

A photograph of a pair of hands, palms up, holding a red ribbon. The hands are dark-skinned and the background is a light, neutral color. The red ribbon is a symbol of HIV awareness.

**BHIVA**   
British HIV Association

**2022** Trustees' Annual  
*Report & Accounts*

[www.bhiva.org](http://www.bhiva.org)

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## Charity Information for the year ended 31 December 2022

### Trustees retiring

- Dr Laura Waters, retired as Chair
- Professor Caroline Sabin, retired as Vice Chair
- Dr Ranjababu Kulasegaram, retired as Trustee
- Dr Clare van Halsem, retiring as Trustee

### Charity Trustees

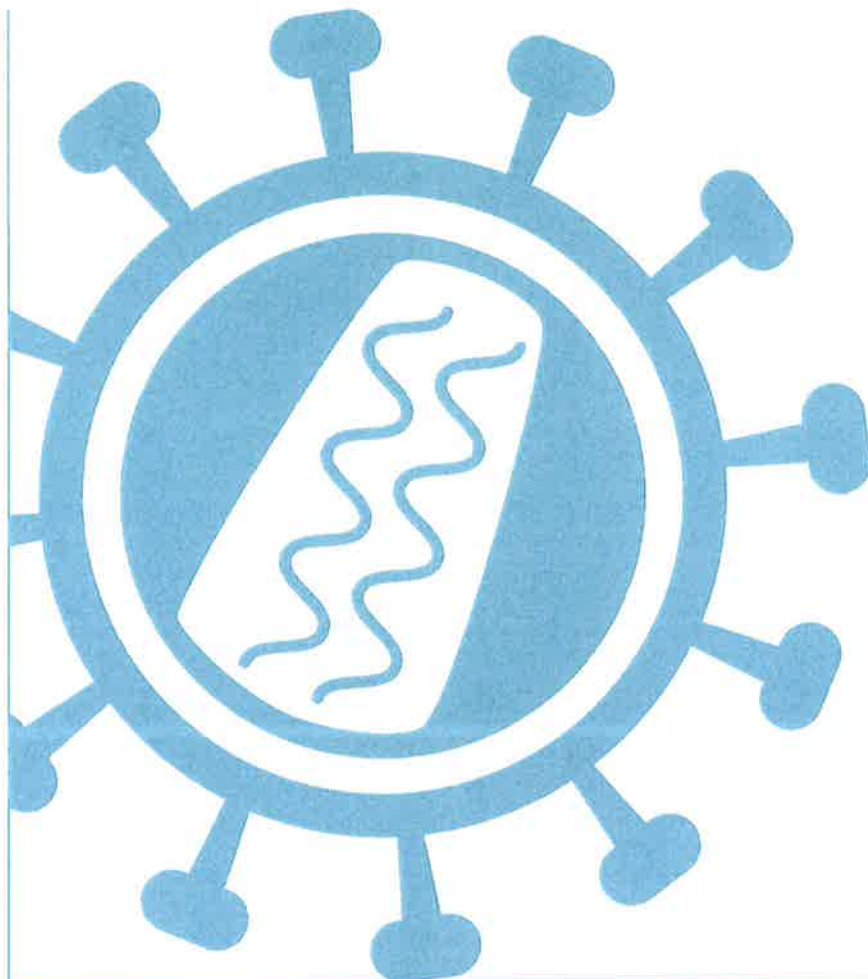
#### Officers

- Professor Yvonne Gilheee, Chair appointed 25 November 2022
- Dr Nicola Mackie, Vice Chair, appointed 25 November 2022
- Dr Tristan Barber, Honorary Secretary, appointed 25 November 2022
- Dr Iain Reeves, Honorary Treasurer, appointed 22 November 2020

#### Elected Trustees

- Dr Daniel Clutterbuck, appointed 22 November 2020
- Dr Ashini Fox, appointed 22 November 2020
- Dr Nick Lorbalestier, appointed 22 November 2020





- Dr David Chadwick, reappointed 25 November 2022
- Dr Jonathan Underwood, reappointed 25 November 2022

#### *Specific Trustee Roles*

- Dr Rebecca Metcalfe, New Consultant Doctors' Representative, appointed 22 November 2020
- Professor Caroline Sabin, Editor-in-Chief, *HIV Medicine*, appointed 25 November 2022
- Miss Jo Josh, UK-CAB Community Representative, appointed as acting representative 17 September 2019, appointed as representative 22 November 2020
- Dr Manik Kohli, Trainee Doctors' Representative, appointed November 2021
- Ms Paula Bibby, Finance Trustee

#### **Charity Number**

- 1170707

#### **Registered Office and Operational Address**

- Medivents Limited  
Devonshire Business Centre  
Works Road  
Letchworth  
Hertfordshire SG6 4ET

#### **Independent Auditors**

- Moore Kingston Smith LLP  
4 Victoria Square, St Albans,  
Hertfordshire AL1 3TF

#### **Bankers**

- National Westminster Bank plc  
190 The Broadway, Muswell Hill  
London N10 3SD



*"Thank you for all you do to help support community organisations and the wider sector."*

Community BHIVA member



## About BHIVA

*The British HIV Association, (BHIVA), is the leading UK association representing professionals in HIV. Since its inception in 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV.*

BHIVA is a national advisory body on all aspects of HIV care and the association provides a national platform for HIV care issues. BHIVA representatives contribute to international, national and local committees dealing with HIV care. In addition, BHIVA promotes undergraduate, postgraduate and continuing medical education within HIV care.

The association aims to advance professional and public education in the subjects of HIV, including testing, treatment and prevention, and the management of HIV-related illnesses and treatment complications through the promotion of research, dissemination of and the production and promotion of evidence-based guidelines and standards.

### Our objectives

BHIVA has four main objectives:

1. To relieve sickness and to protect and preserve health through the development and promotion of good practice in the testing and treatment of HIV and HIV-related illnesses:
2. To advance public and professional education on HIV through education and the promotion, conduct and dissemination of research
3. To promote optimal outcomes for people living with, and affected by, HIV through the development and dissemination of national guidelines and standards, audit and research

4. To support other organisations through activities including collaborative responses to consultations, media representation of HIV, workforce planning and, exceptionally, individual cases of stigma, discrimination or suboptimal care.

Long term, continuing to promote best practice within the specialty, ensuring that the care provided for people living with HIV in the UK is world-leading is of primary concern. To achieve that aim, BHIVA must maintain its contribution to the continued growth of the specialty over the next decade by continuing to support training and research in the field of HIV medicine and helping to ensure that the existing excellent national standards of care are maintained.

Education is a primary focus and BHIVA is passionate about promoting and supporting the specialty to deliver undergraduate, postgraduate and continuing medical education within HIV care.

With work still to be done in educating the medical profession, scientific community public about HIV, through the promotion of research and dissemination of research results is central to the association's objectives. Promoting accurate messaging related to HIV and challenging decisions that discriminate against people living with, or affected by, HIV helps overcome outdated beliefs and challenges stigma.

Education is also key to the ongoing development of the specialty and the ability to develop a fully integrated educational programme for members and the wider HIV community is at the heart of the long-term strategy of the association. Promoting and disseminating the latest research through regional, national and international meetings and conferences and publications, and supporting an increasingly diverse range of research studies which aim to improve the health and lives of people living with HIV will help to achieve this.

By increasing the awareness of BHIVA at an international level, BHIVA endeavours to maintain a reputation for excellence in education and research. The association's ability to support a range of stakeholders and organisations by providing expert clinical advice on HIV and its management further strengthens BHIVA's international presence.

### Activities

BHIVA promotes excellence in HIV care through production of evidence-based, NICE-accredited guidelines. Our antiretroviral treatment guidelines form the basis of national prescribing policies across the UK and are widely read and referenced internationally. BHIVA represents the interests of people living with HIV and input from the HIV clinical and research communities through feedback on national prescribing policies.

BHIVA works closely with other professional and community organisations to advocate against discriminatory policies and ensure that the needs and priorities of people living with HIV are at the heart of decisions that affect them.

BHIVA actively encourages the presentation of original UK research. Abstracts are invited for the annual spring conference, which aims to showcase the best contemporary research into HIV-related topics currently being undertaken in the UK. The annual conference attracts a broad

spectrum of participants from experienced HIV specialists to those still in training, HIV researchers from a range of disciplines and community members. Eminent international speakers are invited to present the latest data.

BHIVA supports research in HIV care through its annual research awards scheme. Originally launched in 2006, the programme operates through competitive application. Open to all BHIVA members to submit applications can submit applications for the funding of research projects that impact on the improvement of clinical care and management of people living with HIV in the UK. A minimum of £30,000 per annum is available, to be distributed amongst the successful applicants according to the quality of the submitted proposals. The awards panel is chaired by an independent chair.

Applications for grants or funding for research or other projects made directly to the association are reviewed by the BHIVA Executive Committee on a quarterly basis and considered based on merit and relevance to the objectives of BHIVA.

*HIV Medicine* is the official journal of the association and is published by Wiley. *HIV Medicine* is a peer-reviewed journal publishing original articles, reviews and guidelines on all aspects of HIV treatment and diagnosis.

BHIVA also undertakes a wide range of other activities to promote medical education in HIV care and support research. This includes conference feedback meetings, training courses for the Diploma in HIV Medicine examination, web-based e-learning modules as well as international scholarships and exchanges to forge links with international organisations to increase the understanding of the treatment and management of HIV.







*"I wanted to get in touch with you to let you know  
that I will be leaving the organisation."*

*I wanted to express my extreme gratitude to you, and to BHIVA  
more widely, for the support, encouragement, allyship, development  
and our personal relationship. Without this, I don't think we'd have  
been able to do all of the exciting things that the organisation has  
done over the past three years, whilst I was chief executive.  
You have made working at my organisation even more enjoyable  
and I'll really miss working with you in the way that we have."*

Former Chief Executive of a community group

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A board of 14 trustees are responsible for the work of the association and its activities are carried out by five main subcommittees, all which report to the Executive Committee. The subcommittees are:

- [Audit and Standards](#)
- [Conferences](#)
- [Education and Scientific](#)
- [External Relations](#)
- [Guidelines](#)

The Executive Committee review the work carried out by the subcommittees to ensure its activities are in line with the charity's objectives. All trustees sit on at least one subcommittee to facilitate this process and to monitor progress.

BHIVA would be unable to flourish without the considerable commitment of time, energy, expertise and dedication by so many individual members of the committees, subcommittees, writing and working groups as well as the vital support through sponsorship from within the pharmaceutical industry.





## Year in review

*BHIVA has continued to play a major role in supporting people living with HIV, and their care providers, following the COVID-19 pandemic, by providing regular updates to guidelines on risk and vaccination, including non-technical summaries tailored to readers in the HIV community. In addition, supporting and contributing to research, data collection, presenting information at national and international meetings, and collaborating with other organisations such as UKHSA.*

BHIVA assessed levels of inclusivity in its organisation and practices, with the first stage being a review into Equity, Equality, Diversity and Inclusion (EEDI), which was conducted by independent consultants, with support from BHIVA's Equity, Equality, Diversity and Inclusion Review Advisory Group. A wide-ranging survey sought responses from both current and past BHIVA members and non-members with an interest in HIV through work or personal experience.

The BHIVA website is the association's central hub for information. Attracting over 15,000 visitors in 2022, it has continued to be the go-to place for the latest updates on guidelines and HIV news. The official journal of BHIVA, *HIV Medicine*, is a peer-reviewed journal is specifically aimed at researchers and clinicians with responsibility for treating those living with HIV. It is the official journal of the British HIV Association (BHIVA), the European AIDS Clinical Society (EACS) and the Deutsche AIDS-Gesellschaft e.V. (DAIG), and is published by Wiley. It aims to provide an outlet for the publication of international research papers, embracing clinical, pharmacological, epidemiological, ethical, preclinical and in vitro studies. It is the flagship publication of the

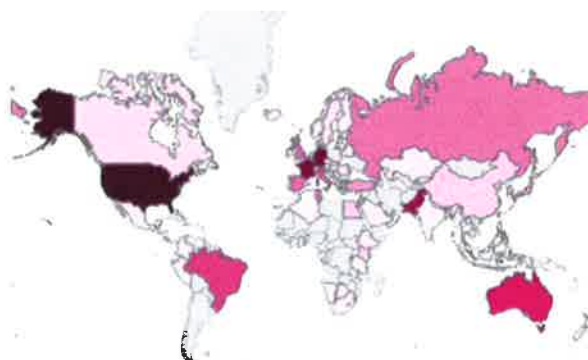
association available to all members in either printed or online format and brings in vital revenue through royalty subscriptions. For the first time, on International Women's Day on 8th March 2022, *HIV Medicine* published an issue focussed on HIV and women, including papers relating to the optimal clinical management of women with HIV, service and care provision for transgender women, the screening for and management of comorbidities, issues around pregnancy and pregnancy outcomes, as well as ageing and menopause and the barriers to participation in clinical research for women living with HIV.

## HIV MEDICINE JOURNAL

### Global reach

In 2022, 7,155 institutions offered access to the latest content in your journal via either a Wiley license or a traditional (title-by-title) subscription. On this map, darker shading shows where circulation is highest. Countries shaded in grey may be covered by philanthropic initiatives.

In 2022, our philanthropic initiatives extended low-cost or free access to current content to 4,304 developing world institutions.



### Reach by access type

In 2022, 7,153 institutions offered access to your journal via a Wiley license, often through a consortium. Of these institutions, 1,340 had access via the "All Journals license", 2,825 institutions had access via "Transformational agreements" which cover both subscription access and open access publishing. In addition, 2 institutions offered access via traditional (online or print) subscriptions.

### Additional reach: EBSCO

Wiley's arrangement with EBSCO allows us to extend the reach of your journal beyond core academic libraries. In 2022, 1,352 institutions accessed embargoed content of at least one year old from your journal via EBSCO databases. This is a -4.0% change from 2021.

SALES MODEL	2020	2021	2022
<b>Institutions with access via a Wiley license</b>	<b>7,395</b>	<b>7,170</b>	<b>7,153</b>
All Journals license	2,954	2,347	1,340
Transformational agreements	961	1,398	2,825
Other licenses	3,480	3,425	2,988
<b>Institutions with access via traditional subscriptions</b>	<b>2</b>	<b>2</b>	<b>2</b>
Online	1	1	1
Print and online	0	0	0
Print	1	1	1
<b>Total</b>	<b>7,397</b>	<b>7,172</b>	<b>7,155</b>

### Reach by region

This table shows the number of institutions, by region, with access to the latest content in your journal via either a Wiley license or a traditional (title-by-title) subscription.

REGION	2020	2021	2022
Australia & NZ	462	462	463
Canada	89	88	91
China	108	112	114
Europe	3,358	3,240	3,058
Japan	173	178	192
Rest of World	2,096	2,052	2,104
UK	315	293	297
USA	796	747	836
<b>Grand Total</b>	<b>7,397</b>	<b>7,172</b>	<b>7,155</b>

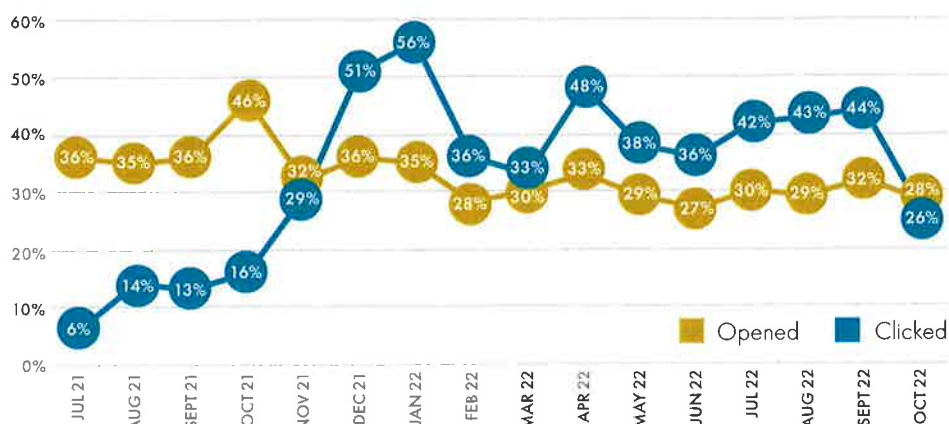


### BHIVA Members Matters

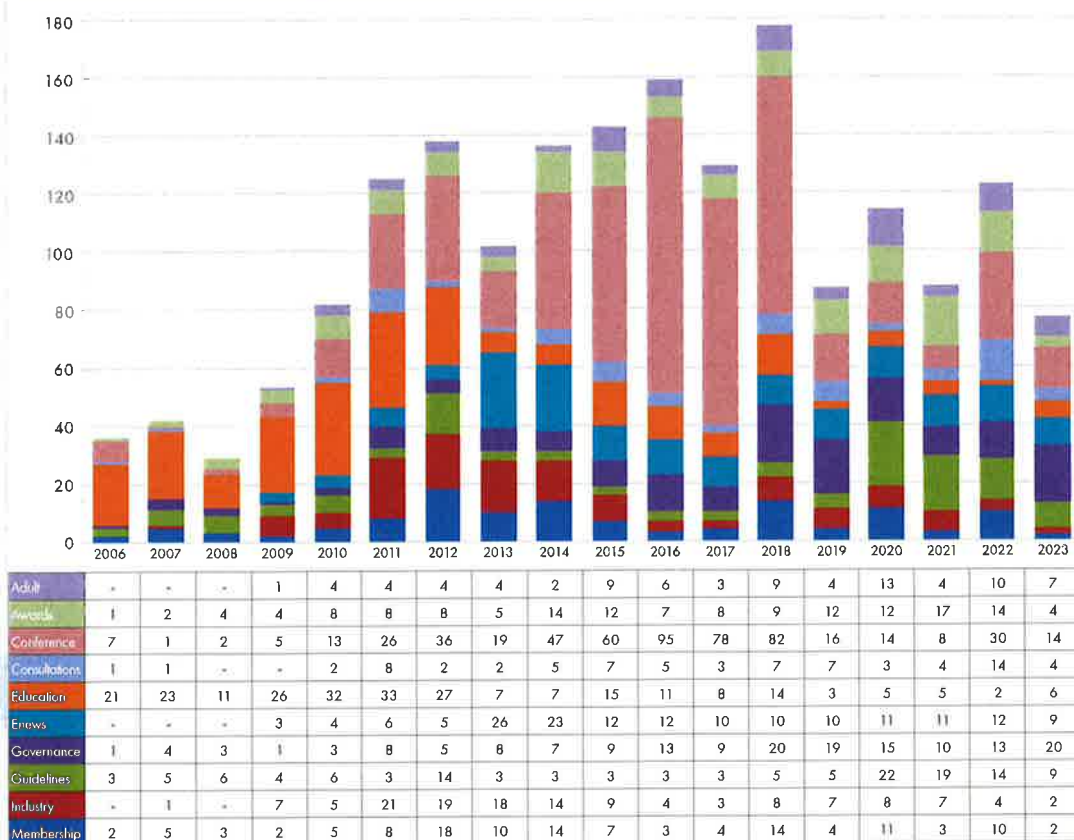
The BHIVA monthly e-newsletter is distributed to all members and includes the latest information and updates in the field of HIV for the healthcare community. It is seen as a vital tool for keeping

members up to date and was particularly invaluable in keeping the membership fully informed of the latest data and research during the COVID-19 pandemic.

### MEMBERS MATTERS EMAIL ENGAGEMENT



### EMAILS TO ALL BHIVA MEMBERS 2006 TO DATE



## Social Media Reach



With over 3,000 followers, the BHIVA Facebook page is managed by the External Relations subcommittee and is used as a tool for promoting the work of the association. It carries updates and links to valuable resources produced by both BHIVA and other organisations within the HIV healthcare sector.



BHIVA's YouTube channel is used to host the latest resources, including a series of educational podcasts covering a range of hot topics in HIV. Following its set up in 2019, the YouTube channel has become an excellent resource for the broadcast of educational content including sessions from conferences and other training materials.



The BHIVA X account, also managed by the External Relations subcommittee, has continued to go from strength to strength again in 2022 and now has over 12,000 followers, an increase from over 10,000 followers in 2021. The group post regularly about the latest updates in the field of HIV and there were approximately 850,000 post impressions across the 12 months.



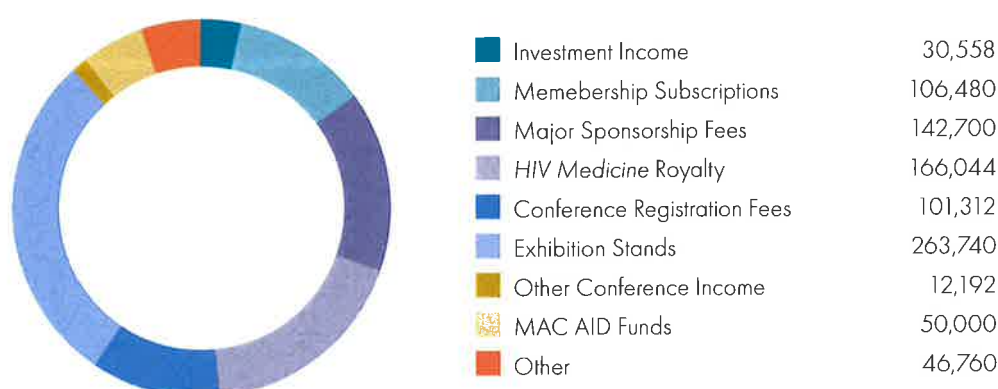
The BHIVA Instagram account has become increasingly active over the year and we now have 1,500 followers.





## WHERE DID BHIVA INCOME COME FROM IN 2022?

This year, BHIVA generated income of £919,786 from a cross sections of sources including sponsorship from commercial companies from within the healthcare sector, registration fees through its education and training activities, journal income and members' subscriptions. A reclassification of income relating to the 2022 Conference on Retroviruses and Opportunistic Infections (CROI) has meant that BHIVA is reporting a slightly reduced income than originally forecast which has resulted in a small deficit. However, income continues to be widespread across a number of sources which ensures that BHIVA is not reliant on too few revenue streams.



## WHAT DID BHIVA SPEND MONEY ON IN 2022?

BHIVA spent £974,112 on core activities including the facilitation of its education and training initiatives including its two annual conferences, the delivery of the flagship Research Awards programme, the annual clinical audit and supporting its members with international partnership activities.

Following the reclassification of CROI income as mentioned above, this has left the charity with an immaterial deficit of £54,326. However, BHIVA has sufficient reserves available to cover this shortfall to ensure that the ongoing running costs of the charity are not affected. BHIVA continues to present itself as a going concern.

BHIVA continues to support a range of activities to align with its aims of advancing education and providing guidance for health care professionals in the field of HIV through its conferences, courses, guidelines and educational tools as well as supporting other organisations with its activities in disseminating the latest information and research.



# The work of the subcommittees

## AUDIT AND STANDARDS SUBCOMMITTEE REPORT

*Professor Fiona Burns,  
Chair Audit & Standards Subcommittee*

The BHIVA Audit and Standards Subcommittee carries out a routine audit programme involving clinical centres across the UK to assist in enhancing the quality of care provided by clinical services. The main project for the year was a national audit of routine monitoring of adults living with HIV throughout the COVID-19 pandemic. The audit aimed to get a national picture of how much routine HIV monitoring was disrupted by the pandemic, how clinical services worked to maintain care standards and current care delivery at the time of data collection (May–August 2022). The key findings and recommendations were presented at the BHIVA Autumn Conference in November 2022. Individual feedback reports have been circulated to participating services.

The 2023 BHIVA national audit will focus on engagement in HIV care. This will involve a survey of HIV clinical services' policies and practice to support care engagement. A case-note review of inpatients living with HIV, focussed on circumstances resulting in admission and in particular whether this was due to being undiagnosed or to being diagnosed but not in receipt of care. A case-note review of outpatients living with HIV who have not been seen for over a year, focussed on the circumstances prior to disengagement and the efforts made to re-engage them back into care.

There continues to be collaboration between BHIVA and the UK Health Security Agency to improve understanding of causes of death causes of death and preventable mortality among people with HIV, to promote quality of care at the end of life, and to monitor progress towards the UNAIDS/Fast Track City Initiative target of zero HIV-related preventable deaths. The 2021 findings were presented at the BHIVA Spring Conference in Newcastle in April 2023.

Also, in collaboration with the UK Health Security Agency, there has been a standard form introduced for reporting individuals diagnosed with advanced HIV. The aim is to reduce the negative impacts of late diagnosis through improved targeting and offering of HIV testing. There has been a pilot conducted in South East England, on the feasibility of reporting more detailed data, findings from this are being analysed.

The latest phase of work led by Prof R Harding towards implementing a Patient Related Outcome Measure (PROM) for assessing the quality of life among people with HIV has been published in *HIV Medicine*. This demonstrated the validity, reliability and responsiveness properties of the PROM tool, which is freely available for anyone to use. The Audit and Standards Subcommittee are reviewing the PROM tool for appropriateness to endorse and recommend for use in routine HIV outpatient settings.

BHIVA is collaborating with the British Psychological Society to update Standards for psychological support for adults living with HIV. The project group have undertaken a survey, with



members of involved organisations, about how they have used the existing standards and what changes they would like to see in an updated version. The responses have been collated and will feed in to the revision process. The project group aim to launch the revised standards around World Mental Health Day in October 2023.

A member of the Audit and Standards Subcommittee is leading a group which aims to conduct a qualitative survey of emergency departments which have introduced HIV/hepatitis B&C screening with information provided via leaflets/posters rather than requiring direct consent from every individual.

## CONFERENCES SUBCOMMITTEE REPORT

*Dr Nicola Mackie, Chair,  
Conferences Subcommittee*

There was huge optimism (and fingers crossed...) that 2022 would be a year that we could return to some normality in terms of conferences. Our first organised events of the year were the ever-popular Best of CROI events. BHIVA has always provided feedback and review of the key research from the Conference on Retroviruses and Opportunistic Infections (CROI). Despite speculation that this conference would be 'in person', it ended up as an entirely virtual meeting. All credit to our working party who successfully negotiated the time differences and on-line platform to review the data. We decided to continue to provide the feedback via 2 pre-recorded webinars which took place in March. There was a live panel discussion with Q&A at each event after the recordings and the feedback from the 583 delegates who joined the webinars was excellent.

A huge amount of work from the Conferences Committee and the Medivents team went into the planning for what became our first face-to-face Spring Conference post the pandemic. This took place in Manchester over 3 days in April. More than 150 abstracts were submitted for review.

LIVE EVENT	BHIVA SPRING 2020	BHIVA BASHH SPRING 2021	BHIVA SPRING 2022
ABSTRACTS SUBMISSIONS	216	225	157
ABSTRACTS ACCEPTED	208	216	144
ORAL PRESENTATIONS	30	24	20
POSTER PRESENTATIONS	174	190	124

The conference attracted delegates from across the field of HIV including health care professionals, community representatives, academics and industry.

### DELEGATES BY ROLE



The programme featured more than 40 speakers covering topics including pregnancy and HIV, COVID-19, management of HIV-related chronic pain and mortality, with plenary speakers also covering malignancy, antiretroviral therapy, opportunistic infections, and hepatitis B.

BHIVA also worked with other organisations to develop sessions including Fast Track Cities, Terrence Higgins Trust, UK Community Advisory Board (UK-CAB), Children's HIV Association (Chiva), George House Trust, Waverley Care and Supporting Women with HIV Information Network (SWIFT).

I was sadly unable to attend this conference but the overwhelming enthusiasm and delight at being able to attend a conference in person, meet old friends, hear unique research and state-of-the-art lectures was expressed by multiple attendees and the feedback around content was very positive.

In November 2022, we held our BHIVA Autumn Conference as a face-to-face meeting at the Royal College of Physicians in London. More than 294 delegates attended and there was a multidisciplinary theme with contributions from NHIVNA, HIVPA and CHIVA. This was a universal success and led to stimulating discussions. The day culminated in a celebration of World AIDS Day where we highlighted achievements in the field and heard (and sung along with) the Joyful Noise choir.

We look forward to 2023 and in particular the BHIVA Spring Conference which will be held for the first time in Gateshead.

I would like to take this opportunity to thank the Conferences Committee for their hard work and for the enthusiasm that they contribute to the planning of BHIVA's meetings and educational events.





## EDUCATION AND SCIENTIFIC SUBCOMMITTEE REPORT

*Dr Tristan Barber, Chair, Education and  
Scientific Subcommittee*

A more usual service post the COVID-19 pandemic occurred for the Education and Scientific subcommittee in 2022. Dr Ashini Fox has been an excellent and supportive Vice Chair of the subcommittee, as well as committed and enthusiastic lead for the Education group.

Professor Alison Rodger was Chair of the BHIVA Research Awards Judging Panel for the first time in 2022. These Awards are supported by Gilead Sciences and BHIVA members, providing funding for research projects that will impact on the improvement of clinical care, management, health, and wellbeing of people living with HIV and on the prevention of HIV transmission. Applicants must be from UK based institutions. We awarded a total of £33,469.36 in 2022 to three successful applicants:

- **Dr Douglas Fink**  
Pilot study of prevalence and activity of anti-interferon auto antibodies in people living with HIV
- **Dr Harriet Groom**  
Mechanism for a novel determinant of viral load in individuals of African origin living with HIV
- **Dr Rachel MacCann**  
Investigation of Interactions between the Microbiome and Inflammatory Phenotypes and their Relationship to Clinical Outcomes in People with HIV

The criteria for the Don Jeffries Research Award have been revised by the Committee and no award was made in the 2022 round. Professor Maryam Shahmanesh is Chair of the

BHIVA Implementation Science Awards judging panel. These awards are supported by ViiV Healthcare. One successful application, Dr Daniella Chilton, was awarded £25,340 in 2022 for her pilot proposal 'Patient activation measure to support personalised care and pathway stratification in HIV services'.

Nine excellent research award applications have been received in 2023 and the Judging Panel takes place on 14th July. The Implementation Science Awards process has been harmonised with the BHIVA Research Awards and three implementation science applications have been received with judging also to take place on 14th July.

The BHIVA international Partnerships Working Group is chaired by Dr Douglas Fink, supported by Vice Chair Dr Nadia Ahmed. The BHIVA/Gilead International Exchange Fellowship Awards are designed to support the development of new links between BHIVA and institutions in low or middle income countries. Last awards were made in 2021 with one previous award holder withdrawing due to the Russian invasion of Ukraine making their planned Exchange sadly untenable. We plan to run a future round now that international travel looks more feasible, and have also re-established connections in Pakistan through Dr Clare van Halsema, who is hoping to develop some online training resources supported by BHIVA for delivery to teams on the ground in Pakistan.

In terms of education, Dr Ashini Fox has continued to develop our online resources, which we hope will be better supported by a planned wholesale reworking and investment of the BHIVA website. The ART guidelines were finally updated with an accompanying online resource delivered by Dr Laura Waters. Our online modules receive excellent feedback and continue to provide CPD and education for senior doctors, those in training and, also, our international members.

Professor Anna Maria Geretti provides a monthly summary of the BMJ journal Sexually Transmitted Infections for BHIVA Members Matters, and Dr Laura Waters also helpfully provides a summary of the *HIV Medicine* journal and other highlights.

*HIV Medicine* (<https://onlinelibrary.wiley.com/journal/14681293>) is the official journal of BHIVA with all eligible members getting complementary access. The Editors-in-Chief are Professor Caroline Sabin and Professor Jürgen Rockstroh, under whose leadership the Journal goes from strength to strength, achieving an impact factor of 3.094 in 2022.

### Future plans

We are looking forward to continuing our work, including explaining the educational resources available to members through pod and webcasts, eLearning, and via the international group, to ensure a breadth and depth of education for all, including our community members and representatives. The Education and Scientific subcommittee will continue to be at the core of BHIVA activities, including in supporting conference delivery, supporting our membership with educational content, and obtaining funding to support our research, implementation science, and international educational exchange programmes.

## EXTERNAL RELATIONS SUBCOMMITTEE REPORT

*Dr Matthew Page, Chair,  
External Relations Subcommittee*

The External Relations Subcommittee works in line with BHIVA's objectives to promote good practice in the treatment and care of HIV to its membership and external organisations.

### Media

BHIVA continues to be a mainstream media commentator on HIV, responding to many media enquiries. BHIVA spokespeople were featured on a wide range of media outlets, including, Radio (BBC Radio 4, BBC Radio 5, City Radio, Virgin Radio Pride), television (Good Morning Britain, BBC News, ITN News for Channel 4) and print (Pink News, GB News, Mail online and Mail on Sunday)

BHIVA have campaigned for people living with HIV to be able to donate eggs or sperm – writing a joint letter with the National Aids Trust to the Advisory Committee on the Safety of Blood, Tissue and Organs (SaBTO). An opinion piece article was also published in the BMJ regarding this topic by BHIVA Executive Committee members (Nov 2022).

BHIVA have been working with Childrens HIV Association (CHIVA) and The Terrence Higgins Trust (THT) to support pregnant women and women with children in the Ukraine with access to care and medication.

We have promoted the external BHIVA Equity, Equality, Diversity and Inclusion (EEDI) review. We have successfully completed the rounds of media training for BHIVA Executive Committee in an attempt to expand our resource to rapid response news items.



### Statements, Monkeypox response

Throughout the MonkeyPox outbreak BHIVA has produced rapid response documents for guidance of MonkeyPox. We also released a position statement on HIV, the law and the work of the clinical team and HIV and mixed infant feeding in 2022.

### Website and BHIVA App

The subcommittee regularly maintains the BHIVA website. In 2022 BHIVA added a new HIV-2 e-learning module based on the guidelines. In 2023 we plan to update the security of our website.

### Social Media

The committee continues to manage BHIVAs social media accounts, which include Twitter, Facebook and Instagram, as well as the *HIV Medicine* journal Twitter account. There continues to be growth in followers on all platforms, and they continue to be an effective method for dissemination of information, and communication with members and external organisations.

### Looking Ahead – 2023 and onwards

- Media training for expert BHIVA members – ongoing – The next phase is opening up training opportunities to the External Relations Committee Members.
- BHIVA External Relations Campaign – BHIVA Unsung Heroes – we plan to promote this initiative at the annual Spring BHIVA Spring Conference 2023, and launch the campaign at the end of June 2023. The purpose is to recognise the achievements of those involved with HIV care, education and activism who may not usually have their work highlighted. Participants will be nominated by their peers.
- Reviewing ways to improve interaction with our social media outlets (e.g. short video clips [reels], and exploring the use of a regular short podcast).

## GUIDELINES SUBCOMMITTEE REPORT

*Dr Clare van Halsema, Chair,  
Guidelines Subcommittee*

BHIVA produces guidelines on a comprehensive range of topics to support clinicians in managing HIV and its complications, as well as working with other organisations to produce co-badged guidelines on HIV prevention, testing and other areas.

The guidelines subcommittee has continued to meet virtually, permitting maximal participation across the UK and reducing travel and costs.

We continue to be responsive to need, issuing rapid guidance on mpox (formerly monkeypox) in terms of treatment in the context of HIV and vaccination for people at risk and rapid guidance on long acting, injectable antiretroviral therapy as it became available in February 2022. This has since been included in the full, 2022 update of our flagship guideline, the antiretroviral therapy guideline 2022.

### Guideline production

BHIVA guideline on antiretroviral treatment for adults living with HIV-2, 2022: published in *HIV Medicine* in December 2022 (PMID 36504313) are a full update of the 2015 guideline and include guidance on injectable antiretroviral therapy (cabotegravir/rilpivirine), following rapid guidance in 2022. The guideline is accompanied by a non-technical summary of the guideline and a short, separate non-technical summary of injectable ART. There is an accompanying webcast and the e-learning working group launched an e-learning module to assist clinicians with continuing professional development.

Discussion on updating the malignancy guidelines led to a decision, rather than write a full update, to signpost the high quality European guidelines on opportunistic infection prophylaxis from EACS

and Kaposi sarcoma from the European Society of Medical Oncology. A non-technical summary has been commissioned and is in progress.

Guidelines under review in 2022, pending publication at the end of the year are:

- [Viral hepatitis](#)
- [Immunisation](#)
- [Monitoring](#)
- [Further chapters of the opportunistic infection guideline, including non-tuberculous mycobacteria, central nervous system infections and pyrexia of unknown origin.](#)
- [HIV in pregnancy](#)

A rapid guideline on assumed consent for opt-out blood-borne virus testing in emergency departments was written, with consultation planned for 2023, to support the current, nationally funded roll out of testing in areas of extremely high HIV prevalence and to support departments undertaking this.

Abridged versions of guidelines are published on the BHIVA guidelines app.

Rapid guidelines do not undergo consultation, but feedback is invited using a form alongside the guidelines on the BHIVA website.

#### **Position statements**

In 2022, the full position statement on HIV, the law and the work of the clinical team was published, led by Prof Matt Phillips. It went to consultation before publication due to its importance to clinical teams.

There is a consensus statement on response to mpox outbreak, published in collaboration with partners including BASHH, UK-CAB and the Terrence Higgins Trust.

The HIV in pregnancy guideline writing group published an interim statement on mixed infant feeding, due to be reviewed and incorporated into the full guidelines on HIV in pregnancy in 2023.

#### **NICE accreditation**

We hold NICE accreditation for our guideline process until December 2023, having been given extension while NICE re-evaluates their system of accreditation. We await information from NICE on this. We continue to follow accredited processes as set out in the guidelines development manual to ensure high standards, uniform structure and freedom from conflict of interest.

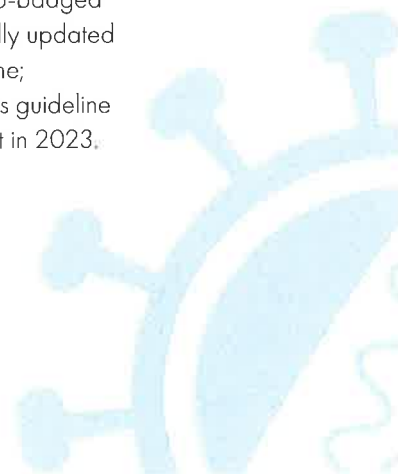
#### **Accessibility**

Led by the community representatives on the BHIVA guidelines subcommittee, Ben Cromarty and Nicoleta Policek, readability of the non-technical summaries has been reviewed using readability scores and some updated for appropriate accessibility.

#### **2023 plans and actions so far**

In 2023 progress on opportunistic infection guideline includes consultation and publication of NTM and pyrexia of unknown origin chapters, plus anticipation of completion of the CNS OI and pulmonary OI chapters. BHIVA has endorsed the cryptococcosis guidelines of the European Confederation of Medical Mycology, due to be published soon and relevant to high- and lower-income settings.

We work towards publication of the pre-exposure prophylaxis guideline with our partner organisation BASHH leading on this co-badged work. BASHH is also leading on the fully updated sexual and reproductive health guideline; immunisation guideline. The tuberculosis guideline is due for full update and work will start in 2023.



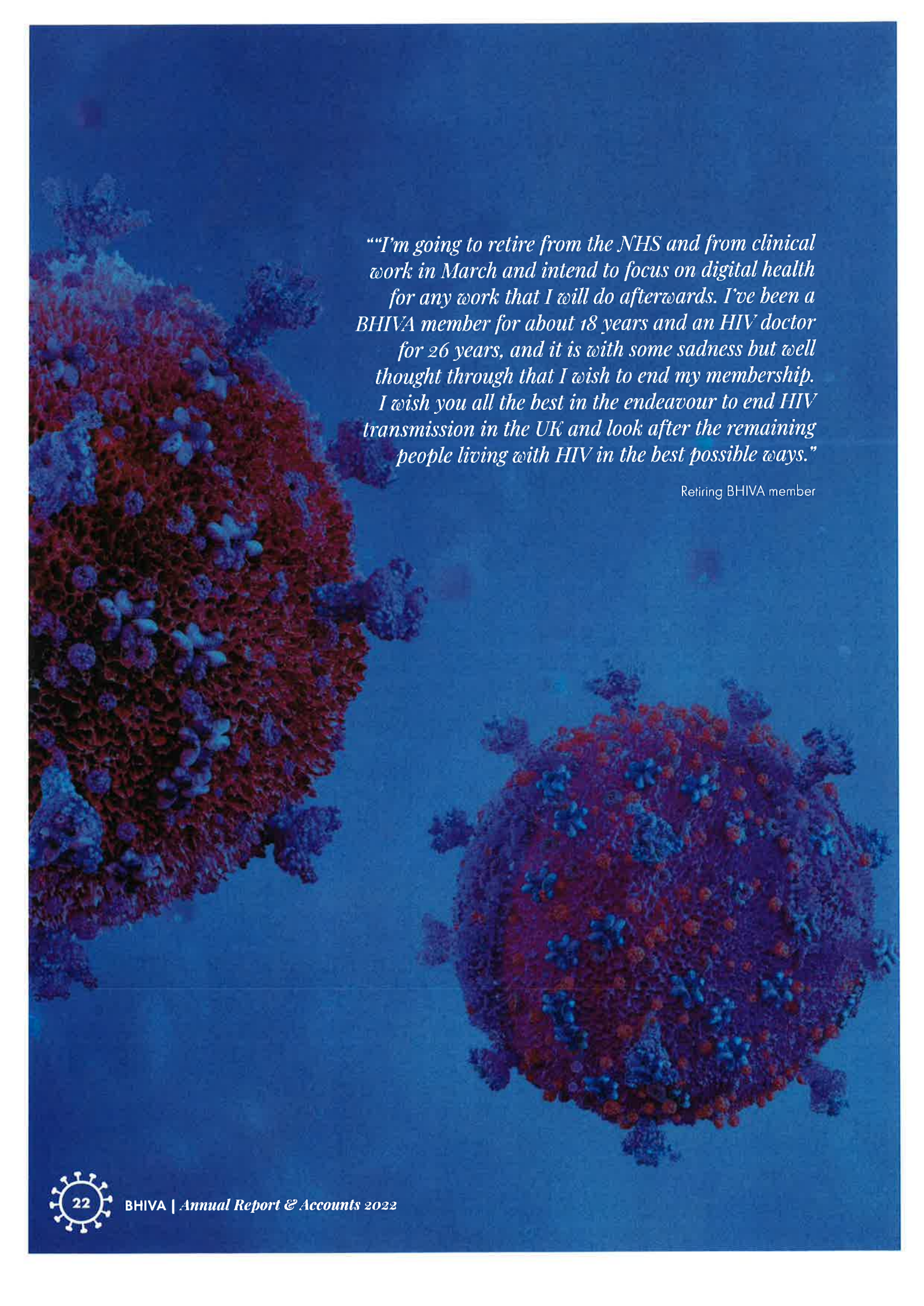


A woman with blonde hair, wearing a red cardigan over a black and white floral dress, is speaking into a microphone. She is wearing a blue lanyard with a BHIVA badge around her neck. The background is blurred, showing other people at a conference.

*"Thank you BHIVA for the  
regular COVID updates."*

Current BHIVA member





*“I’m going to retire from the NHS and from clinical work in March and intend to focus on digital health for any work that I will do afterwards. I’ve been a BHIVA member for about 18 years and an HIV doctor for 26 years, and it is with some sadness but well thought through that I wish to end my membership. I wish you all the best in the endeavour to end HIV transmission in the UK and look after the remaining people living with HIV in the best possible ways.”*

Retiring BHIVA member

# BHIVA membership annual report to 31 October 2022

*BHIVA membership numbers are reported in October of each year. Membership in 2022 (754) showed a small increase from the previous year.*

The small increase in members may be as a result of the full return to face to face conferences following the pandemic as membership entitles members to reduced registration fees. The BHIVA Journal *HIV Medicine* has also increased from 10 issues per year to 12 which may also have impacted on membership numbers. Retired consultants are retaining membership for a period after retiring, showing loyalty to BHIVA. The BHIVA international membership category, introduced in 2020 has been successful and BHIVA will continue to promote this.

BHIVA membership benefits include:

- Discounted registration for BHIVA conferences (CPD approved)
- Access to the BHIVA website members' area
- Voting rights for BHIVA Officers and Executive Committee elections (eligibility subject to joining date and membership category)
- Eligibility to stand for election to the BHIVA Executive Committee (eligibility subject to joining date)
- Free subscription to the BHIVA journal, *HIV Medicine* (12 issues p.a. and online access)
- Access to online e-learning modules
- Free subscription to the BHIVA Members Matters email (up to 12 issues p.a.)
- Free subscription to HIV Treatment Bulletin, provided by HIV i-Base (by email)

- BHIVA nominations for Clinical Excellence Awards (eligible UK-based consultant members only)
- Access to BHIVA Research Awards and other scholarships and bursaries
- Access to BASHH/BHIVA/FSRH Mentoring Scheme
- Membership subscription fees approved for income tax relief
- Access to online webcasts

Membership fee income is vital to the association, both in terms of securing funding which helps to contribute towards the work of BHIVA and in reinforcing the independence of the association.

Members are drawn from across the specialty and include healthcare and allied healthcare professionals, as well as representatives from the pharmaceutical industry and the community of people living with HIV. Following the creation in 2016 of a membership category for community, BHIVA has seen a significant rise in community membership and participation in the association's activities. These strong links with the community have also helped to improve community led participation at conferences and guidelines.



## MEMBERS AT MEMBERSHIP YEAR END (31 OCTOBER)<sup>1</sup> FROM 2010 TO 2022



MEMBERSHIP CATEGORY	2022		TREND	2021	
	No	%		No	%
Consultant	364	48%	↓	364	49%
Non-consultant	196	26%	↓	201	27%
BHIVA Affiliated <sup>3</sup>	73	10%	↑	70	9%
BHIVA UK-CAB	36	5%	↓	42	6%
BHIVA International (HMIC/ LMIC) <sup>4</sup>	31	4%	↑	23	3%
Life member <sup>5</sup>	20	3%	↑	20	2%
Retired consultant	16	2%	=	16	2%
Annual member <sup>6</sup>	11	1%	=	2	1%
Medical student	7	1%	=	6	1%
<b>Total BHIVA members</b>	<b>754</b>	<b>100%</b>	<b>[+1.34%]</b>	<b>744</b>	<b>100%</b>

## SUMMARY OF MEMBERS NOT RENEWING BY 31 OCTOBER 2022

MEMBERS NOT RENEWED	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Total cancellations	18	19	39	20	23	29	40	39	33	40	38	18
Not renewed (lapsed)	69	94	212	101	149	116	112	109	79	99	79	109
<b>Total</b>	<b>87</b>	<b>113</b>	<b>251</b>	<b>121</b>	<b>172</b>	<b>145</b>	<b>152</b>	<b>148</b>	<b>112</b>	<b>139</b>	<b>117</b>	<b>127</b>

<sup>1</sup> CHIVA (consultant and non-consultant), Dietitians in HIV, BHIVA, NHBHIVA, BHIVA and SSMA.

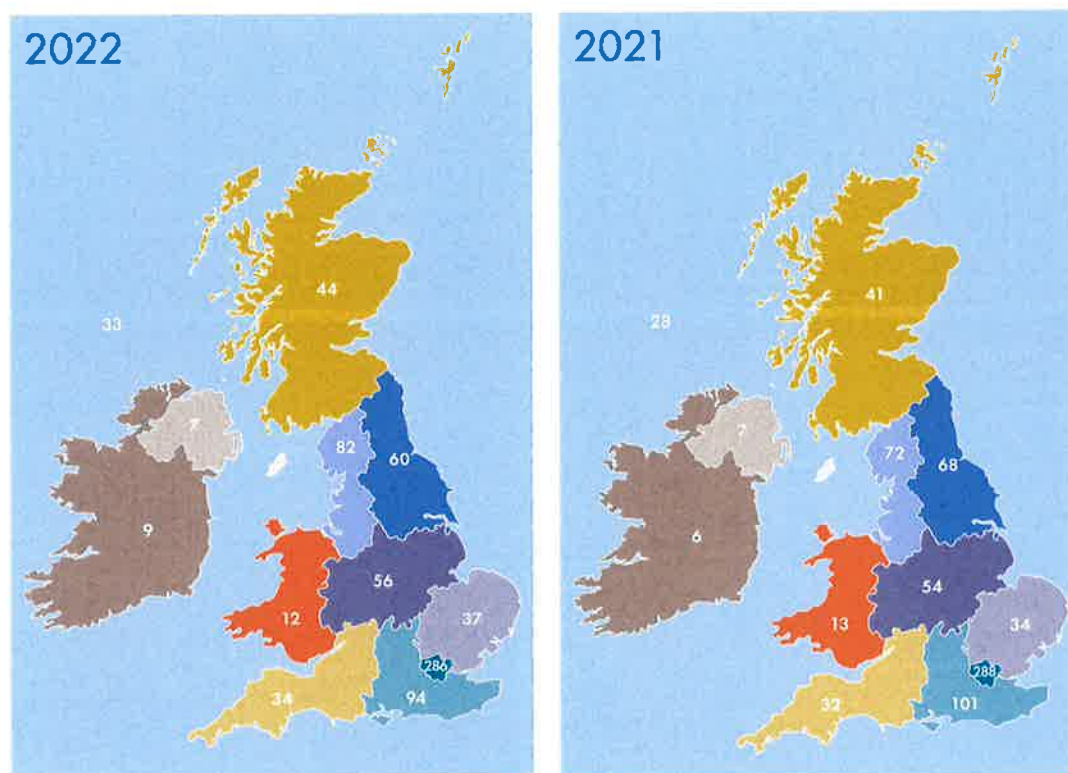
<sup>2</sup> Includes high-income countries (HIC) and low and middle-income (LMIC) countries.

<sup>3</sup> Prof J Anderson, Dr D Asboe, Prof F Barrie-Singara, Dr P Baze-Poy, Dr J Bingham, Dr R Bettle, Dr D Churchill, Mr S Collins, Lord Fowler, Prof B Gazzard, Prof M Johnson, Prof C Leese, Prof S Lucas, Prof C O'Brien, Dr A Pallamman, Dr A Pozniak, Mr L Russell-Moyle MP, Dr M Tennant-Flowers, Dr E Williams, Dr J Williams.

<sup>4</sup> Includes prize draw winners, UK-CAB representatives and BHIVA Audit Facilitator.



## MEMBERS WORK REGION 2022 v 2021



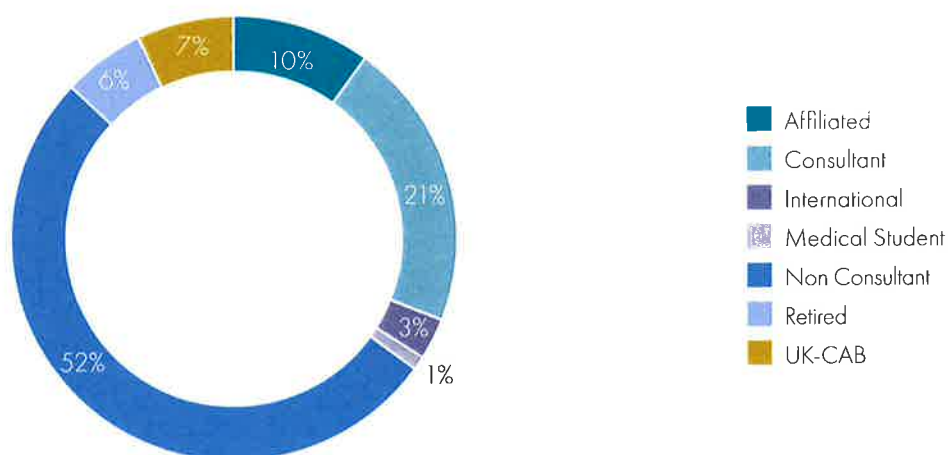
As ever, BHIVA is disappointed when members leave the association but during the year 2022 there was a lower number (87) of members not renewing than has been usual in previous years, most likely due to redeployment or retirement from the HIV sector. Of those who contacted BHIVA to cancel their subscription, some generous remarks have been recorded:

- Have now retired from HIV clinical practice so will quietly retire from BHIVA too, All the best!
- I am leaving the speciality to focus on things at home.
- I have retired and I will no longer renew my subscription when due next year. Thank you for your professional support over the many years I have worked in the HIV speciality.

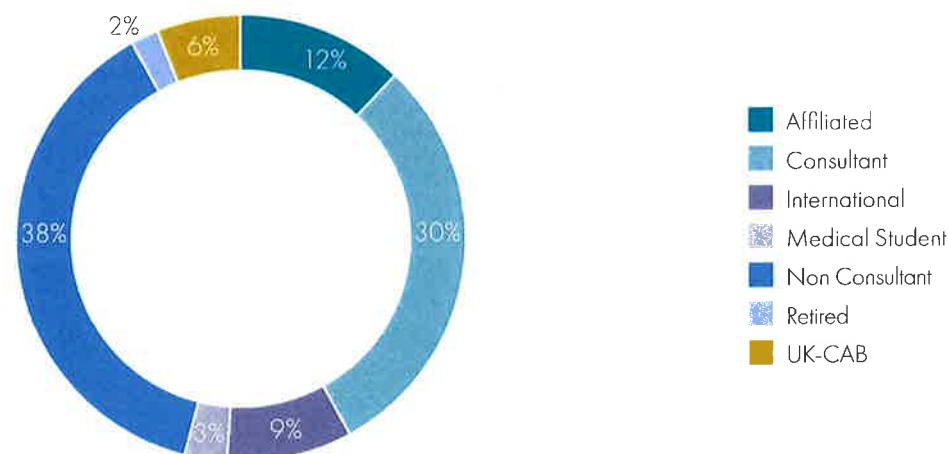
## REASON FOR CANCELLATION

REASON FOR CANCELLATION	2022		TREND (%)	2021	
	NO	%		NO	%
Retired	6	33%	↑	6	32%
No reason given/Other	5	28%	↓	6	32%
No longer working in HIV	3	17%	↓	5	26%
Parental leave	3	17%	↑	1	5%
Sabbatical leave	1	5%	↑	0	0%
Financial pressures	0	0%	↓	1	5%
<b>Total cancelled members</b>	<b>18</b>	<b>100%</b>		<b>19</b>	<b>100%</b>

GRAPH SHOWS THE PREVIOUS MEMBERSHIP CATEGORY OF THOSE 87 MEMBERS WHO LEFT THE ASSOCIATION DURING 2022



COMPARED TO 113 MEMBERS WHO LEFT THE ASSOCIATION DURING 2021



## Comments on the publication

*Your Guide to... the BHIVA Standards of Care for People Living with HIV 2018*

*"I have enjoyed being a member and have attended the autumn conference every two years or so. The online conference worked very well and was really informative. Once retired in May I will be moving on to my other interests – my allotment, willow weaving and an organic gardening course!"*

Retiring BHIVA member



A woman with curly hair and glasses is speaking into a microphone at a conference. She is holding a small blue booklet with a logo on it. The background is blurred, showing other people and conference seating.

*“Overall, great for an update and educational value.”*

A spring conference delegate





## Structure, governance and management

*BHIVA is a Charitable Incorporated Organisation (as of 12 December 2016) governed by its Constitution and registered as a charity with the Charity Commission.*

BHIVA is a membership association currently governed by a Board of 14 elected trustees who make up the Executive Committee including four officer posts of Chair, Vice Chair, Honorary Secretary and Honorary Treasurer.

BHIVA endeavours to ensure that the speciality is well represented on the Executive Committee to ensure that local challenges and issues that affect all those working within the field are addressed UK wide. Trustees are drawn from across the HIV sector and include clinicians and other healthcare professionals, academics, a representative from the UK-CAB as well as a trainee Doctors' representative and a new Consultant Doctors' representative.

The methods adopted for the recruitment and appointment of new trustees are as follows:

- A list of nominees is forwarded to all eligible members of the association with a request for their selections to fill the vacancies
- The election scrutineer will normally be the immediate past chair of the association or another person nominated by the Executive Committee
- The results of the election are declared at the Annual General Meeting.

Nominees are required to complete a trustee declaration form, a conflict-of-interest form and a skills assessment form at time of nomination. All members of the Executive Committee give their time voluntarily and receive no paid benefits from the charity.

On joining the BHIVA Executive Committee, trustees are provided with an induction pack that includes an outline of the role and expectations, a copy of the constitution, relevant policy and administration documents required to carry out the role as well as Charity Commission information about the responsibilities of becoming a charity trustee. Each new trustee also undertakes a tailored induction programme and is offered mentoring support from existing trustees.

Beyond their governance duties, trustees are expected to take an active role in the work of the charity according to their expertise through engagement with at least one of the five specialist subcommittees. Each subcommittee manages the activities of the charity and is led by a chair and vicechair. Under the subcommittees also sit a variety of specialist working and writing groups, led by and elected or appointed BHIVA member, who have specific responsibilities and bring a depth of knowledge and expertise to the subcommittees.

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The trustees hold quarterly Executive Committee meetings to review the activities of the charity and consider its plans.

To retain its position at the forefront of HIV care, BHIVA is also affiliated with all the other key charities and associations who work within the field including:

- Children's HIV Association of UK and Ireland (Chiva)
- British Dietetic Association HIV Care Specialist Group (BDA)
- HIV Pharmacy Association (HIVPA)
- National HIV Nurses Association (NHIVNA)
- HIV Trainee Association (HIVTA)
- Rehabilitation in HIV Association (RHIVA)
- Society of Sexual Health Advisers (SSHA)
- UK Community Advisory Board (UK-CAB)

BHIVA has developed important links with other organisations, encouraging exchange of information between national and international centres including:

- British Psychological Society (BPS)
- Federation of Infection Societies (FIS)
- International AIDS Society (IAS)
- European AIDS Clinical Society (EACS)
- Medical Research Council (MRC)
- National AIDS Trust (NAT)
- Terrence Higgins Trust (THT)
- University of Liverpool Drug Interaction website.


### Governance review update

Following the commissioning of a governance review in August 2018, the Executive Committee agreed on a development strategy to implement those recommendations it perceived to be fundamental to achieving the charity's overall aims and objectives.

A thorough appraisal of the charity's policies and procedures has been carried out. An updated set of policies and procedures have been drafted and ratified by the trustees and are reviewed and updated as necessary on an annual basis.

Following the successful appointment of a financial trustee, our strategic review continues as the strategic review committee move on to scope out the strategic goals of the charity for the next 5 years.

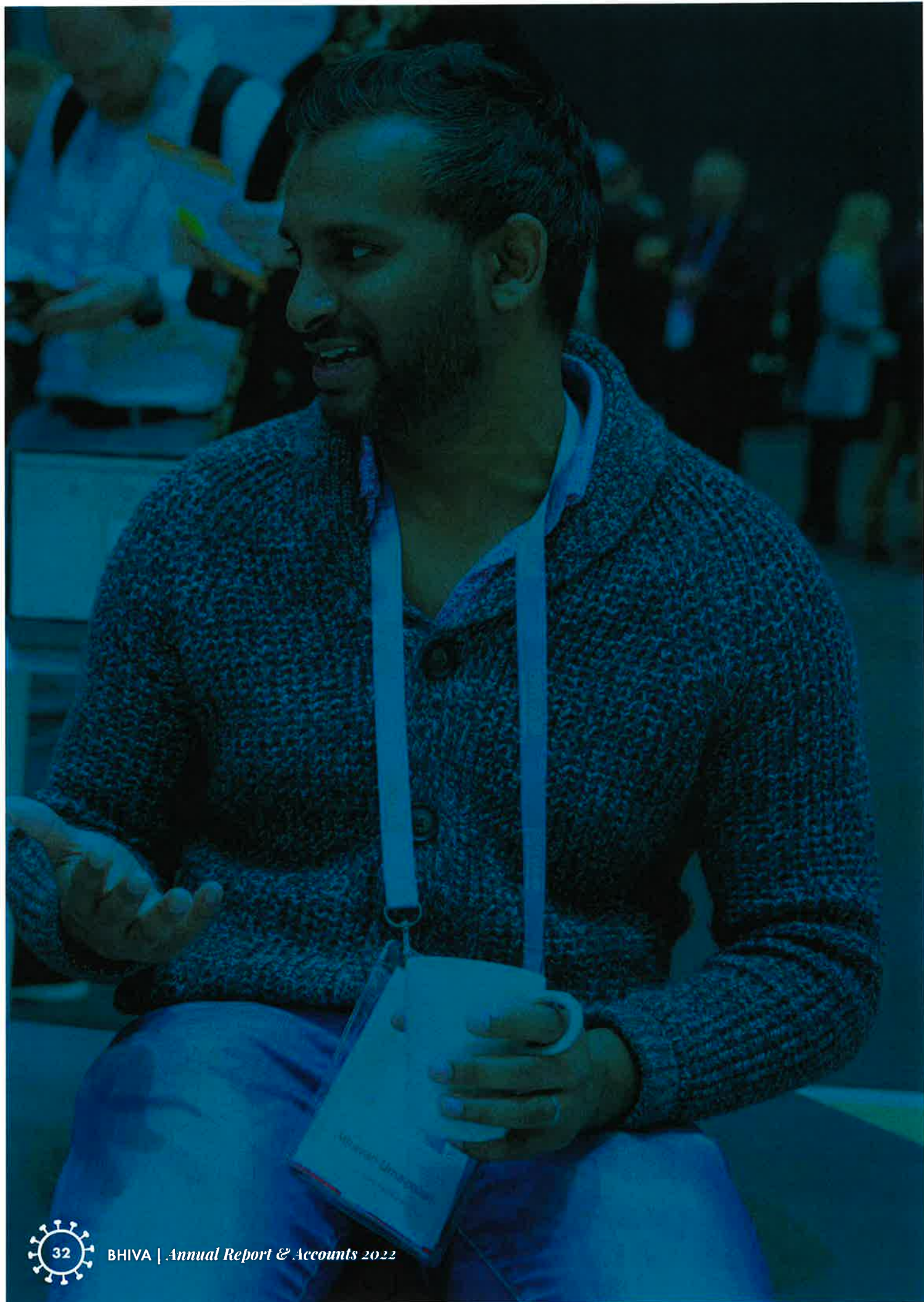


A woman with short dark hair, wearing a patterned top and a blue lanyard, is speaking at a podium. The podium has a microphone and a blue sign with the BHIVA logo. The background is dark.

*"I have recently become a BHIVA member  
and have found the e-learning modules  
really useful."*

New BHIVA member







## Financial review

*BHIVA has faced some financial challenges over the last year, which are largely related to the current economic circumstances.*

Rising inflation has fed through to increased costs for some of our charitable activities, in particular conference venue hire. The main source of income remains pharmaceutical company sponsorship, while other sources of income have remained stable or declined slightly. There has been a reasonably large reduction in the overall position for BHIVA assets, almost entirely accounted for by a sharp reduction in the value of investments held with Rathbones. This has also resulted in a decrease in the income from investments. Broadly, the reduction in investment value is in line with wider market conditions with poorer performance and volatility as a consequence of the high interest, high inflation environment, as well as the war in Ukraine. The policy of not investing in fossil fuels and pharmaceutical companies has meant that the BHIVA portfolio has performed a little below the benchmark comparator.

Nevertheless, the overall financial position remains reasonably in balance year on year, with good reserves. Over the coming year, the officers will be focussing more on cost control and we aim to develop a strategy to look at other sources of revenue, while maximising current sources. Additional expenditure for the coming year is planned to cover the new "Laura Waters community award", the development of a new website and development of a BHIVA strategy for the future. It is likely that some of the reserve funds will be used to cover these costs.

The major source of risk for future income remains unforeseen changes in pharmaceutical company funding. Investment performance will be little changed from 2022 to 2023, but while there is some uncertainty, it is predicted that conditions will improve in 2024.



Dr Iain Reeves

BHIVA Honorary Treasurer

19/01/24

# Statement of Directors' and Trustees' responsibilities

*The trustees are responsible for preparing a trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).*

The law applicable to charities in England and Wales requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, of the charity for that period. In preparing the financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the applicable Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures that must be disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the Trust deed. They are also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

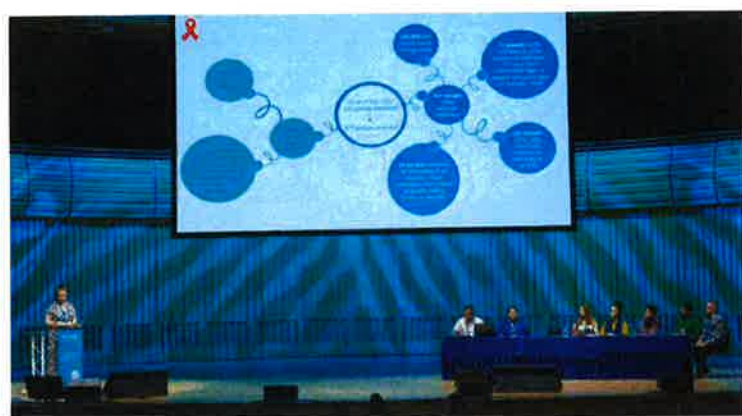
The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements.

## TRUSTEE DECLARATION

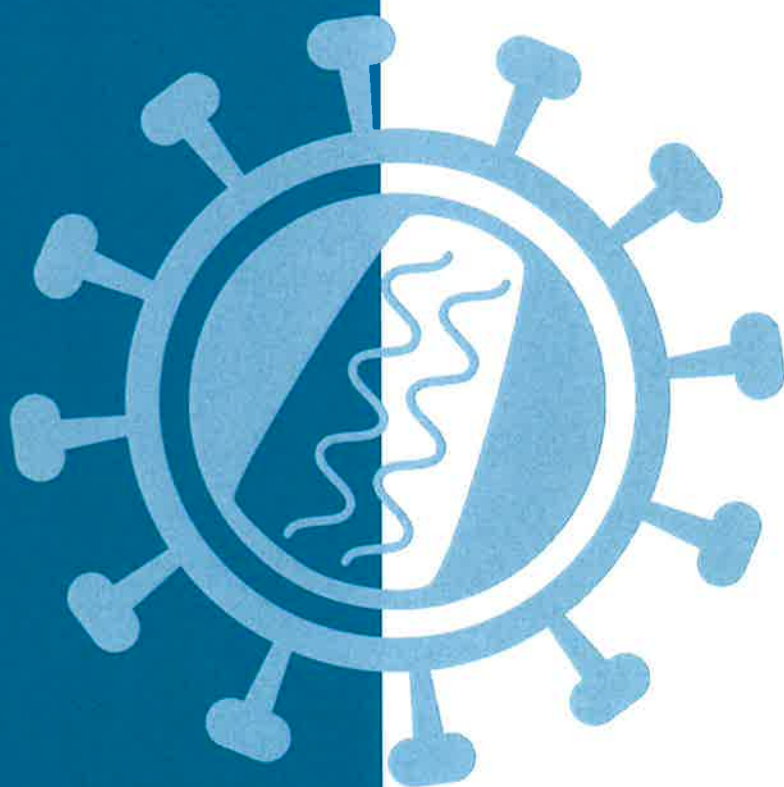
I declare that:

- I am over age 18.
- I am not an undischarged bankrupt.
- I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission.
- I am not under a disqualification order under the Company Directors' Disqualification Act 1986.
- I am, in the light of the above, not disqualified by the Charities Act 1993 (section 72) from acting as a charity trustee.
- I undertake to fulfil my responsibilities and duties as a trustee of the British HIV Association (BHIVA) in good faith and in accordance with the law and within the objects of BHIVA.

I do not have any financial interests in conflict with those of BHIVA (either in person or through family or business connections) except those that I have formally notified in a declaration of interest statement. I will specifically notify any such interest at any meeting where trustees are required to make a decision, which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.



*Financial Statements  
for the year ended  
31 December 2022*





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## REFERENCE AND ADMINISTRATIVE DETAILS OF THE CIO, ITS TRUSTEES AND ADVISERS FOR THE YEAR ENDED 31 DECEMBER 2022

### Trustees during the year ended 31 December 2022

*(Names appear in alphabetical order)*

Dr T Barber, Honorary Secretary (appointed 25 November 2022)  
Dr D Chadwick (re-appointed 25 November 2022)  
Dr D Clutterbuck (appointed 22 November 2020)  
Dr A Fox (appointed 22 November 2020)  
Professor Y Gilleece Chair (appointed 25 November 2022)  
Miss J Josh, UK-CAB Community Representative (appointed 17 September 2019)  
Dr N Larbalestier (appointed 22 November 2020)  
Dr N Mackie Vice Chair (appointed 25 November 2022)  
Dr R Metcalfe, New Consultant Doctors' Representative (appointed 22 November 2020)  
Dr M Page, (retired as Trainee Doctors' Representative November 2021)  
Dr I Reeves, Honorary Treasurer (appointed 22 November 2020)  
Professor Caroline Sabin Editor-in-Chief, *HIV Medicine*  
Dr J Underwood (re-appointed 25 November 2022)  
Paula Bibby, Finance Trustee (appointed November 2021)

### Charity registration number

1170707

### Registered office and operational address

BHIVA secretariat, Medivents Ltd, Devonshire Business Centre, Works Road, Letchworth, Hertfordshire SG6 1GJ

### Auditors

Moore Kingston Smith LLP, 4 Victoria Square, St Albans, Hertfordshire AL1 3TF

### Bankers

National Westminster Bank plc, 190 The Broadway, Muswell Hill, London N10 3SD  
Santander Bank, Bootle, Merseyside L30 4GB

### Solicitors

Stone King LLP, Boundary House, 91 Charterhouse Street, London EC1M 6HR



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS AND TRUSTEES OF BRITISH HIV ASSOCIATION

### Opinion

We have audited the financial statements of British HIV Association (the 'parent CIO') and its subsidiary (the 'group') for the year ended 31 December 2022 which comprise the Consolidated Statement of Financial Activities, the Consolidated and parent CIO Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent CIO's affairs as at 31 December 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the CIO 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 group's and CIO's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

### Other information

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

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

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

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

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 require us to report to you if, in our opinion:

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

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees 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 group and parent CIO'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 group or parent CIO or to cease



operations, or have no realistic alternative but to do so.

### **Auditor's Responsibilities for the audit of the financial statements**

We have been appointed as auditor under the Companies Act 2006 and section 152 of the Charities Act 2011 and report in accordance with those Acts.

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent CIO's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent CIO's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent CIO to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

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

identify during our audit.

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

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

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

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the CIO and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the CIO complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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

example, forgery or intentional misrepresentations, or through collusion.

### Use of our report

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

Silvia Vitiello (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor



### Moore Kingston Smith LLP

Chartered Accountants

Statutory Auditors

4 Victoria Square

St Albans

Hertfordshire

AL1 3TF

Date: 31.01.24

Moore Kingston Smith LLP are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

## CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2022

	Note	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
<b>Income from:</b>					
Donations and grants	2	480	43,780	44,260	30,400
Charitable activities	3	783,468	61,500	844,968	802,649
Investments	4	30,558	-	30,558	35,884
<b>Total income</b>		<b>814,506</b>	<b>105,280</b>	<b>919,786</b>	<b>868,933</b>
<b>Expenditure on:</b>					
Raising funds		12,354	-	12,354	12,993
Charitable activities	5	941,049	20,709	961,758	837,036
<b>Total expenditure</b>		<b>953,403</b>	<b>20,709</b>	<b>974,112</b>	<b>850,029</b>
<b>Net (expenditure)/Income before net gains on investments</b>		<b>(138,897)</b>	<b>84,571</b>	<b>(54,326)</b>	<b>18,904</b>
Net gains on investments	9	(312,918)	-	(312,918)	226,158
<b>Net (expenditure)/Income before taxation</b>		<b>(451,815)</b>	<b>84,571</b>	<b>(367,244)</b>	<b>245,062</b>
Taxation	7	-	-	-	(3,148)
<b>Net income/(expenditure) after taxation</b>		<b>(451,815)</b>	<b>84,571</b>	<b>(367,244)</b>	<b>241,914</b>
Transfers between funds		-	-	-	-
<b>Net movement in funds</b>		<b>(451,815)</b>	<b>84,571</b>	<b>(367,244)</b>	<b>241,914</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		2,345,833	37,421	2,383,254	2,141,340
Net movement in funds		(451,815)	84,571	(367,244)	241,914
<b>Total funds carried forward</b>		<b>1,894,018</b>	<b>121,992</b>	<b>2,016,010</b>	<b>2,383,254</b>

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

The notes on pages 49 to 62 form part of these financial statements.





**CIO STATEMENT OF FINANCIAL ACTIVITIES  
AS AT 31 DECEMBER 2022**

	Note	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
<b>Income from:</b>					
Donations and grants	2	480	43,780	44,260	30,400
Charitable activities	3	721,371	61,500	782,871	769,463
Investments	4	30,558	-	30,558	35,884
<b>Total income</b>		<b>752,409</b>	<b>105,280</b>	<b>857,689</b>	<b>835,747</b>
<b>Expenditure on:</b>					
Raising funds		12,357	-	12,357	12,993
Charitable activities	5	798,558	20,709	819,267	820,420
<b>Total expenditure</b>		<b>810,915</b>	<b>20,709</b>	<b>831,624</b>	<b>833,413</b>
<b>Net (expenditure)/Income before net gains on investments</b>	8	<b>(58,506)</b>	<b>84,571</b>	<b>26,065</b>	<b>2,334</b>
Net gains on investments		(312,918)	-	(312,918)	226,158
<b>Net (expenditure)/Income before taxation</b>		<b>(371,424)</b>	<b>84,571</b>	<b>(286,853)</b>	<b>228,492</b>
Taxation		-	-	-	-
<b>Net income/(expenditure) after taxation</b>		<b>(371,424)</b>	<b>84,571</b>	<b>(286,853)</b>	<b>228,492</b>
Transfers between funds		-	-	-	-
<b>Net movement in funds</b>		<b>(371,424)</b>	<b>84,571</b>	<b>(286,853)</b>	<b>228,492</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		2,332,063	37,421	2,369,484	2,140,992
Net movement in funds		(371,424)	84,571	(286,853)	228,492
<b>Total funds carried forward</b>		<b>1,960,639</b>	<b>121,992</b>	<b>2,082,631</b>	<b>2,369,484</b>

The notes on pages 49 to 62 form part of these financial statements.

## CONSOLIDATED BALANCE SHEET AS AT 31 DECEMBER 2022

	Note	2022 £	2021 £
<b>Fixed assets</b>			
Tangible assets	8	32	218
Investments	9	<u>1,509,302</u>	<u>1,870,280</u>
		<b>1,509,334</b>	<b>1,870,498</b>
<b>Current assets</b>			
Debtors	10	296,595	456,363
Cash and cash equivalents		<u>540,946</u>	<u>561,943</u>
		<b>837,541</b>	<b>1,018,306</b>
Creditors: amounts falling due within one year	11	<u>(330,865)</u>	<u>(505,550)</u>
<b>Net current assets</b>		<u><b>506,676</b></u>	<u><b>512,756</b></u>
<b>Total assets less current liabilities</b>		<b>2,016,010</b>	<b>2,383,254</b>
<b>Total net assets</b>		<u><b>2,016,010</b></u>	<u><b>2,383,254</b></u>
<b>Charity funds</b>			
Restricted funds	12	121,992	37,421
Unrestricted funds	12	<u>1,894,018</u>	<u>2,345,833</u>
<b>Total funds</b>		<u><b>2,016,010</b></u>	<u><b>2,383,254</b></u>

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



**Dr I Reeves**  
Honorary Treasurer

Date: **01/11/2024**

The notes on pages 49 to 62 form part of these financial statements.



**CIO BALANCE SHEET  
AS AT 31 DECEMBER 2022**

	Note	2022 £	2021 £
<b>Fixed assets</b>			
Tangible assets	8	32	218
Investments	9	<u>1,509,302</u>	<u>1,870,281</u>
		<b>1,509,334</b>	<b>1,870,499</b>
<b>Current assets</b>			
Debtors	10	436,519	454,593
Cash and cash equivalents		<u>464,846</u>	<u>545,992</u>
		<b>901,365</b>	<b>1,000,585</b>
Creditors: amounts falling due within one year	11	<u>(328,068)</u>	<u>(501,600)</u>
<b>Net current assets</b>		<b>573,297</b>	<b>498,985</b>
<b>Total assets less current liabilities</b>		<b>2,082,631</b>	<b>2,369,484</b>
<b>Total net assets</b>		<b>2,082,631</b>	<b>2,369,484</b>
<b>Charity funds</b>			
Restricted funds		152,449	37,421
Unrestricted funds		1,930,182	2,332,063
<b>Total funds</b>		<b>2,082,631</b>	<b>2,369,484</b>

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



**Dr I Reeves**  
Honorary Treasurer

Date: 01/11/2024

The notes on pages 49 to 62 form part of these financial statements.

## CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2022

	Note	2022 £	2021 £
<b>Cash flows from operating activities</b>			
Net cash used in operating activities	1	<u>(99,612)</u>	<u>(24,381)</u>
<b>Cash flows from investing activities</b>			
Dividends and interests received from investments		30,558	35,884
Purchase of tangible fixed assets		-	-
Proceeds from sale of listed investments		80,559	191,862
Purchase of listed investments		<u>(32,502)</u>	<u>(203,862)</u>
<b>Net cash provided by investing activities</b>		<u>78,615</u>	<u>23,884</u>
<b>Change in cash and cash equivalents in the year</b>		<b>(20,997)</b>	<b>(497)</b>
Cash and cash equivalents at the beginning of the year		561,943	562,440
<b>Cash and cash equivalents at the end of the year</b>	15	<u><b>540,946</b></u>	<u><b>561,943</b></u>

The notes on pages 49 to 62 form part of these financial statements.





## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

### 1. ACCOUNTING POLICIES

#### 1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and with the Companies Act 2006, The Charities Act 2011 and follows the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and the Republic of Ireland ('the SORP'). The financial statements have been prepared on the historical basis except for the modification to a fair value basis for certain financial instruments as specified in the accounting policies.

#### 1.2 GOING CONCERN

In light of the cost of living crisis, the trustees have assessed whether the use of going concern is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charitable company to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements. In particular, the trustees have considered the charitable company's forecasts and projections and have taken account of pressures on fee income. After making enquiries, the trustees have concluded that there is a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The charitable company therefore continues to adopt the going concern basis in preparing its financial statements.

#### 1.3 BASIS OF CONSOLIDATION

The results of BHIVA Trading Ltd have been consolidated on a line by line basis.

#### 1.4 SIGNIFICANT JUDGEMENTS AND ESTIMATES

No items in these financial statements include significant judgements and estimates that management has made in the process of applying these accounting policies or that have a significant risk of causing material adjustment to the book value of assets and liabilities within the next financial year.

#### 1.5 INCOMING RESOURCES

Grants are recognised as income over the period to which they relate. Any grant funding received in advance is recognised as deferred income on the balance sheet.

All other incoming resources are recognised when the charity is entitled to the income, there is certainty of receipt and the monetary value can be measured with reasonable accuracy.

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably. In pursuit of its charitable objectives, the Charity organises and hosts conferences, for which registration fees, sponsorship income, exhibition stand income and other sundry income is received. Where this income is received in advance of the given conference taking place, it is treated as deferred income and included within creditors in the accounts. The income is released once the conference has taken place. Income from membership subscriptions is recognised in line with the period to which it relates. Income from royalties is recognised in line with the period to which it relates. Income from grants and donations are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a grant or donation

is subject to conditions that require a level of performance before the Charity is entitled to the funds, the income is deferred and not recognised until those conditions are fully met, or the fulfillment of those conditions is wholly within the control of the Charity and it is probable that those conditions will be fulfilled in the reporting period.

## **1.6 RESOURCES EXPENDED AND THE BASIS OF ALLOCATION OF COSTS**

Expenditure is accounted for on an accruals basis. Overheads and other costs not directly attributable to particular projects are apportioned to the relevant funds on the basis of management estimates of the amount attributable to that activity in the year, either by reference to staff, time or space occupied, as appropriate.

Costs relating to a particular activity are allocated directly and others are apportioned on an appropriate staff basis. All costs are allocated between the expenditure categories of the Statement of Financial Activities on a basis designated to reflect the use of the resources.

## **1.7 FIXED ASSETS**

Depreciation is provided at rates calculated to write off the cost or valuation of fixed assets, less estimated residual value, over the expected useful life on the following basis:

*Office Equipment – 3 years straight line*

## **1.8 INVESTMENTS**

Interests in subsidiaries are initially measured at cost and subsequently measured at cost less any accumulated impairment losses. The investments are assessed for impairment at each reporting date and any impairment losses or reversals are recognised immediately in profit or loss.

A subsidiary is an entity controlled by the charitable company. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

## **1.9 FINANCIAL ASSETS**

Basic financial assets, which include trade and other receivables and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method, unless arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest.

## **1.10 FINANCIAL LIABILITIES**

Basic financial liabilities are initially measured at transaction price.

## **1.11 TAXATION**

The Charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256.

The trading subsidiary is not exempt for corporation tax purposes. The tax currently payable is based on taxable profit for the year. Taxable profit differs from net profit as reported in the profit or loss account because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.



## 1.12 FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for a particular purpose.

Designated funds are reserves which have been earmarked for particular uses by the trustees.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

## 1.13 CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

## 2. INCOME FROM DONATIONS AND GRANTS

	<b>Unrestricted funds 2022 £</b>	<b>Restricted funds 2022 £</b>	<b>Total funds 2022 £</b>
Donations	-	280	280
Grants	480	43,500	43,980
<b>Total 2022</b>	<b>480</b>	<b>43,780</b>	<b>44,260</b>

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Donations	-	15,000	15,000
Grants	15,400	-	15,400
<b>Total 2021</b>	<b>15,400</b>	<b>15,000</b>	<b>30,400</b>

### 3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Membership Subscriptions	106,480	-	106,480
Major Sponsorship Fees	142,700	-	142,700
HIV medicine royalty & DAIG subscription	166,044	-	166,044
Conference registration fees	101,312	-	101,312
Exhibition stands	263,740	-	263,740
Other conference income	692	11,500	12,192
MAC AIDs Fund	-	50,000	50,000
Miscellaneous income	2,500	-	2,500
<b>Total 2022</b>	<b>783,468</b>	<b>61,500</b>	<b>844,968</b>

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Membership Subscriptions	126,379	-	126,379
Major Sponsorship Fees	160,400	-	160,400
HIV medicine royalty & DAIG subscription	246,622	-	246,622
Conference registration fees	39,163	-	39,163
Exhibition stands	139,000	-	139,000
Other conference income	33,840	11,995	45,835
Scholarships and bursaries	250	-	250
MAC AIDs Fund	25,000	-	25,000
MAC AIDs Fund	-	20,000	20,000
Miscellaneous income	500	-	500
<b>Total 2021</b>	<b>770,654</b>	<b>31,995</b>	<b>802,649</b>



#### 4. INVESTMENT INCOME

	Unrestricted funds 2022 £	Total funds 2022 £
Bank deposit interest	893	893
Dividends received from investments	29,665	29,665
<b>Total 2022</b>	<b>30,558</b>	<b>30,558</b>
	Unrestricted funds 2021 £	Total funds 2021 £
Bank deposit interest	52	52
Dividends received from investments	35,832	35,832
<b>Total 2021</b>	<b>35,884</b>	<b>35,884</b>

#### 5. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Direct costs costs 2022	Support and governance costs 2022	Total Funds 2022
Charitable activities	642,657	319,101	961,758
<b>Total 2022</b>	<b>642,657</b>	<b>319,101</b>	<b>961,758</b>
	Direct costs costs 2021	Support and governance costs 2021	Total Funds 2021
Charitable activities	553,652	283,384	837,036
<b>Total 2021</b>	<b>553,652</b>	<b>283,384</b>	<b>837,036</b>

## 5. ANALYSIS OF EXPENDITURE BY ACTIVITIES (CONTINUED)

### ANALYSIS OF DIRECT COSTS

	<b>Total Funds 2022 £</b>	<b>Total Funds 2021 £</b>
Subsides to affiliated associations and donations	10,000	10,000
Research awards	9,103	70,036
Exchange scholarship programme	-	(8,720)
Conferences, courses and events	475,001	341,234
National clinical audit	27,488	19,200
HIV medicine, guidelines and educational tools	85,770	94,825
Website and app development and maintenance	35,295	27,077
	<b>642,657</b>	<b>553,652</b>

### ANALYSIS OF SUPPORT COSTS

	<b>Total Funds 2022 £</b>	<b>Total Funds 2021 £</b>
Secretariat fees	212,325	211,814
Establishment, comitee and communications	43,432	40,770
Accountancy and bookkeeping fees	13,691	6,621
Auditors remuneration	9,000	5,000
Legal and professional fees	21,353	8,922
Bank and currency charges	4,167	4,074
Irrecoverable VAT	14,947	5,938
Depreciation	186	245
	<b>319,101</b>	<b>283,384</b>



## 6. KEY MANAGEMENT PERSONNEL

The CIO considers its key management personnel to be the Trustees. The Trustees give their time and expertise without any form of remuneration or other benefit in kind as noted below.

During the year, no trustees received any remuneration or other benefits (2021 – £NIL). During the year, Trustees received reimbursement of expenses or had expenses paid directly to a third party on their behalf totalling £36,224 (2021: £17,614).

The CIO has no employees and therefore, no employee received emoluments over £60,000 per annum.

## 7. TAXATION

	2022 £	2021 £
Corporation tax payable by trading subsidiary	-	(3,148)

## 8. TANGIBLE FIXED ASSETS

### GROUP AND CIO

	Office equipment £
<b>COST</b>	
At 1 January 2022	1,656
At 31 December 2022	1,656
<b>DEPRECIATION</b>	
At 1 January 2022	1,438
Charge for the year	186
At 31 December 2022	1,624
<b>NET BOOK VALUE</b>	
At 31 December 2022	32
At 31 December 2021	218

## 9. FIXED ASSET INVESTMENTS

<b>GROUP</b>	<b>Listed</b>
<b>VALUATION</b>	<b>investments</b>
	<b>£</b>
Cost as at 1 January 2022	1,870,280
Additions	32,502
Disposals	(84,465)
Revaluation	(309,015)
<b>AS AT 31 DECEMBER 2022</b>	<b>1,509,302</b>

All the fixed asset investments are held in the UK.

All investments are carried at their fair value. Investment in equities and fixed interest securities are all traded in quoted public markets, primarily in the London Stock Exchange. Holdings in common investment funds, unit trusts and open-ended investment companies are at the bid price. Asset sales and purchases are recognised at the date of trade at cost (that is their transaction value).

The trustees delegate the management of their investments to Rathbones. The Charity is operating an investment policy that provides a degree of diversification of holdings within different shares and unit trust investments. The charity has invested in a range of holdings in order to protect against exposure to volatility in the market to reduce risk and preserve capital.

The charity does not make use of derivatives and similar complex financial instruments as it takes the view that investments are held for their longer term growth and annual income.

The charity has no material investment holdings in markets subject to exchange controls or trading restrictions.

The Total net gains on investments as per the Statement of Financial Activities comprises realised losses of £3,903 and unrealised revaluation losses of £309,015.





	<b>Total £</b>
<b>CIO</b>	
<b>COST OR VALUATION</b>	
Cost as at 1 January 2022	<b>1,870,280</b>
Additions	<b>32,502</b>
Disposals	<b>(84,465)</b>
Revaluation	<b>(309,015)</b>
<b>Cost as at 31 December 2022</b>	<b><u>1,509,302</u></b>

#### INVESTMENTS IN SUBSIDIARY COMPANIES

Bhiva Trading Limited is a private company limited by shares, which was incorporated in England and Wales on 9 December 2019. It is 100% owned and controlled by the British HIV Association.

The following was a subsidiary undertaking of the CIO:

Name	Company number	Registered office or principal place of business	Class of shares	Holding
BHIVA Trading Limited	12353562	Devonshire Business Centre, Works Road, Letchworth, SG6 1GH	Ordinary	100%

The financial results of the subsidiary for the year were:

	Income	Expenditure	Loss for the period	Net Liabilities
	£	£	£	£
BHIVA Trading Limited	62,097	(142,490)	(80,393)	(66,622)

## 10. DEBTORS

	Group 2022 £	Group 2021 £	CIO 2022 £	CIO 2021 £
<b>DUE WITHIN ONE YEAR</b>				
Trade debtors	137,959	126,908	122,886	125,685
Group debtors	-	-	154,167	-
Accrued income	91,746	276,106	91,745	275,559
Prepayments	32,132	53,349	32,132	53,349
Other Debtors	34,758	-	35,589	-
	<b>296,595</b>	<b>456,363</b>	<b>436,519</b>	<b>454,593</b>

## 11. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2022 £	Group 2021 £	CIO 2022 £	CIO 2021 £
Trade creditors	257,217	330,339	257,652	325,856
Amounts owed to group undertakings	-	-	-	13,100
Corporation tax	3,148	3,148	-	-
Other creditors	(37)	7,320	(121)	1
Accruals and deferred income	70,537	164,743	70,537	162,643
	<b>330,865</b>	<b>505,550</b>	<b>328,068</b>	<b>501,600</b>

	Group 2022 £	Group 2021 £	CIO 2022 £	CIO 2021 £
<b>DEFERRED INCOME</b>				
Deferred income brought forward	55,400	36,218	55,400	36,218
Resources Deferred during the year	30,320	50,923	30,320	50,923
Amounts released from previous periods	(55,400)	(31,741)	(55,400)	(31,741)
Deferred income as at 31 December 2021	<b>30,320</b>	<b>55,400</b>	<b>30,320</b>	<b>55,400</b>

Income is recognised in the year to which it relates, these conditions are set by grants and contracts.



## 12. STATEMENT OF FUNDS

### CURRENT YEAR

	Balance at 1 January 2022 £	Income £	Expenditure £	Taxation £	Transfers In/ out £	Gains/ (Losses) £	Balance at 31 December 2022 £
<b>UNRESTRICTED FUNDS</b>							
General Reserve	2,332,063	752,409	(810,913)	-	-	(312,918)	1,960,641
Trading Subsidiary	13,770	62,097	(142,490)	-	-	-	(66,623)
	<b>2,345,833</b>	<b>814,506</b>	<b>(953,403)</b>	<b>-</b>	<b>-</b>	<b>(312,918)</b>	<b>1,894,018</b>
<b>RESTRICTED FUNDS</b>							
Website development fund	2,980						2,980
Gilead podcasts fund	27,617						27,617
Gilead Pakistan fund	3,190						3,190
Gilead best of Croi & ViiV Research awards	3,634	105,280	(20,709)				88,205
	<b>37,421</b>	<b>105,280</b>	<b>(20,709)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>121,992</b>
<b>TOTAL OF FUNDS</b>	<b>2,383,254</b>	<b>919,786</b>	<b>(974,112)</b>	<b>-</b>	<b>-</b>	<b>(312,918)</b>	<b>2,016,010</b>

### PRIOR YEAR

	Balance at 1 January 2021 £	Income £	Expenditure £	Taxation £	Transfers In/ out £	Gains/ (Losses) £	Balance at 31 December 2021 £
<b>UNRESTRICTED FUNDS</b>							
General Reserve	2,093,416	788,752	(702,492)	-	(73,771)	226,158	2,332,063
Trading Subsidiary	348	33,186	(16,616)	(3,148)	-	-	13,770
	<b>2,093,764</b>	<b>821,938</b>	<b>(719,108)</b>	<b>(3,148)</b>	<b>(73,771)</b>	<b>226,158</b>	<b>2,345,833</b>
<b>RESTRICTED FUNDS</b>							
Research awards fund	-	15,000	(46,275)	-	31,275	-	-
Website development fund	4,000	-	(1,020)	-	-	-	2,980
MAC AIDS fund	12,769	20,000	(75,265)	-	42,496	-	-
Gilead podcasts fund	27,617	-	-	-	-	-	27,617
Gilead Pakistan fund	3,190	-	-	-	-	-	3,190
Gilead best of Croi	-	11,995	(8,361)	-	-	-	3,634
	<b>47,576</b>	<b>46,995</b>	<b>(130,921)</b>	<b>-</b>	<b>73,771</b>	<b>-</b>	<b>37,421</b>
<b>TOTAL OF FUNDS</b>	<b>2,141,340</b>	<b>868,933</b>	<b>(850,029)</b>	<b>(3,148)</b>	<b>-</b>	<b>226,158</b>	<b>2,383,254</b>

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The income and expenditure of the trading subsidiary, BHIVA Trading Limited, is presented separately above. These results are consolidated into the overall consolidated financial statements on a line by line basis.

#### **Research awards fund**

Originally launched in 2016, the BHIVA research awards are intended to provide funding for research projects that will improve the clinical care and management of people living with HIV in the UK. Income is received annually from Gilead. The fund is expended by way of making awards to individuals.

#### **Website development fund**

This fund represents funding received specifically for the development of the BHIVA website. Unspent funds have been carried forward to be utilised in subsequent years.

#### **MAC AIDS Fund**

MAC AIDS fund is a charity established in 1994 to support people living with HIV worldwide. It donates funds to communities and organisations that offer services to people with HIV/AIDS and help to prevent the disease through educational programs. This is given each year as restricted funding for this purpose.

#### **Gilead podcasts fund**

This fund represents funding received specifically for the production of BHIVA podcasts. These podcasts will take place in 2020-21. Accordingly, the unspent funds have been carried forward at the balance sheet date.

#### **Exchange Scholarship fund**

The exchange scholarship enables winning applicants to travel internationally to take be placed at a HIV unit. The programme enables a unique opportunity to increase understanding of the treatment and management of HIV in particular, the developing world. The scholars can disseminate this information and experience when they return to the UK.



### 13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

#### CURRENT YEAR

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	32	-	32
Fixed asset investments	1,509,302	-	1,509,302
Current Assets	685,092	152,449	837,541
Creditors due with in one year	(330,865)	-	(330,865)
<b>TOTAL</b>	<b>1,863,561</b>	<b>152,449</b>	<b>2,016,010</b>

#### PRIOR YEAR

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	218	-	218
Fixed asset investments	1,870,280	-	1,870,280
Current Assets	1,005,081	37,421	1,042,502
Creditors due with in one year	(529,746)	-	(529,746)
<b>TOTAL</b>	<b>2,345,833</b>	<b>37,421</b>	<b>2,383,254</b>

### 14. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2022 £	2021 £
<b>Net income/ (expenditure) for the year (as per Statement of Financial Activities)</b>	<b>(367,244)</b>	<b>241,914</b>
<b>Adjustments for:</b>		
Depreciation charges	186	245
(Gains)/ loss on Investments	312,919	(226,158)
Dividends and interests received from investments	(30,558)	(35,884)
(Increase)/ decrease in debtors	159,768	(146,560)
Increase/ (decrease) in creditors	(174,683)	142,062
<b>Net cash provided by operating activities</b>	<b>(99,612)</b>	<b>(24,381)</b>



## 15. ANALYSIS OF CASH AND CASH EQUIVALENTS

	<b>Group 2022 £</b>	<b>Group 2021 £</b>
Cash in hand	<b>487,118</b>	513,483
Cash at broker	<b>53,828</b>	48,460
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<b>540,946</b>	<b>561,943</b>

## 16. ANALYSIS OF CHANGES IN NET DEBT

	<b>At 1 January 2022 £</b>	<b>Cash flows £</b>	<b>At 31 December 2022 £</b>
Cash and cash equivalents	<b>561,943</b>	<b>(20,997)</b>	<b>540,946</b>
	<b>561,943</b>	<b>(20,997)</b>	<b>540,946</b>

## 17. RELATED PARTY TRANSACTIONS

A trustee was paid £13,602 during the year & £15,934 in 2021 for providing media services to the charity. Services were provided on an arm's length basis.

A trustee was also paid 14,952 (2021: NIL) for professional services offered to the Charity.



**BHIVA**   
British HIV Association

[www.bhiva.org](http://www.bhiva.org)

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