

REGISTERED CHARITY NUMBER 1176132

Report of the Trustees and  
Financial Statement for the Year Ended 30 June 2022  
for  
The Commonwealth Pharmacists Association (CPA)

Commonwealth Pharmacists Association

Report of the Trustees  
For The Year Ended 30<sup>th</sup> June 2022

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The trustees submit their report together with the financial statements of the charity for the year ended 30<sup>th</sup> June 2022.

### **Objectives and Activities**

The CPA's charitable objectives are:

1. To advance health for the public benefit by collaborating other health-related organisations and institutions within and outside the Commonwealth and providing administrative and financial support where possible.
2. To advance education for the public benefit (and particularly amongst pharmaceutical staff) by facilitating the dissemination of knowledge about the pharmaceutical sciences and the professional practice of pharmacy through meetings, literature distribution, electronic media and fellowship or exchange programmes.
3. To advance health for the public benefit through quality improvement of pharmacy practice, particularly in relation to the promotion of safe and effective systems of medicines management, the promotion of healthier lifestyles and supporting measures to reduce health inequalities.

### **Summary of Main Activities**

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession for the benefit of the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to develop the pharmacy workforce and build capacity through education and training; strengthen healthcare systems and ensure the safe and effective use of medicines, prevention of disease and promotion of healthier lifestyles; advocate for improved access and quality of medicines and vaccines, by supporting and embedding pharmacists at all levels of medicines management. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

The CPA has developed its strategy around three core areas of work:

1. **Capacity Development and Health Systems Strengthening**, *improving the quality of health systems and pharmaceutical care, for the benefit of the public:*
  - Online continuing professional development (CPD) platform – launched in November 2020 with initial courses on antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) – funded by grants from the Sir Halley Stewart Trust, the UK's Fleming Fund and Novartis.
  - Global health partnerships – Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) and SPARC programmes – funded by the UK's Fleming Fund.
  - Global Health Fellowships – Chief Pharmaceutical Officers Global Health Fellows (ChPOGHF) – funded by Health Education England (HEE).
2. **Practice Resources**, *supporting the safer and more effective use of medicines for the benefit of the public:*
  - PharmAid – the redistribution of recent editions of pharmaceutical texts to support prescribing in lower resource settings (funded through the CPA's unrestricted income, including membership fees, and a grant from the Royal Pharmaceutical Society)
  - Toolkits – e.g. CwPAMS AMR toolkit (funded by the UK's Fleming Fund)

- Prescribing support – e.g. antimicrobial prescribing App (funded by the UK's Fleming Fund as part of the Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building – SPARC - programme)
- Clinical Quality Improvement (CQI) training delivered as part of the SPARC programme.

**3. Advocacy and Campaigns, improving the access to use of medicines and reducing health inequalities for the public benefit (funded through the CPA's unrestricted income including membership fees, and a grant from the Royal Pharmaceutical Society):**

- Representation of pharmacists and priority areas related to medicines and vaccines at annual forums and high-level meetings – e.g. Commonwealth Health Ministers Meeting and Commonwealth Heads of Government Meeting.
- Actively promoting world health days and several key policy areas, focusing particularly on:
- Tackling antimicrobial resistance (AMR) through providing tools and training resources, running surveys, and engaging members to take part in activities for World Antibiotic Awareness Week and the Antibiotic Guardian Awards.
- Raising awareness and creating discussion around the issue of falsified and substandard medicines as active partners of the Fight the Fakes Campaign.
- Supporting and promoting international health days and campaigns.

In addition to this, the organisation has published a significant amount of work and contributed to the peer reviewed literature (see table below for more details).

For more information visit [www.commonwealthpharmacy.org](http://www.commonwealthpharmacy.org)

#### Public Benefit

Upon appointment, all trustees are required to sign a Code of Conduct that outlines the commitment to CPA's charitable objectives and working for the benefit of the public. Trustees are formally briefed on and sent the constitution and links to the Charities Commission Guide on the Responsibilities of Trustees on appointment and asked to familiarise themselves with these documents, as part of the trustee induction process.

As the charity has grown significantly over the last few years, trustee training will be introduced following our AGM on 6th December 2022, which will include further emphasis on all Charities Commission's Guidance, including that relating to public benefit.

#### Contribution made by volunteers.

Volunteer HR and governance/risk advisors have been appointed to support the work of the charity.

Major activities carried out in the reporting period 1st July 2021 – 30th June 2022

<b>1. CPA Councillors and Membership</b>	
<p><b>1.1 Councillor Nominations</b></p> <p>National Pharmacy Associations (NPAs) across the Commonwealth are invited to nominate a Councillor to represent their NPA on the CPA Council, which provides the strategic direction for the CPA. Nominations are welcomed from pharmacists who are in close and regular contact with their NPA and in-country strategic priorities.</p> <p>All confirmed CPA Councillors then vote for a Councillor to represent their region, consisting of, Caribbean and Americas, East and Southern Africa, West Africa, Europe, South-east Asia and Pacific and Central Asia. The six representatives together form the Regional Assembly from whom the CPA President and Vice-president is elected.</p> <p><b>Aim:</b> The CPA Council, Regional Assembly, President, and Vice President together provide strategic direction for the CPA; identifying and ensuring that the work programmes meet in-country and global health priorities, as well as advocating for the profession.</p> <p><b>Activities that CPA has undertaken:</b></p> <ul style="list-style-type: none"> <li>• Councillor Nominations: commenced on 6<sup>th</sup> May 2022 to all eligible NPAs inclusive of an expression of interest for the role of Regional Representative, President, and Vice-President. Nominations closed on 30<sup>th</sup> June 2022 with a total of 25 confirmed Councillors representing 25 NPAs across the Commonwealth.</li> <li>• Regional Assembly Nominations: commenced on 30<sup>th</sup> June, with all six regional representatives confirmed on 30<sup>th</sup> July 2022.</li> <li>• CPA President and Vice President were voted in, between 30<sup>th</sup> July – 30<sup>th</sup> August 2022.</li> </ul> <p>Announcements and welcome of the new Councillors, Regional Representatives, President, and Vice-president were made at the 2022 annual Council meeting; a hybrid event held this year at the International Pharmaceutical Federation (FIP) World Congress on 20<sup>th</sup> September 2022.</p>	<p>All Countries:</p> <p>Australia Bangladesh Cameroon Canada Dominica eSwatini Fiji Ghana Grenada Guyana India Kenya Malawi Malaysia Malta Mauritius New Zealand Nigeria Pakistan Rwanda Saint Lucia Samoa Singapore South Africa Sri Lanka St Vincent and The Grenadines Tanzania Trinidad and Tobago Uganda United Kingdom</p>
<b>2. Practice and Educational Resources</b>	
<p><b>2a. PharmAid</b></p> <p>PharmAid, a core membership offering, is an annual scheme that has been running since the establishment of the CPA in the 1970s.</p> <p><b>Aim:</b> To provide medicines information resources such as pharmaceutical formularies and books, across the Commonwealth.</p> <p><b>Activities undertaken:</b></p> <p><i>Supply of Medicines Information Resources:</i></p> <ul style="list-style-type: none"> <li>• This year the Pharmaceutical Press and NICE donated a large number of books, hence an NHS collection was not required.</li> </ul>	<p>Botswana Dominica eSwatini Ghana Grenada Lesotho Malaysia Mauritius Nigeria Sierra Leone Sri Lanka St Vincent and The Grenadines Uganda Zambia</p>

- For the 2021/22 scheme, a total of 5496 books were donated to 14 countries (Dominica, Eswatini, Ghana, Grenada, Lesotho, Malawi, Malaysia, Nigeria, Sierra Leone, Sri Lanka, St Lucia, St Vincent & the Grenadines, Uganda, Zambia)

*Review of the PharmAid Scheme:*

- The scheme has been running for nearly 50 years; an in-depth review was undertaken this year to assess whether it is still viable to continue providing books, especially in the current climate of increasing costs for collection, shipping, customs clearance, and more digital resources available etc.
- Following the review, the CPA is developing collaborations with partners that focus on book provision in low- and middle-income countries, and alternative digital resources that provide medicines information - ensuring that pharmacists have up-to-date resources available at point of care.

**2b. Online Continuing Professional Development (CPD) platform**

The online CPD platform has been a request from our members for many years, and now it is a reality. The platform provides pharmacists with a number of key courses to continue their professional development and optimise the care they provide to patients.

**Aim:** To upskill the pharmacy workforce; building capacity in health systems and improving patient outcomes and safety.

Both the technological infrastructure and course content have been developed to align with global policy and address the global health priorities, as defined by WHO and The Commonwealth. By collaborating with each NPA the CPA supports the organisation in helping to build their membership and advocacy efforts, as well as providing pharmacists with a free resource that supports their professional development. Where applicable, in-country accreditation is obtained through the NPA, enabling pharmacists to use the learning as credits towards their own national CPD requirements.

**Activities undertaken:**

CPA focus to date has been on engaging NPAs in raising awareness and ensuring access to the CPD platform for Commonwealth Pharmacists. The platform CPD has gone beyond its expected function, and key achievements over the past year include:

- >8500+ pharmacists enrolled on the platform (August 2022)
- Total of 13 courses are available.
- Pharmacists in 22 countries have free access to all courses, via their NPAs.
- 90% of countries accessing the platform are based in low- and middle-income countries.

The CPA continues to source funding to maintain and develop the platform and ensure it is a free resource for all pharmacists across the Commonwealth and beyond.

Cameroon  
Eswatini  
Fiji  
Gambia  
India  
Lesotho  
Namibia  
Malawi  
Mauritius  
Saint Vincent & the  
Grenadines  
Sierra Leone  
Tanzania  
Uganda  
Zambia

<b>3. Capacity Building and Health Systems Strengthening</b>	
<b>3a. Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)</b>	
<p>CwPAMS is managed by the CPA and partners at the Tropical Health and Education Trust (THET), and is funded by the Fleming Fund, a £265 million UK aid investment to tackle antimicrobial resistance by supporting low- and middle-income countries to generate, use and share data on AMR. CwPAMS takes a partnership approach to focus on:</p> <ol style="list-style-type: none"> <li>1. Antimicrobial stewardship, including surveillance.</li> <li>2. Utilising/developing pharmacy expertise and capacity (including in the community).</li> <li>3. Infection Prevention and Control.</li> <li>4. Strengthening capacity of using clinical microbiology data.</li> </ol> <p><b>Aim:</b> The CwPAMS leverages the expertise, particularly in pharmacy, of UK health institutions, volunteers, and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the focus areas above.</p> <p><b>Activities undertaken:</b></p> <ul style="list-style-type: none"> <li>• From 2018 to 2021, CwPAMS supported 12 Health Partnerships between the UK and health institutions in: Ghana (5), Tanzania (1), Uganda (5) and Zambia (1) health institutions.</li> <li>• A scoping study was successfully completed for CwPAMS Extension Phase from February 2021 to July 2021 with the intention to extend the programme to include 4 more countries: Malawi, Sierra Leone, Nigeria and Kenya.</li> <li>• 8 country reports (4 new and 4 updated), a summary of recommendations and accompanying resource kits were generated from the scoping study.</li> <li>• From October 2021 to June 2022 the CwPAMS programme launched a new grant call and supported 14 partnerships between the UK and 8 low- and middle-income countries: Uganda (4), Ghana (3), Zambia (2) Sierra Leone (1), Kenya (1), Tanzania (1), Malawi (1), Nigeria (1).</li> </ul> <p><b>Achievements from the extension programme included:</b></p> <ul style="list-style-type: none"> <li>• 1452 health workers trained in antimicrobial stewardship (AMS) principles, antimicrobial prescribing &amp; consumption surveillance.</li> <li>• 733 health workers trained in infection prevention control.</li> <li>• 1324 health workers trained in utilising and developing pharmacy expertise and capacity.</li> <li>• 23 UK health institutions actively embedding returned volunteers' skills and experience in their workplace.</li> <li>• 322 volunteering days contributed by NHS staff.</li> <li>• 40 guidelines and protocols rolled out in low- and middle-income country healthcare institutions.</li> <li>• 34 new or revised documents developed for AMS and antibiotic prescribing.</li> </ul> <p>A proposal has been submitted for CwPAMS2, which will include an increase in the scope of work moving forward to include supporting lab capacity and addressing the issue of substandard and falsified medicines. The programme is scheduled to launch in Q3 2022, pending funding.</p>	<p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p>

<p><b>3b. Chief Pharmaceutical Officer's Global Health Fellowships (CPhOGHF)</b></p> <p>Following the announcement of the successful Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) grantees in early February 2019, a cohort of 16 UK mid-career pharmacists undertook a yearlong CPhOGH Fellowship in parallel with the CwPAMS programmes, taking on leadership roles to deliver the projects selected by their partnerships. In addition, they completed a short Global Pharmacy Course supported by Brighton &amp; Sussex Medical School as well as an adapted Health Education England (HEE) International Fellowship (IGH) Induction Programme and attended action learning sets provided by the CPA. Each Fellow also worked with a UK-based mentor throughout the Fellowship and undertook a leadership development experience using the NHS Healthcare Leadership model. In 2021, additional funding was secured and a further cohort of 13 UK mid-career pharmacists who were part of the CwPAMS extension partnerships were enrolled in the fellowship programme. They are due to complete the programme in November 2022.</p> <p><b>Key aims of the programme:</b></p> <ul style="list-style-type: none"> <li>• Supporting sustainable improvement in healthcare.</li> <li>• Providing an unparalleled personal, leadership development and global pharmacy experience with shared learning opportunities between UK and African counterparts.</li> <li>• Creating a cadre of skilled leaders with quality improvement skills who can use these skills.</li> </ul> <p>During the current reporting year CPhOGHF has resulted in:</p> <ul style="list-style-type: none"> <li>• Peer-reviewed publication on impact of CPhOGHF <a href="https://www.mdpi.com/2227-9032/9/7/890/htm">https://www.mdpi.com/2227-9032/9/7/890/htm</a></li> <li>• Recruitment of second cohort of 13 Fellows.</li> <li>• Delivery of Leadership Development course.</li> <li>• Delivery of six modules on Global Pharmacy and action learning set sessions.</li> <li>• Mentorship training: nine fellows from the initial programme became mentors for the current second cohort.</li> <li>• Global Pharmacy in Action Modules are due for delivery from September to November 2022 and to host an end of Fellowship event in December 2022.</li> <li>• We are in the process of securing funding for an additional cohort to run along CwPAMS in 2023.</li> </ul> <p>The programme has been so successful that a version is under development for African pharmacists who are part of the CwPAMS2 partnerships, and is due to launch in 2023.</p> <p><b>3c. AMS Leadership Programme for Africa</b></p> <p>Based on the success of the UK's Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme is currently being developed for mid-career pharmacists in Africa that are part of a CwPAMS partnership. The programme is due to commence in 2024 in parallel with the second phase of the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS2).</p>	<p>Ghana Kenya Malawi Nigeria Sierra Leone Tanzania Uganda United Kingdom Zambia</p>
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<p><b>The programme aims to:</b></p> <ul style="list-style-type: none"> <li>• Support AMS capacity building nationally and being key to sustainability.</li> <li>• Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each LMIC.</li> <li>• Empower and develop country leaders to continue the mission of tackling AMR in the long term.</li> <li>• Leverage training materials developed during CwPAMS extension phase.</li> </ul> <p><b>Activities undertaken:</b></p> <ul style="list-style-type: none"> <li>• Completed a scoping study to investigate the need for a leadership program.</li> <li>• Developed a programme outline (12-month programme comprising core knowledge and skills learning in health leadership, behaviour change, project management and AMS, and leading an improvement initiative).</li> <li>• Mapped the courses against global frameworks (FIP-GADF) and WHO curricula guide for AMS) to ensure global compliance.</li> <li>• Identified available online courses to be incorporated into the programme (WHO, NHS-LA, BSAC).</li> <li>• Identified experts to co-write course content and co-deliver webinars with the CPA to contextualise the online courses.</li> <li>• Drafted learner handbook, curricula, budget, programme timelines, and project plan.</li> </ul> <p>We plan to finalise discussions and contracts with experts co-delivering courses shortly to enable the launch of the programme in 2024. We have had interest in this course from many Commonwealth states. After the initial cohort completes the programme as a proof of concept, we have a vision to extend this course to other Commonwealth states beyond the initial 8 CwPAMS countries.</p>	
<p><b>3d. SPARC - Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building</b></p> <p>Working with 14 Commonwealth countries and extending this work to 9 other Low and Middle income countries outside the Commonwealth, SPARC will develop sustainable solutions that support the prescribing of antimicrobials and surveillance around their use. The programme focuses on establishing a culture change and continuous quality improvement in AMS, providing training, support, and resources. It consists of three core workstreams.</p> <p><b>Workstream 1:</b> The new Prescribing Companion App, supporting prudent antimicrobial prescribing in human and animal health. The App, rolled out in up to 22 countries, with bespoke training delivered by the CPA on maintaining the App, including further customisations for in- country requirements. The App is available on Google play store and iOs for offline use and is funded for 5 years.</p> <p><b>Key Outputs:</b></p> <ul style="list-style-type: none"> <li>• <b>Information at point of care</b> - through access to Standard Treatment Guidelines</li> </ul>	<p>Commonwealth countries:</p> <p>Bangladesh Eswatini Ghana India Kenya Malawi Nigeria Pakistan Papua New Guinea Sierra Leon Sri Lanka Tanzania Uganda Zambia</p> <p>Non-Commonwealth countries:</p>

<ul style="list-style-type: none"> <li>● <b>Increased knowledge and awareness</b> of International antimicrobial stewardship (AMS) and infection prevention control (IPC) resources</li> <li>● <b>Strong country ownership</b> of the App beyond antimicrobial use - the App can be further adapted to host other clinical guidelines, resources, audit, and data capture as needed in-country, supported by trained App Champions and development funds.</li> <li>● <b>One Health approach</b> - fostered through shared learning and multidisciplinary working across both human and animal health.</li> <li>● <b>Sustainability</b> through training and funding</li> </ul> <p><b>Workstream 2:</b> Point Prevalence Survey (PPS) and support of antimicrobial use and surveillance in human health. In-country teams are supported to conduct PPS in 6 countries (Eswatini, Nigeria, Malawi, Zimbabwe, Nepal, and Timor Leste); in up to 5, in-patient sites per country.</p> <p><b>Work stream 3:</b> Following on from workstream 2, the CPA helps drive behaviour change through a culture of continuous quality improvement (QI) in AMS. In-country teams are supported and trained to analyse PPS data, current trends and develop appropriate AMS plans, using a behavioural change approach. This involves fostering, strengthening, and sustaining links between pharmacists, nurses, doctors and laboratory staff. In addition, in-country Site Champions are appointed, to engage stakeholders and help to:</p> <ul style="list-style-type: none"> <li>• Raise PPS awareness on site.</li> <li>• Facilitate end to end PPS process in timeframe (training, coordination, roll-out and data analysis), using a behavioural change approach.</li> <li>• Develop networks for Behaviour Change and Quality Improvement amongst colleagues and key stakeholders across their local site, region, and country.</li> <li>• Support development and uptake of SPARC App and outputs across all key stakeholders, working with appointed ICCs.</li> </ul> <p>The programme has been so successful that an extension programme is currently in development to ensure that more countries can benefit, with a strong focus on sustainability; delivered by working with in-country Site and App Champions, who help drive and facilitate stakeholder engagement and the successful uptake of using the App.</p>	Bhutan Indonesia Laos Myanmar Nepal Senegal Timor Leste Vietnam Zimbabwe
<b>4. Advocacy and Campaigns</b>	
<b>4a. 2022 Commonwealth Civil Society Policy Forum</b> <p>The Commonwealth Civil Society Policy Forum (CCSPF) is convened annually by the Commonwealth Health Professions and Partners Alliance (CHPA), culminating in a list of recommendations that are fed back to Health Ministers at the annual Commonwealth Health Minister Meeting (CHMM). In 2022 the programme was hosted by the Commonwealth Association for Paediatric Gastroenterology and Nutrition (CAPGAN), with a theme of addressing how commercial determinants of health can improve the health and wellbeing of the people of the Commonwealth. The CPA inputted into the programme and helped shape four recommendations:</p> <ul style="list-style-type: none"> <li>● 1. Strengthen the evidence base.</li> <li>● 2. Develop tools and capacity to address the Commercial Determinants of Health</li> <li>● 3. Convene partnerships and dialogue.</li> <li>● 4. Raise awareness and advocacy.</li> </ul>	All countries

<p>Raymond Anderson, CPA Trustee and Immediate Past President and Mary Anne Ciappara, regional representative for Europe constructed a blog reflecting on this event and the relevance to pharmacy, in which they quoted:</p> <p>“...for pharmacy it is vitally important to be aware of how corporations and commercial entities are a key factor in determining the health of citizens.”</p>	
<p><b>4b. Commonwealth Health Ministers Meeting (CHMM)</b></p> <p>The annual Commonwealth Health Ministers meeting was held (virtually) in May 2022.</p> <ul style="list-style-type: none"> <li>• The set of recommendations from the CCSPF (the CPA helped to shape) were presented to the Commonwealth Health Ministers.</li> <li>• During Commonwealth Advisory Committee on Health (CACH) biannual meetings, CPA was invited to participate as Chair of the Voluntary Price Sharing Database. CACH agrees the agenda and draft statement for CHMM. Input into this meeting allowed CPA to support incorporation of some of the recommendations from CCSPF and the advocacy papers that CHPA drafted for the Commonwealth Heads of Government Meeting (CHOGM) into the ministerial statement and successfully advocate for the inclusion of AMR.</li> </ul>	<p>All countries led by: Rwanda &amp; Uganda</p>
<p><b>4c. Commonwealth Heads of Government Meeting (CHOGM)</b></p> <ul style="list-style-type: none"> <li>• The Commonwealth Heads of Government Meeting (CHOGM) was held on 20th to 25th June 2022 in Kigali, Rwanda (4 years after the last CHOGM held in London). The CPA's advocacy efforts for this event began many months and years beforehand. Through our membership with the Commonwealth Health Professions and Partners Alliance (CHPA) and our presence on the Informal Federation of Commonwealth Organisations (IFCO) steering committee, the CPA directly contributed to the advocacy papers developed, which were drafted and presented to the Commonwealth Heads of Government around the following themes: <ul style="list-style-type: none"> <li>• Governance and rule of law</li> <li>• Sustainability (Trade and Environment)</li> <li>• Youth</li> <li>• ICT and Innovation</li> <li>• Health</li> </ul> </li> </ul> <p>The Civil Society recommendations and the subsequent deliberations from the Heads of Government are then reflected in the <b>Communiqué</b> issued by CHOGM as an outcome of the meeting.</p> <p>We were excited to see many elements of our advocacy work reflected in the CHOGM Communiqué as a result of our advocacy efforts, including the emphasis on the need for action to tackle AMR, which appeared for the first time as a key area for action.</p> <p>The CPA was represented at CHOGM by Ms Winnie Nambatya, in-country consultant for Uganda (CwPAMS/SPARC) and Flandrie Habyarimana, CPA Councillor for Rwanda.</p> <ul style="list-style-type: none"> <li>• The CPA hosted a side event led by Ms Winnie Nambatya on '<b>Emerging from the Pandemic: Antimicrobial Resistance - a Call to Action</b>'.</li> </ul>	

<ul style="list-style-type: none"> <li>• It was an interactive discussion that: <ul style="list-style-type: none"> <li>• Highlighted the global picture of AMR and the urgency to act.</li> <li>• Showcased Commonwealth initiatives tackling AMR through innovation, partnerships, and transformation, including the Commonwealth Partnerships for Antimicrobial Stewardship programme.</li> <li>• Reflected on opportunities and threats emerging from the COVID-19 pandemic regarding infection prevention and management.</li> <li>• Discussed barriers to tackling AMR and action required to change systems and behaviours.</li> </ul> </li> <li>• <b>Key points raised during discussions were:</b> <ul style="list-style-type: none"> <li>• Urgent need to strengthen health systems and regulatory bodies around detection of SF medicines.</li> <li>• Need to address dispensing of antimicrobials without prescriptions and without microbiological evidence in health facilities.</li> <li>• Lack of collaboration among health workers around AMR also needed to be addressed (especially between doctors and pharmacists).</li> <li>• Urgent call to educate health care workers and communities on AMR and the consequences.</li> </ul> </li> <li>• <b>Other events that CPA Team attended:</b> <ul style="list-style-type: none"> <li>• AMR event</li> <li>• Malaria and NTD summit</li> <li>• Building resilient and equitable health systems</li> <li>• Opening ceremony and reception with SG</li> </ul> </li> </ul> <p><b>Outcomes from the CPA representation:</b></p> <ul style="list-style-type: none"> <li>• Importance of access to and appropriate use of medicines emphasised, profile of pharmacists as key health works in this space raised amongst Civil Society and Heads of Government.</li> </ul> <p>Key issues around AMR highlighted - to be followed up through CPA programmes of work.</p> <ul style="list-style-type: none"> <li>• Inclusion of advocacy areas into the CHOGM Communique, including AMR for the first time!</li> <li>• Production of two blogs on the CPA website</li> </ul>	
<p><b>4d. The Commonwealth Voluntary Information and Price Sharing Database (VIPSD)</b></p> <p>The CPA Chairs the VIPSD Working Group, working closely with the Secretariat, the Southern African Programme on Access to Medicines and Diagnostics (SAPAM), and World Health Organisation to further accelerate the implementation of The Voluntary Information and Price Sharing Database (VISPD).</p> <p>In 2018 Commonwealth Health Ministers deliberated over establishing an information sharing mechanism between members states, to include and electronic database of distributors, wholesalers, manufacturers, and prices. The VISPD was finalised and endorsed in May 2021, and is currently hosted by the Commonwealth Secretariat</p>	<p>All countries</p>

<p>VISPD aims to assist member states by providing a centralised, real time pricing data; helping to manage procurement budgets, reduce pricing asymmetry and give data driven insights on medicines, technologies, and supply chains to support key stakeholders. Eventually it is envisaged that VISPD will form the basis of a pooled procurement system.</p> <p>The CPA is currently working with the Secretariat to develop a concept note and project plan with an allocated budget to further drive this project forward in terms of engagement and real time data upload.</p> <p>We plan to leverage networks and connect to heads of procurement as well as include a project management function.</p>	
<p><b>4e. World Antimicrobial Awareness Week</b></p> <p>The theme for World Antimicrobial Awareness Week (WAAW) 2021 was ‘Spread awareness, stop resistance’, with the slogan ‘Antimicrobials: Handle with care.’</p> <p>Individuals and organisations participating in WAAW were encouraged to ‘Go Blue’ in support of the AMR Tripartite’s (FAO, OIE and WHO) vision for tackling AMR using a One Health approach and the CPA provided and disseminated a campaign for use on social media by our networks to support this. The campaign focused on the important role of pharmacists in improving the use of antimicrobials, linking it to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) tools and resources, including the CwPAMS toolkit.</p> <p>A page on the CPA website was also developed. This featured a toolkit, with a variety of daily activities to promote the role of pharmacists in tackling AMR. The toolkit also encouraged participants to support the One Health AMR Tripartite global campaign by using the hashtags #WAAW, #AMR #AntimicrobialResistance, #OneHealth and #HandleWithCare. Participants were also encouraged to “Go Blue to show support for pharmacists working to tackle AMR” and pass this onto colleagues.</p> <p>Participants were encouraged to “Go Blue” for pharmacists working in AMR by sharing their favourite AMR/AMS messages on social media. There were a series of 9 blue boards that included key messages in English, and 3 for participants to insert their own messages in a relevant language to accommodate diversity across the Commonwealth.</p> <p>Participants were further invited to change their social media profile cover images, photo frames or video backgrounds to show support for pharmacists tackling AMR across the Commonwealth.</p> <p>To help “spread awareness and stop resistance”, participants shared some of the #CwPAMS “mysterious microbes” fun facts. They were also encouraged to create their own cards in any language.</p> <p>A TweetChat was organised on the eve of WAAW (17th November) between 5 to 6pm GMT using the hashtag #CPApharm. The TweetChat was designed for individuals working or involved in the AMR sector, such as pharmacists, doctors, patients, and policymakers, to share their views around the topic: “Spread awareness, stop resistance – the role of pharmacists”. A blog was posted about the session, which was disseminated widely in the preceding weeks.</p>	All countries

<p>90 people participated in the TweetChat, representing many countries including the UK, Ethiopia, Tanzania, Canada, Nigeria, South Africa, Malta, and Uganda. A total of 1506 Tweets, 394 participants and 6,928 million impressions were measured during the month of November 2021, with most of the engagement taking place during WAAW.</p> <p>Campaign participants were also encouraged to share the CwPAMS programme tools and resources including the Infection Prevention Control (IPC) resources, AMS Prescribing App, AMS Toolkit, Continuing Professional Development (CPD) programmes and PULSE community platform during WAAW as part of the WAAW toolkit.</p> <p>Various stakeholders were personally invited to write a short blog on the role of pharmacists in tackling AMR across the Commonwealth, taking a One Health approach. The CPA published 6 blogs, covering a range of AMR topics from the role of digital technology in combating AMR, to antimicrobial stewardship.</p> <p>5 participants recorded a video documenting their views, experiences, and expertise from a One Health approach of how pharmacists play a role towards tackling AMR. The videos covered AMR in 4 countries: India, Australia, Fiji, and Malaysia.</p> <p>To close the WAAW campaign, participants were invited to join an AMS game tournament on the 24th of November as a player or facilitator. To help drive interest, a digital copy of the game was offered as a prize; 124 people across 23 countries registered to play. This contributed to a peer-reviewed publication: <a href="https://www.mdpi.com/2079-6382/11/5/611/htm">https://www.mdpi.com/2079-6382/11/5/611/htm</a></p> <p>Overall, the CPA's campaign for WAAW was a great success. #CPApharm was in the topmost used hashtags, and @CW_Pharmacists was measured as a top influencing account in a random network of 27,042 Twitter users whose recent tweets were included in a list related to #WAAW #EAAD search terms.</p> <p>A full metrics report for the campaign can be found at: <a href="http://www.commonwealthpharmacy.org/waaw2021">www.commonwealthpharmacy.org/waaw2021</a></p> <p>An article summarising activities around WAAW was also produced for the Fleming Fund website: <a href="http://www.flemingfund.org/publications/waaw-2021-cwpams">www.flemingfund.org/publications/waaw-2021-cwpams</a></p>	
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## 5. Communications Highlights

<ol style="list-style-type: none"> <li>1. New Website Development: <a href="https://www.commonwealthpharmacists.org">https://www.commonwealthpharmacists.org</a></li> <li>2. Company-wide branding</li> <li>3. Commonwealth Pharmacists Day 2022: We wanted to have a campaign where every pharmacist across the Commonwealth could participate. As a result, we received banner creating requests from over 150 pharmacists in the Commonwealth. It's one of the most engaging campaigns CPA has had.</li> <li>4. Quarterly Newsletters: <a href="https://commonwealthpharmacy.org/the-cpa-newsletter-29th-of-march-2022/">https://commonwealthpharmacy.org/the-cpa-newsletter-29th-of-march-2022/</a> and <a href="https://commonwealthpharmacy.org/the-cpa-newsletter-31st-of-may-2022/">https://commonwealthpharmacy.org/the-cpa-newsletter-31st-of-may-2022/</a></li> <li>5. Health/Campaign Days scheduling</li> </ol> <p>The CPA has an annual calendar of health campaigns that they support and promote that are relevant to the Commonwealth and aligned to our strategic goals.</p>	All countries
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<p>The purpose of these campaigns is to raise awareness of health issues affecting the Commonwealth and the role of pharmacists in tackling these, encouraging and empowering pharmacists around the Commonwealth to better serve their communities.</p> <p>We celebrate Commonwealth Pharmacists Day on the 16th of June each year, the theme this year reflects that of Commonwealth Day, 'Working towards a common future for the pharmacy profession through partnerships, innovation and transformation.' We created banners for pharmacists to use throughout the Commonwealth to promote this theme on social media. It was one of the most engaging campaigns that we have had and is encouraging to see the continued increase in activity amongst our members and followers.</p>	
<b>6. Communications Highlights</b>	
<p>The CPA has an active research programme, with over 28 publications since 2018: highlighting the impact of our programmes and issues around access to and use of medicines, as well as the full breadth and expertise of pharmacists in these fields.</p> <p>A full list of publications can be found on the CPA Website:  <a href="https://commonwealthpharmacy.org/publications/">https://commonwealthpharmacy.org/publications/</a>  A summary of publications for this current reporting period is outlined below:</p> <p>Published:  Two manuscripts were published in May 2022.</p> <p>Links to the publications:  <a href="https://www.mdpi.com/2079-6382/11/5/691">https://www.mdpi.com/2079-6382/11/5/691</a>  <a href="https://www.mdpi.com/2079-6382/11/5/611">https://www.mdpi.com/2079-6382/11/5/611</a></p> <p>Submitted Pending Peer Review</p> <p>Scoping Review of National Antimicrobial Stewardship Activities in Eight African countries and adaptable recommendations.  Medicine supply chain factors: Essential considerations for effective antimicrobial stewardship (WHO Bulletin)  Tackling Antimicrobial Resistance: A Case Study of Developing and Implementing Antimicrobial Stewardship Interventions in Four African Commonwealth Countries through a Health Partnership Model.</p> <p>Ongoing Manuscripts</p> <p>Exploring Barriers &amp; Facilitators around reporting Substandard &amp; Falsified Medical Products in Eight Commonwealth Countries: Kenya, Uganda, Ghana, Nigeria, Malawi, Sierra Leone, Tanzania and Zambia.  Scoping Pharmacists' Health Leadership Training Needs Across Eight African countries.</p> <p>We also have 5 abstracts that have been submitted to the International Pharmaceutical Federation's congress in September 2022 and have been asked to participate in their AMR</p>	

<p>case study session to raise awareness in the global community around the great work of our partnerships in Africa.</p> <p>Additional research outputs include:</p> <ul style="list-style-type: none"> <li>• Delivering 3 MPharm research projects into CPD and Professional Regulation status across the Commonwealth.</li> <li>• Delivering 1 summer student placement - focused on research and research techniques in pharmacy global health.</li> </ul>	
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## **Financial Review**

The Charity continues to grow, reflected in an increased turnover for the year of £852,173, which is significantly more compared to £293,704 in the previous year and £209,600 in the year prior to that.

This growth in turnover is largely due to an increase in project activity, building relationships and confidence with new and existing donors and successful grant applications.

The Charity's general unrestricted funds carried forward totals £92,735 (2021: £68,312). This is in line with the reserves policy to build the resilience of the organization.

The restricted funds carried forward are £184,268 (2021: £27,384) which reflect the unspent funds for projects that span over 2 financial years.

The Charity begins the new financial year in a good financial position. The total funds carried forward are £277,003 (2021: £95,696).

## **Reserves Policy**

We are currently reviewing our reserves policy, which ensures that the charity holds at least three months of unrestricted funds to cover running costs. This amounts to approximately £30,000, which is covered by the funds available. However, due to the anticipated growth in the core team, this will need to be reviewed and increased.

## **Principal sources of funds:**

- £120,416 (2021: £184,932) from the Department of Health and Social Care's (DHSC) Fleming Fund to provide the technical input and oversight to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme and £510,075 for the SPARC programme.
- £25,000 (2021: £25,000) from the Royal Pharmaceutical Society to support staffing costs.
- £15,000 (2021: £30,000) from the Sir Halley Stewart Trust for the development of the charity's online CPD platform
- £30,000 from Health Education England to deliver the Chief Pharmaceutical Officers Global Health Fellows programme.
- £110,000 grant from Novartis to support the delivery of our strategic programmes, including the online learning platform.
- £25,534 (2021: £25,158) from membership fees.
- £16,148 (2021: £1,964) from donations, including via our patron's scheme.



### Principal Risks

The CPA has a strategic risk register in addition to those relating to individual projects. The risks to the charity have been identified as:

1. Breach of Data Protection regulations/law
2. Insufficient unrestricted funding
3. Incident arising as a consequence of non-compliance with legislation or policy.
4. High dependency on 2 key staff and capacity to meet current and future demands.
5. Trustees may fail to understand and deliver on their role.

The response and mitigations relating to these risks are detailed in the strategic risk register and are updated every quarter in liaison with the Board of Trustees.

### Structure, Governance and Management

The charity is governed by the constitution accepted in December 2017, and adopted in July 2018 when the CPA officially began functioning as a Charitable Incorporated Organisation (CIO). This replaced the original constitution that related to the establishment of the unincorporated charity that was adopted in Dec 2015.

The charity is a CIO consisting of 36 (2021: 39) member organisations and over 9,000 (2021: 822) individual members to date. Traditionally the CPA has been an association of member organisations. Individual reach is expected to continue to grow in line with the relationships and collaborative working opportunities developed.

### Trustees

In accordance with the constitution, there are:

- 2 ex-officio Trustees (the President and immediate past President) who remain in office for the duration of their service (up to 2 terms)
- Up to 4 appointed Trustees that serve a 3-year term (currently our Treasurer and Chair)
- Between 4 and 12 elected Trustees that are appointed or reappointed annually in accordance with the constitution (1/3 must step down each year) at the AGM (which has coincided with the annual virtual Council meeting during the pandemic).

### Organisational Structure

The CPA is governed by the board of Trustees.

The executive director reports to the board of trustees and manages the day to day running of the organisation, working with the CPA team of staff, consultants, and volunteers.

The CPA's council and regional assembly (previously referred to as 'executive') consist of representatives from the national pharmacy associations (NPAs) of the Commonwealth, from which the President and Vice president are elected. These bodies serve as an advisory board to the CPA, helping to set and deliver the strategy.

The CPA is in a very unique position in terms of the organisation's established and potential relationships, particularly in terms of:

- The heritage and close working established with the six global regions of the Commonwealth over the years and the national pharmacy associations (NPAs) in Commonwealth member states.

## Commonwealth Pharmacists Association

### Report of the Trustees For The Year Ended 30<sup>th</sup> June 2022

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- The space the CPA owns for pharmacy, as an advocate for members at national meetings and Commonwealth forums. This includes the opportunity to work with other civil society organisations to provide input into health advisory committees and the Commonwealth Health Ministers meetings.
- The special relationship we have enjoyed with the Royal Pharmaceutical Society (RPS), having originated from this organisation in 1970.
- The relationships and memorandums of understandings with several partners who have aligned visions and common areas of work, for example the International Pharmaceutical Federation (FIP) and the Collaboration of Australians and Sri Lankans for Pharmacy Practice Education and Research (CASPPER).
- The partnership and joint working that we have established with other organisations with similar aims and objectives – for example, the Tropical Health and Education Trust (THET) whom CPA partners with to deliver CwPAMS.
- The relationship developed with the world health organisation (WHO), where the CPA have an evolving collaborative work plan and are in 'special relations'.

#### **Reference and Administration Details**

Charity name:	The Commonwealth Pharmacists Association
Charity's Commission registered number:	1176132
Charity's principal address:	66-68 East Smithfield, London, E1W 1AW

#### Trustees during the year were:

Roger Odd	Chair, retired March 2022
Raymond Anderson	Acting Chair from March 2022
Biyi Oloko	Treasurer
Claire Anderson	
Zaheer Babar	
Oksana Pyzik	
Rao Vadlamudi	

#### Volunteer Advisors (optional):

Jenny Deere	HR Advisor until Feb 2022
Matthew Hayday	Governance & Risk Advisor

#### Independent Examiner:

Vicky Newham CPAA	Solutions Accountancy & Bookkeeping Ltd
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#### Other key personnel:

Victoria Rutter	Executive Director
Tatiana Hardy	Senior Administrator, resigned October 2022

#### **Public Benefit**

When planning the activities for the year, the trustees have complied with their duty in Section 4 of the Charities Act 2011 to have due regard to guidance published by the Charity Commission, including public benefit guidance.

Commonwealth Pharmacists Association

Report of the Trustees  
For The Year Ended 30<sup>th</sup> June 2022

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The trustees have approved the report above and have authorised us to sign it on their behalf.



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Raymond Anderson – Acting Chair



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Biyi Oloko – Treasurer

Date of approval: 22<sup>nd</sup> November 2022

I report on the accounts for the year ended 30<sup>th</sup> June 2022 set out on pages 19 to 30.

**Respective responsibilities and basis of report**

The charity's trustees are responsible for the preparation of the accounts in accordance with the Charities Act 2011("the Act").

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's financial statements as carried out under section 145 of the Charities Act 2011 ('the 2011 Act').

In carrying out my examination, I have followed the Directions given by the Charity Commission under section. 145(5)(b) of the 2011 Act.

**Independent examiner's statement:**

As the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of CPAA.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



\_\_\_\_\_  
Date: 21<sup>st</sup> March 2023

Vicky Newham  
CPAA  
Solutions Accountancy & Bookkeeping Ltd  
1 The Mews  
Little Brunswick Street  
Huddersfield  
HD1 5JL

## Commonwealth Pharmacists Association

Statement of Financial Activity  
For The Year Ended 30<sup>th</sup> June 2022

		Unrestricted funds	Restricted funds	2022 Total funds	2021 Total funds
	Notes				
<b>INCOME AND ENDOWMENTS FROM</b>		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<u>Donations and legacies</u>					
Donations	2	126,148	700,491	826,639	251,896
<b>Total Donations and legacies</b>		<b>126,148</b>	<b>700,491</b>	<b>826,639</b>	<b>251,896</b>
<u>Charitable activities</u>					
Individual subscriptions		225	0	225	870
Membership fees		17,309	0	17,309	21,038
Member association fees		8,000	0	8,000	3,250
<b>Total Charitable activities</b>		<b>25,534</b>	<b>0</b>	<b>25,534</b>	<b>25,158</b>
<u>Other trading activities</u>					
Fee for service	3	0	0	0	16,650
<b>Total other trading activities</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>16,650</b>
<b>Total income &amp; endowments</b>		<b>151,682</b>	<b>700,491</b>	<b>852,173</b>	<b>293,704</b>
<b>EXPENDITURE ON</b>		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Raising funds	4	0	0	0	35,556
Charitable activities	5	127,259	543,607	670,866	259,996
<b>Total Expenditure</b>		<b>127,259</b>	<b>543,607</b>	<b>670,866</b>	<b>295,552</b>
<b>Net (Income / Expenditure)</b>		<b>24,423</b>	<b>156,884</b>	<b>181,307</b>	<b>(1,848)</b>
<b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		68,312	27,384	95,696	97,544
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>92,735</b>	<b>184,268</b>	<b>277,003</b>	<b>95,696</b>

**CONTINUING OPERATIONS**

All income and expenditure have arisen from continuing activities

Commonwealth Pharmacists Association

Statement of Financial Position  
For The Year Ended 30<sup>th</sup> June 2022

		2022	2021
	Note	£	£
<b><u>FIXED ASSETS</u></b>			
Tangible assets	10	711	0
<b><u>CURRENT ASSETS</u></b>			
Debtors	11	47,692	9,341
Prepayments		614	0
Cash at bank in hand	12	352,880	183,623
		401,186	192,964
<b><u>CREDITORS</u></b>			
Amounts falling due within one year	13	(124,894)	(97,268)
<b>NET ASSETS</b>		<b>277,003</b>	<b>95,696</b>
<b><u>FUNDS</u></b>			
Unrestricted funds		92,735	68,312
Restricted funds		184,268	27,384
<b>TOTAL FUNDS</b>		<b>277,003</b>	<b>95,696</b>

The financial statements were approved by The Board of Trustees on 22<sup>nd</sup> November 2022 and were signed on its behalf by:



Raymond Anderson – Acting Chair



Biyi Oloko – Treasurer

The notes form part of these financial statements.

## 1. ACCOUNTING POLICIES

### **Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

### **Going concern**

There are no material uncertainties about the charity's ability to continue so it is regarded as a going concern.

### **Financial reporting standard 102 – reduced disclosure exemptions**

The charity has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

### **Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received, and the amount can be measured reliably.

### **Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with the use of resources.

### **Tangible fixed assets**

Depreciation is provided at the following annual rates of write off each asset over its estimated Office Equipment -25% on cost.

### **Fund's structure**

Funds held by the charity are either:

Unrestricted funds - these are funds which can be used in accordance with the Charity's objects at the trustees' discretion.

Restricted funds - these funds can only be used for restricted purposes within the objects of the Charity. Restrictions arise when specified by the donor or where funds are raised for restricted purposes.

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

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

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2. DONATIONS AND LEGACIES

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Unrestricted:		
Novartis Pharma AG	110,000	0
Other donations	16,148	1,964
Restricted:		
Fleming Fund (CwPAMS)	0	184,932
Fleming Fund (CwPAMS 1.5)	120,416	0
Fleming (SPARC)	510,075	0
Health Education England	30,000	0
Royal Pharmaceutical Society grant	25,000	25,000
Sir Halley Stewart Trust	15,000	30,000
Sir Halley Stewart Trust (Covid emergency fund)	0	10,000
	<u>826,639</u>	<u>251,896</u>

3. FEE FOR SERVICE

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Content review and design:		
Plexicon	0	16,650
	<u>0</u>	<u>16,650</u>

4. RAISING FUNDS

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Raising donations and legacies:		
Other costs	0	17,763
Support costs	0	17,793
	<u>0</u>	<u>35,556</u>

5. CHARITABLE ACTIVITIES COSTS

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Advance health and education:		
Other costs	475,915	224,412
Support costs	194,951	35,584
	<u>670,866</u>	<u>259,996</u>



Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

6. SUPPORT COSTS

		Governance costs
	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Raising funds	0	17,793
Advance health and education	194,952	17,791
	<u>194,952</u>	<u>35,584</u>
<b>Activity</b>	<b>Basis of allocation</b>	
Governance costs	Apportioned on an estimated use basis as follows:	
	%	%
Raising funds	0	50
Advance health and education	100	50
	<u>100</u>	<u>100</u>

7. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 30<sup>th</sup> June 2022 (2021: £Nil).

There were no trustee expenses paid in the year ended 30<sup>th</sup> June 2022 (2021: £Nil).

8. STAFF COSTS

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Wages and salaries	69,014	41,437
Pension	2,715	2,408
Employer National Insurance contributions	2,631	2,242
Overtime	0	27,826
	<u>74,359</u>	<u>73,913</u>

The average monthly number of employees during the year was as follows:

	<b>2022</b>	<b>2021</b>
Staff	<u>2</u>	<u>2</u>

No employees received emoluments in excess of £60,000 (2021: None)

The Charity has a pension scheme set up with NEST for the benefit of staff.

The amount of pension contributions charged to the charity in the year ended June 2022 was £2,715 (2021: £2,408).

The amount of pension contributions outstanding at the end of the year was £796 (2021: £825).

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

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9. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds £	Restricted funds £	2021 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>			
Donations and legacies	1,964	249,932	251,896
<b>Charitable activities</b>			
Individual subscriptions	870	0	870
Membership fees	21,038	0	21,038
Member association fees	3,250	0	3,250
Other income	16,650	0	16,650
<b>Total</b>	<b>43,772</b>	<b>249,932</b>	<b>293,704</b>
<b>EXPENDITURE ON</b>			
Raising funds	10,211	25,345	35,556
Charitable activities	15,064	244,932	259,996
<b>Total</b>	<b>25,275</b>	<b>270,277</b>	<b>295,552</b>
<b>NET INCOME/(EXPENDITURE)</b>	18,497	(20,345)	(1,848)
<b>Transfers between funds</b>	0	0	0
<b>Net movement in funds</b>	<b>18,497</b>	<b>(20,345)</b>	<b>(1,848)</b>
<b>RECONCILIATION OF FUNDS</b>			
Total funds brought forward	49,815	47,729	97,544
<b>TOTAL FUNDS CARRIED FORWARD</b>	<b>68,312</b>	<b>27,384</b>	<b>95,696</b>

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

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10. TANGIBLE FIXED ASSETS

	<b>Office Equipment £</b>
<b>COST</b>	
At 1st July 2021	824
Additions	<u>898</u>
At 30th June 2022	<u>1,722</u>
<b>DEPRECIATION</b>	
At 1st July 2021	824
Charge for year	<u>187</u>
At 30th June 2022	<u>1,011</u>
<b>NET BOOK VALUE</b>	
At 30th June 2022	<u><u>711</u></u>
At 30th June 2021	<u><u>0</u></u>

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>2022 Total funds £</b>	<b>2021 Total funds £</b>
Subscription debtors	6,987	40,705	47,692	9,341
Staff Debtor	156	(156)	0	0
Prepayments	<u>614</u>	<u>0</u>	<u>614</u>	<u>0</u>
	<u><u>7,757</u></u>	<u><u>40,549</u></u>	<u><u>48,306</u></u>	<u><u>9,341</u></u>

12. CASH AT BANK IN HAND

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>2022 Total funds £</b>	<b>2021 Total funds £</b>
Unity Trust Bank	(64,213)	415,615	351,402	180,909
PayPal Account	3,508	(3,508)	0	2,510
Soldo Account	<u>17,673</u>	<u>(16,195)</u>	<u>1,478</u>	<u>204</u>
	<u><u>(43,032)</u></u>	<u><u>395,912</u></u>	<u><u>352,880</u></u>	<u><u>183,623</u></u>

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Unrestricted funds	Restricted funds	2022 Total funds	2021 Total funds
	£	£	£	£
Trade creditors	18,192	74,171	92,363	67,768
Deferred income	0	25,000	25,000	25,000
Accruals	25,662	(24,042)	1,620	2,426
Funds Transfer	(49,699)	49,699	0	0
Bad debt provision	4,800	0	4,800	0
Pension Contributions	796	0	796	825
HMRC Creditor	315	0	315	1,249
	<u>66</u>	<u>124,828</u>	<u>124,894</u>	<u>97,268</u>

Additional information regarding the deferred income is shown at note 15

14. MOVEMENTS IN FUNDS

	At 30.06.21	Incoming resources	Outgoing resources	At 30.06.22
	£	£	£	£
<b>Unrestricted funds</b>				
General fund	68,312	151,682	(127,259)	92,735
<b>Restricted funds</b>				
Fleming Fund (CwPAMS 1.0)	17,782	0	(17,782)	0
Fleming Fund (CwPAMS 1.5)	0	120,416	(115,470)	4,946
Fleming Fund (SPARC)	0	510,075	(342,206)	167,869
Health Education England	29	30,000	(18,576)	11,453
Royal Pharmaceutical Society	0	25,000	(25,000)	0
Sir Halley Stewart Trust	8,324	15,000	(23,324)	0
Sir Halley Stewart Trust (Covid emergency fund)	<u>1,249</u>	<u>0</u>	<u>(1,249)</u>	<u>0</u>
	<u>95,696</u>	<u>852,173</u>	<u>(670,866)</u>	<u>277,003</u>

Restricted funds:

- The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme is funded by a grant made from the UK Department of Health and Social Care's Fleming Fund. An additional grant awarded by the Fleming Fund supports the SPARC (Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building) programme and is administered by the Management Agent Mott MacDonald.
- The Chief Pharmaceutical Officer's Global Health Fellowship was funded by Health Education England.
- A grant from the Sir Halley Stewart Trust funds the development of the charity's online CPD platform.
- An additional grant from the Sir Halley Stewart Trust was released from their COVID19 emergency fund towards the development of resources during the pandemic.

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For The Year Ended 30<sup>th</sup> June 2022

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15. RELATED PARTY DISCLOSURES

The Royal Pharmaceutical Society (RPS) granted the charity £25,000 in the year ended 30th June 2022 (2021: £25,000) to help pay for the running costs for the charity. An additional £25,000 was received from RPS which relates to the year ended 30 June 2023 so is included in deferred income.

The RPS received free annual subscription to the Commonwealth Pharmacists Association in the year ended 30th June 2022 which had an estimated value of £7,354 (2021: £7,354).

16. COST OF INDEPENDENT EXAMINATION AND OTHER PROFESSIONAL SERVICES

The amount payable to the independent examiner was as follows:

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Cost of external scrutiny	<u>1,620</u>	<u>750</u>

	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
<b>INCOME AND ENDOWMENTS</b>				
<b>Donations and legacies</b>				
CwPAMS 1.0	0	0	0	184,932
CwPAMS 1.5	0	120,416	120,416	0
Fleming (SPARC)	0	510,075	510,075	0
Health Education England	0	30,000	30,000	0
Royal Pharmaceutical Society Grant	0	25,000	25,000	25,000
Sir Halley Stewart Grant	0	15,000	15,000	30,000
Sir Halley Stewart Grant Covid Emergency Fund	0	0	0	10,000
Novartis	110,000	0	110,000	0
Other Donations	16,148	0	16,148	1,964
<b>Charitable activities</b>				
Individual subscriptions	225	0	225	870
Membership fees	32,369	0	32,369	28,758
Membership fees (waivers)	(9,280)	0	(9,280)	(7,720)
Membership fees (bad debt provision)	(4,800)	0	(4,800)	0
Membership fees	(980)	0	(980)	0
Associate membership fees	8,000	0	8,000	3,250
<b>Other trading activities</b>				
Fee for service	0	0	0	16,650
<b>Total incoming resources</b>	151,682	700,491	852,173	293,704
<b>EXPENDITURE</b>				
<b>Raising Funds</b>				
Bank Charges RF	0	0	0	271
Gross Salaries RF	0	0	0	12,621
Professional Fees RF	0	0	0	4,871
Support Costs Fundraising RF	0	0	0	17,793
<b>Total Raising Funds</b>	0	0	0	35,556

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
<b>Charitable Activities</b>				
Awards, Gifts and Sponsorship CA	0	0	0	133
Bank Charges CA	0	0	0	942
Conference Costs CA	0	0	0	(25)
External Printing CA	0	0	0	27
Gross Salaries CA	29,648	0	29,648	25,222
Hosting Service CA	0	0	0	9,303
Internet Development CA	0	0	0	1,062
Mileage (Staff) CA	0	0	0	34
Other Travel (Staff) CA	0	0	0	(425)
Overseas Postage & Couriers CA	0	0	0	51
Overtime CA	0	0	0	5,852
Paper & Stationery CA	0	0	0	21
PharmAid CA	18,525	0	18,525	1,124
Phone Internet Network Fax CA	0	0	0	1,543
Postage & Couriers CA	0	0	0	55
Professional Fees CA	38,200	389,517	427,717	193,178
Published Articles CA	0	0	0	3,152
Software License Asset CA	0	0	0	66
Software New/Upgrades CA	0	0	0	303
Subscriptions CA	24	0	24	587
Support Costs Charitable Activities	40,862	154,090	194,952	17,791
<b>Total Charitable Activities</b>	<b>127,259</b>	<b>543,607</b>	<b>670,867</b>	<b>259,996</b>
<b>Total outgoing resources</b>	<b>127,259</b>	<b>543,607</b>	<b>670,867</b>	<b>295,552</b>
<b>NET INCOME/(EXPENDITURE)</b>	<b>24,424</b>	<b>156,884</b>	<b>181,307</b>	<b>(1,848)</b>

Commonwealth Pharmacists Association  
Notes to the Financial Statement - continued  
For The Year Ended 30<sup>th</sup> June 2022

	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
<b>Support costs</b>				
Audit & Accountancy Fees	2,261	0	2,261	3,359
Bank Charges	350	0	350	182
Childcare Vouchers	0	0	0	2,498
Depreciation	187	0	187	21
Employers NI	2,631	0	2,631	2,241
Employers Pension	2,715	0	2,715	2,408
Gifts and Donations	35	0	35	73
Gross Salaries	39,366	0	39,366	13,843
Consultancy fees	66,673	55,486	122,159	0
Travel & subsistence	508	0	508	0
Hosting Service	0	0	0	144
Insurance	2,087	0	2,087	0
Internet Development	228	0	228	150
Dissemination and Publications	0	11,357	11,357	0
IT Consumables	37	0	37	27
Occupational Health	125	0	125	0
Overtime	0	0	0	9,373
Paper and Stationery	0	0	0	4
Phone Internet Network Fax	625	0	625	788
Postage and Couriers	11	0	11	4
Professional Fees	0	0	0	125
Recruitment	89	0	89	20
Research	1,500	0	1,500	0
Software New/Upgrades	1,129	0	1,129	0
Staff Training	240	0	240	0
Subscriptions	2,041	0	2,041	324
Technical Support	5,271	0	5,271	0
Support Costs to Fundraising	0	0	0	(17,793)
Support Costs to Charitable Activities	(40,862)	(154,090)	(194,952)	(17,791)
Support Costs Transfer	(87,247)	87,247	0	0
Balance	0	0	0	0