

AFFORDABLE HEALTH INITIATIVE

England & Wales · Charity number 1183732

Details

Status Registered

Legal form CIO

Registered 2019-06-05

Register [View on the Charity Commission register](#)

Contact

Address 45 St. Pauls Road
London
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Website affordablehealthinitiative.com

Activities

Objects: FOR THE PUBLIC BENEFIT, TO PRESERVE AND PROTECT THE HEALTH AND TO ADVANCE THE EDUCATION OF PEOPLE THROUGHOUT THE WORLD IN SUCH WAYS AS THE TRUSTEES SEE FIT.

Activities: "Making Every School a Health Promoting School" (HPS). In partnership with schools, AHi (affordablehealthinitiative.com) delivers a simple, scalable and sustainable operational model for the World Health Organisation HPS initiative. AHi HPS model is aligned with the UN "Transforming our World: the 2030 Agenda for Sustainable Development". AHi operates in low-income communities globally.

Classification

- **How:** Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, The General Public/mankind

Geography

- Brazil
- Ghana
- Jordan
- Nigeria
- Somalia
- Sudan
- Throughout England

Finances

Period end	Income	Expenditure	Assets	Employees	
2024-12-31		£0	£0	-	-
2023-12-31		£0	£0	-	-
2022-12-31		£0	£0	-	-
2021-12-31		£0	£0	-	-
2020-12-31		£0	£0	-	-

Trustees

Name	Role	Appointed
Professor Wagner Marcenes	Chair	2018-11-07
Dr Caroline Pankhurst		2018-11-09
Kristoff Gibbon-Walsh		2018-11-10
Lucas Clarke		2023-10-01

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No charitable donations were received or distributed by the AHI during the period covered by the 2024 annual report. AHI does not accept donations, does not have assets and does not fund the implementation of the intervention. “Trustees’ unanimously decided on “the AHI is a campaigning charity organisation with no funds or employees.”

The current strategy is to advocate for “Making Every School a Health Promoting School” through the promotion of Global Standards for Health Promoting Schools (see: <https://www.who.int/health-promotingschools/en/>). Schools may fundraise for themselves and accept donations to enable the school to run the AHI HPS model. Any money raised will be managed locally, which includes construction of low-cost sinks, refurbishment of toilets, and consumables.

For this purpose, the AHI developed an HPS model firmly embedded within the broader tradition of health promotion established by the Ottawa Charter (WHO, 1986), which emphasised the need for supportive environments, strengthened community action, and reorientation of health services toward prevention and equity. These principles were reinforced in the document “Health Promoting Schools Framework,” WHO/UNESCO 2021 global standards publication, which calls for the integration of health into all aspects of school life, including governance, curriculum, services, and community engagement.

Furthermore, the AHI HPS model includes an intervention addressing the huge global burden of tooth decay and dental pain by launching a campaign to “Eradicating tooth decay and dental pain in schoolchildren worldwide.” Oral health is part of the set of interventions included in the full model. The oral health component of the AHI HPS model addresses the 74th World Health Assembly resolution on “recognizing that oral diseases are highly prevalent, with more than 3.5 billion cases of untreated dental diseases causing suffering in nearly half of the world’s population, and that oral diseases are closely linked to noncommunicable diseases (NCDs), leading to a considerable health, social and economic burden.” The Resolution urges Member States to address key risk factors of oral diseases shared with other noncommunicable diseases, such as high intake of free sugars, and a shift from the traditional curative approach towards a preventive approach that includes the promotion of oral health within the family, schools, and workplaces, and includes timely, comprehensive, and inclusive care within the primary healthcare system.

To our knowledge, the AHI HPS model is the most comprehensive intervention to date that translates the Ottawa Charter into practice by integrating a full suite of interdependent, school-based communicable and non-communicable disease interventions within one coherent framework. Importantly, it incorporates metrics capable of assessing the implementation, the combined impact of all interventions, and the specific contribution of each component individually. This dual-evaluation approach strengthens accountability, enables fine-tuning of programme design, and provides a robust evidence base for policy adoption and scale-up.

We are cautious and ambitious. “Trustees’ unanimous decided on the need to demonstrate the effectiveness of the AHI HPS model before starting to implement it on a large scale.” Implementation research methodologies were adopted to test the implementation strategy. Implementation research seeks to identify and address the wide range of challenges associated with translating evidence-based interventions into practice. It can examine any aspect of implementation, including the factors that facilitate or hinder adoption, the processes through which interventions are introduced, and the strategies required to promote their large-scale use and long-term sustainability. Implementation research is particularly suited to answering what, why, and how interventions work in “real-world” settings and to testing approaches for improving them.

Schools adopting the AHI HPS model are using our public domain protocols to assess the implementation and the impact of the AHI novel school intervention. Results of implementation research in three different extremely challenging contexts demonstrated that the AHI HPS intervention is appropriate for schools serving low-income communities (appropriateness domain), agreeable to stakeholders (acceptability domain), and adopted at the institutional level (adoption domain). In addition, the assessment of the school facilities demonstrated that all schools satisfied the basic facilities necessary to implement the AHI HPS model, i.e.: clean water and toilets. Therefore, it was concluded that its potential for scaling up as a school-based health promotion intervention in challenging is feasible. Ongoing yearly follow-up studies will continue assessing the implementation and impact of the AHI HPS intervention.

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Financial report 2019-2022 - Policy on grant making

The AHI is a relatively newly formed campaigning organisation, currently with no funds or employees. We are cautious and ambitious. The charity strategy for the first three years is to advocate transforming schools in Health Promoting Schools (HPS), and develop and assess the effectiveness a comprehensive and scalable operational model to the World Health Organisation (WHO) HPS concept, applicable in schools serving low-income communities, which may facilitate the implementation of the WHO and UNESCO new initiative “Making Every School a Health Promoting School” through the development and promotion of Global Standards for Health Promoting Schools (See: <https://www.who.int/health-promoting-schools/en/>). Our strategy also included to assess the impact of the novel school intervention.

The Trustees have decided unanimously on the need to demonstrate the effectiveness of the AHI HPS model before starting fundraising to implement this novel school intervention in a large scale. Therefore, school programmes centrally funded will only be initiated after studies have demonstrated the programme is cost-effective.

Fundraising strategy will have two tiers – AHI local committees may fundraise for themselves to afford to run their programmes, any money raised locally will be invested locally. Local committees may accept donations to fit the school to run the AHI HPS model. This includes construction of low-cost sinks, refurbishment of toilets and consumables. They may also employ a person to run the AHI HPS model in schools. School programmes worldwide may be centrally funded in the future once the financial resources have been secured to deliver the school intervention in full. AHI may also fundraise to provide technical support services (i.e.: IT services) to schools implanting the AHI HPS programme, campaigning to disseminate the benefits of transforming schools in HPS, and to cover the low core costs incurred by AHI virtual office. AHI intends to have a very small virtual central office, thus minimum funds will be required.

Financial systems and processes will be put in place to fundraise, report, and facilitate spending, including auditing process, after demonstrating scientifically the effectiveness of the AHI HPS programme.

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