds carried forward		231,149	(21,351)	335,444	545,242

14. Related Party Transactions

There were no related party transactions other than reimbursement of Trustee expenses as detailed in Note 6 (2023: nil)

Thank You



The International Alliance of Patients' Organizations is registered in England and Wales as charity n° 1155577 and company limited by guarantee n° 08495711.



Address

Registered office: Canopi, 82 Tanner Street, London, SE1 3GN, UK.



Website

www.iapo.org.uk

