



Trustees' Annual Report for the period October 2024 to February 2026

This report covers the period from the date of our last report (29th October 2024) until the date this report was submitted for approval by the Board of Trustees (3rd February 2026).

However, the financial information in this report and in the accounts accompanying this report relate, for accountancy reasons, to the period 1st June 2024 (start of financial year) to 31st May 2025 (end of financial year).

Charity name: TRANSPORT AND HEALTH SCIENCE GROUP CIO

Charity registration number: 1192138

Objectives and Activities

Summary of the purposes of the charity as set out in its governing document
The purposes of the charity as set out its governing document are: - a) The advancement of education for the public benefit by adding to collective knowledge and understanding of the subject of transport and health. b) The promotion of good health and the preservation and protection of health for the public benefit by educating and informing the public in general, scientists, social scientists, engineers, public health professionals, transport professionals and decision-makers in relation to the wide range of impacts transport and health have on each other and in doing so seeking transport solutions which positively impact on health or minimise harm to health’.
Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.

HEALTH ON THE MOVE 3

Health on the Move 2 was published in 2011, 13 years ago, and we are now engaged in a revision.

The writing of *Health on the Move 3* has been one of the Group's major activities in 2023/4.

Systematic Reviews

The first step in this has been the commissioning of a series of systematic reviews of the evidence on particular areas. The first such series was published by Elsevier on 29th May 2024 under the title *Health on the Move 3: The Reviews*. A virtual special issue of the Journal of Transport and Health has been produced based on these reviews.

The material included in this VSI is similar to those reported last year in our account of the relevant volume.

- What are the best ways to engage the community, particularly children, urban design practitioners and policymakers when investigating active travel to school?
- The extent to which cognitive biases explain transport behaviour.
- How effective are different interventions to increase active travel?
- Shifting community perceptions about interventions to reduce car use
- Gender, health and transportation issues, including the contribution each of the factors affecting gender differences in travel patterns makes
- What are the impacts of disability on travel?
- What are the impacts of area-wide 20mph [30kph] speed limits?
- What are the economic and social impacts of public transport and how do these relate to health?
- What policies are effective in reducing congestion?
- Health outcomes of public transport for older people: a systematic review
- Lessons from existing systematic reviews on
 - Travel behaviour
 - Rurality
 - Free-range children
 - Promoting cycling and walking
- Summaries of other important advances in transport and health under the heading of the 3 As (the health benefits of transport):
 - Access
 - Activity
 - Attractive environmentsand the 9 Cs (the harms caused by transport):
 - Couch potatoes - sedentary behaviour or active travel
 - Crashes and casualties
 - Contamination (air, road and water)
 - Carbon emissions
 - Cacophony (noise pollution)
 - Community severance (the barrier effects of busy roads)

- Congestion
- Concern (stress and other psychological issues)
- Conurbation disruption (negative impacts from transport-related poor design e.g. on visual amenity from parking or on social networks from traffic in streets)

During the final quarter of 2024 and in 2025 a further series of reviews has been prepared which will be published as *Health on the Move 3: the Reviews volume 2*.

The following areas have been reviewed

- Air pollution
- Free transit
- Pedestrianisation
- Buses
- Cyclovias
- Safety
- Behaviour change
- HEAT
- Placemaking
- Community recovery
- Ridesharing and autonomous vehicles.

Placemaking

A detailed analytical document on the relationship of placemaking to transport and health has been prepared. Based on the above together with the systematic review of the topic, it is intended to produce a volume of *Health on the Move 3* on this subject which will include detailed accounts of particular aspects of placemaking that are relevant to transport and also a portfolio of good practice in the field. It is believed that this will fill an important gap in the architectural and spatial planning literature.

Policy Reviews

We are also undertaking a review of the policy recommendations that were set out in *Health on the Move 2*. The policy review is projected to lead to the publication of *Health on the Move 3: The Policy Recommendations*.

The change of nomenclature from “policy” to “policy recommendations” was made for clarity as to purpose.

We reported last year that we had completed reviews of policy recommendations on:

- Congestion and road charging
- Climate change and biodiversity
- Animal-based transport
- Infrastructure
- Planning
- Placemaking
- Public Transport
- Railways

However, it was decided to adopt a new format for policy recommendations. Of the

above topics the following have been placed into that format (in alphabetical order):

- Animal-based transport
- Infrastructure
- Public Transport
- Railways (as an appendix to infrastructure)
- Motorways (as an appendix to infrastructure)

Work is under way to put the following existing policy recommendations into the new format:

- Congestion and road charging
- Climate change and biodiversity

It was decided to delay work on putting the placemaking policy recommendations into the new format until after the completion of the *Health on the Move 3* volume on *Placemaking*.

We reported last year that early drafts had been prepared of policy recommendations on:

- Disability
- Autonomous vehicles

Work on completing these has been delayed by the format change but is now in hand.

The following have been identified as priorities for new policy recommendations:

- Inequalities
- Economics and finance

For each of these issues a lead Trustee has been nominated and a group to carry the work forward is being convened.

Reviews are also under way on the following areas:

- Transport injuries and risk reduction
- Gender
- Public transport in low- and middle-income countries

The Board agreed that to limit overburdening the Trustees, who are all volunteers, in general THSG will work on only two or three policies at a time (except where work can be done by expert subgroups). When the priority topics are at an advance stage, work will start on the next priorities:

- Children and young people
- Active travel

Relationship Between Vision and Practicality

The Policy Review Subgroup has had discussion of the relationship between the process of shaping long term visions and the process of influencing immediate decisions, an issue which has also been discussed in the UK in its Influencing Policy Subgroup and its relationship with Railfuture (qv). We agreed that THSG needs to do both of these, but that it is important that it is always clear which is which so that visionary long-term ideas do not undermine the perceived practicality of our recommendations. It was also agreed that the more radical long-term visions

should always be related to an objective (e.g. “if there is a vision to substantially reduce motor traffic then more radical proposals will be needed which might include”

The Guidelines

Guidelines on good practice will also be produced and published as *Health on the Move 3: The Guidelines*. This will take place for each topic when the policy recommendations have been completed.

The Update

The text of *Health on the Move 2* will be revised to incorporate changes, and the revised document will be published as *Health on the Move 3: the Update*. A working group to carry out this work has been convened.

CONFERENCES AND SEMINARS

2025 Seminar

The seminar held concurrently with the AGM in January 2025 included sessions on:

- The systematic reviews carried out for *Health on the Move 3*
- “*The evidence and the bruises*” – an account of the Welsh Government’s new approach to transport
- Achieving change

The 8th Global Transport and Health Conference

The 8th Global Conference on Transport and Health was the first such conference that we have organised alone rather than as part of the International Conference on Transport and Health jointly with IPATH and/or TPH Link.

The conference was held on June 5th 2025 in Darlington, UK and on June 10th 2025 in Auckland, New Zealand. Both sessions were well-attended.

Topics covered included:

- “Looking back to move forward”
- Bringing transport and public health communities together: challenges & opportunities
- Presentations from Researchers and Policy Partners
- “Unconscious bias and active travel”
- Active travel in schools, universities and workplaces
- Moving in: Getting serious about collaboration through embedded posts in Transport Teams
- Transport poverty
- Active transportation is central to the health of cities
- Transport Planning - Rejecting received wisdom

- The wider social system that embeds non-sustainable mobility in our lives
- Understanding and addressing discriminations in the car-centric city
- Austroads Pedestrian Safety Data research yields useful findings for health researchers
- Pōneke / Wellington Transport Survey

JOURNAL OF TRANSPORT AND HEALTH

Overview

The *Journal of Transport & Health (JTH)* continues to consolidate its position as a leading interdisciplinary outlet at the intersection of transport research, public health and policy. In 2025, the journal shows strong growth in submissions, sustained international reach, increasing downloads, and stable citation performance, alongside clearer signals about the thematic and methodological direction of the field.

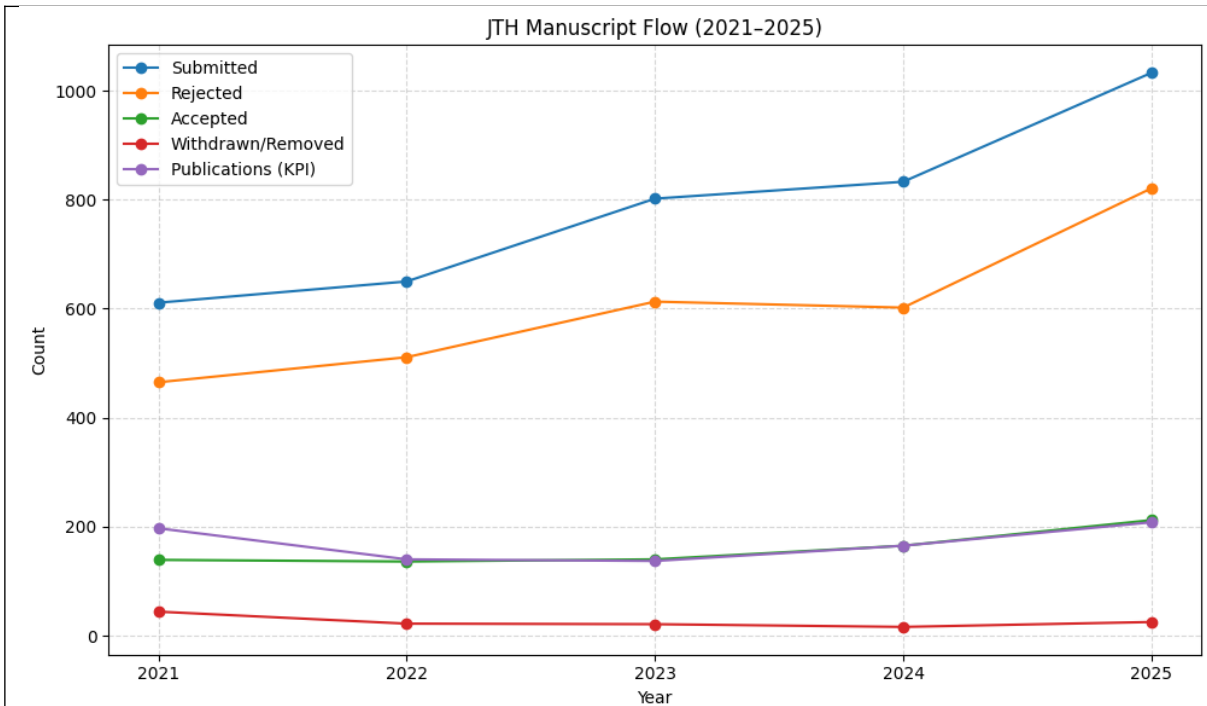
Aims

The *Journal of Transport & Health (JTH)* is an Elsevier journal devoted to publishing research that advances our knowledge on the many interactions between transport and health and the policies that affect these. The journal has three particular aims:

1. to promote dialogue and collaboration between the two research communities it serves;
2. to improve the methods and the quality and appropriate use of data to better understand the relationships between transport and health; and
3. to encourage transfer of research into practice.

Submissions during 2025

Submissions have continued to grow and in 2025 were over 1000 for the first time. Rejection rate remains around the same and publications have grown very slightly.



Across the journal the rejection rate is 66%. A persistent challenge is scope alignment. A substantial proportion of rejected papers, particularly that come from China (90% rejection rate), India (90%), Iran (93%), and Turkey (98%), are technically strong but insufficiently embedded in transport and health frameworks. This highlights an ongoing tension between highly technical transport modelling and the journal’s emphasis on health relevance, policy insight and interdisciplinary framing.

Downloads

Downloads have increased over time (tracked via Science Direct, so falls in some countries may be due to downloads occurring elsewhere, such as university repositories and other means of download). Readership is becoming increasingly global; total downloads rose from 354,425 in 2020 to nearly 700,000 in 2025, with especially rapid growth in the “Rest of the World” category, signalling expanding engagement beyond traditional Anglophone and European audiences.

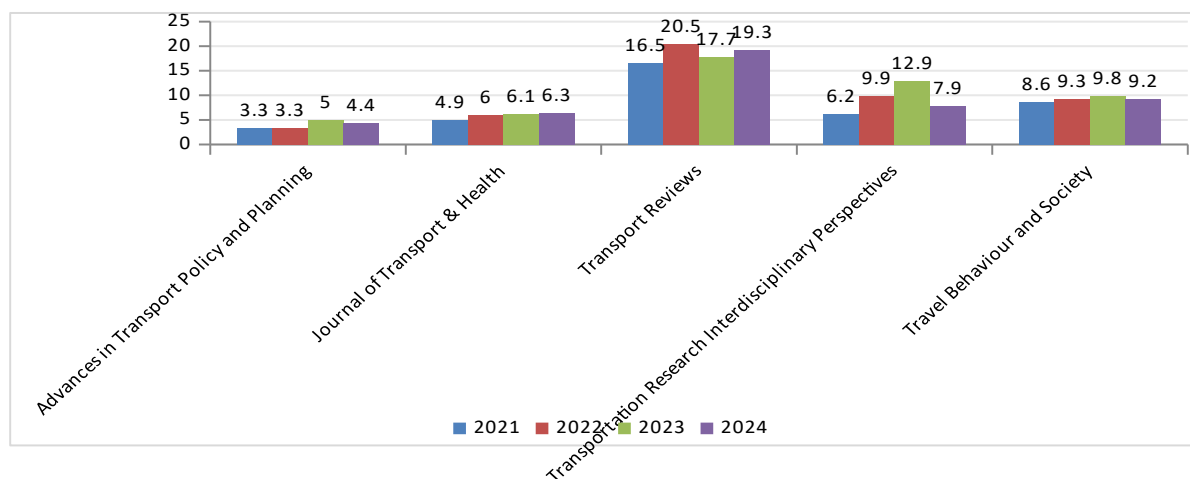
While downloads in countries such as the UK and China show slight declines in 2025, this is likely to be attributable to the alternative access routes to downloads noted above rather than reduced interest. The United States, Australia, India, and several European and East Asian countries continue to show steady or growing engagement.

COUNTRY	2020	2021	2022	2023	2024	2025
United States	30,304	38,488	44,552	43,520	47,707	45,229
United Kingdom	24,253	38,051	38,061	38,260	41,876	31,336
China	20,446	33,277	39,685	39,593	39,797	34,173
Australia	17,842	18,825	19,294	21,060	27,958	24,971
Canada	10,996	14,422	16,963	17,657	16,863	16,274
Germany	2,707	2,546	3,664	5,418	10,992	10,448

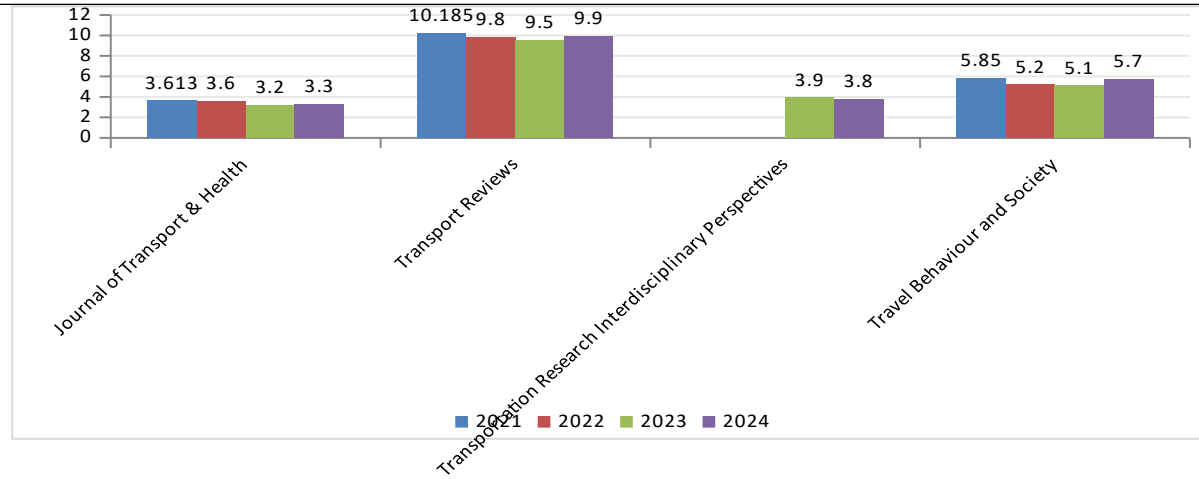
Netherlands	5,954	6,999	7,049	8,361	8,576	7,139
Republic of Korea	2,495	3,845	5,301	6,973	8,096	6,809
Japan	2,486	3,740	4,209	5,237	6,836	6,499
India	2,061	2,952	4,639	5,439	6,220	8,867
Rest of the World	234,881	243,837	291,209	311,181	374,433	504,289
<i>Grand Total</i>	<i>354,425</i>	<i>406,982</i>	<i>474,626</i>	<i>502,699</i>	<i>589,354</i>	<i>696,034</i>

Citations

The Journal of Transport & Health's Citescore is 6.3 and continues to increase and is comparable to other journals. CiteScore measures the average citations received per peer-reviewed document published in the journal. CiteScore values are based on citation counts in a range of four years (e.g. 2021-2024) to peer-reviewed documents (articles, reviews, conference papers, data papers and book chapters) published in the same four calendar years, divided by the number of these documents in these same four years (e.g. 2021 – 24).



Our impact factor is 3.3 and this has varied over the years but the pattern is comparable with other journals within the transport family. The Impact Factor measures the average number of citations received in a particular year by papers published in the journal during the two preceding years. 2024 Journal Citation Reports (Clarivate Analytics, 2025).



Top 5 cited papers in 2025 from all papers published:

Article Title	Corresponding Author	Publication Date	Scopus Citations	Lifetime SD Usage	Lifetime Scopus Citations
The 15-minute walkable neighborhoods: Measurement, social inequalities and implications for building healthy communities in urban China	Su, Shiliang	2019-05-28	93	16,555	315
Impact of Distance and/or Travel Time on Healthcare Service Access in Rural and Remote Areas: A Scoping Review	Mseke, Edwin Paul	2024-05-17	60	43,643	66
Fourteen pathways between urban transportation and health: A conceptual model and literature review	Khreis, Haneen	2021-04-23	49	26,853	129
Pathways from built environment to health: A conceptual framework linking behavior and exposure based impacts	Hong, Andy	2019-03-15	49	12,062	205
The relationship	Yao, Yao	2019-03-27	37	7,319	170

between visual enclosure for neighbourhood street walkability and elders' mental health in China: Using street view images					
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Themes

Persistent Themes 2014-2025

These topics appear repeatedly in titles and align with core journal aims:

- Active transport & physical activity — walking, cycling, modal shift.
- Accessibility & equity — transport disadvantage/exclusion, access to services.
- Urban planning & built environment — street design, walkability.
- Health outcomes beyond physical activity — mental health, stress, social inclusion.

Emergent or Growing Themes (2021 onwards)

These gain prominence in later years:

- Technology and future mobility (e-scooters, autonomous vehicles).
- Pandemic-related changes to transport behaviour (2020–2022).
- Complex systemic frameworks tying transport to health outcomes.
- Service disruptions, resilience, and transport equity in policy contexts.

Special issues delivered in 2025

Ongoing

Inclusive and Accessible Public Transport for Vulnerable Populations

Closed and completed

The Future of Transportation and Health for Older Adults

Active mobility participation and travel behaviour with ever-changing values and attitudes

Health on the Move 3: The review summaries

Planning, Transport and Healthy Ageing in Asia

ACTIVE MOBILITY PLANNING TO PROMOTE HEALTHY AND LIVABLE CITIES

Conclusion

JTH is increasingly characterised by:

- Strong international visibility and readership growth
- A clear preference for interdisciplinary, policy-relevant and equity-oriented research
- Continued challenges in managing technically strong but conceptually misaligned submissions especially from China and India.

- A consolidating role as a bridge between transport research, public health and planning practice.

The journal continues to be well positioned to shape future debates on healthy, inclusive and sustainable transport systems, particularly as ageing, accessibility and wellbeing become central concerns in transport policy worldwide.

UK

Active Travel

Active travel continues to be promoted as a policy in the UK but rates remain static at best: while rates in 2024 were similar to 2023, they are lower than 2019.

Women continue to walk more than men, and men to cycle more than women.

Wales and Scotland appear to be making more progress than England with the 20 mph limits in Wales remaining in place and initial data looking very positive on impact. In Scotland, there seems to be more willingness to discuss active travel, with its Places for Everyone programme showing positive impacts. The situation in Northern Ireland is probably closer to that in England. Against this backdrop, THSG has continued to make the case for increasing rates of active travel and promoting evidence-based interventions.

Some examples:

There were a number of reviews relevant to active travel in Health on the Move 3 : the Reviews volume 1 and there will be more in volume 2.

In December 2025 THSG and TSIG worked with other interested parties in responding to Active Travel England's consultation on its proposals for the Cycling and Walking Investment Strategy 3 standards. Sadly, the proposed standards were too vague and lacked the ambition needed to create real change. A formal letter from over 50 walking and cycling organisations was sent to this effect; there has not yet been any formal response following the consultation.

THSG members were well represented at the Landors Travel and Health conference in Bristol, and supported the drafting of the Bristol Declaration.

PATTH

THSG has continued to maintain a partnership with health and transport organisations concerned with active travel and other aspects of transport and health. This is called the Partnership for Active Travel, Transport and Health (PATTH) (not to be confused with the international organisation PATH) and is constituted under THSG regulation UK89.

Membership includes THSG, Faculty of Public Health, British Medical Association, Royal Society of Public Health, British Cycling, Cycling UK, Ramblers' Association, Living Streets, Walk Wheel Cycle Trust (formerly Sustrans), Chartered Institute of Logistics and Transport, Chartered Institute of Highways and Transport, Chartered Institute of Water and Environmental Management, Open Spaces Society, Urban Transport Group, Medical Women's Federation, Town & Country

Planning Association, UK Health Alliance on Climate Change, ADEPT, Action Vision Zero, 20 is Plenty, Transport Planning Society and Association of Directors of Public Health.

Formal presentations have been made to PATTH as follows: -

- The Sustainable Travel Team in NHSE gave a presentation on the work under way to promote sustainable travel in the NHS.
- Transport Action Network gave a presentation on its campaign “Cancel New Roads to Promote Growth” which aimed to shift road spending to more productive uses.
- The Dept for Transport gave a presentation on its Health Mission
- Roger Geffen gave a presentation on Local Transport Plans
- Active Travel England gave a presentation on its social prescribing pilots
- The Urban Transport Group gave a presentation on devolution and health in city regions
- 20 is Plenty gave a presentation on the Welsh 20mph default urban speed limit
- Action Vision Zero gave a presentation on their expectations for the new Road Safety Strategy
- Fabian Hamilton presented on the work of the All Party Parliamentary Group on Walking and Cycling

PATTH has also discussed the transport strategy review, road danger reduction, gender issues in transport, the Milburn Enquiry into rising youth inactivity, and the Bristol Declaration.

PATTH gave evidence to the consultation on the cycling and walking investment strategy,

PATTH made a statement opposing the Lower Themes Crossing,

PATTH affiliated to Low Traffic Futures.

Information was exchanged between member organisations

Low Traffic Neighbourhoods

We continue work on a guidance document summarising the evidence on the question of low traffic neighbourhoods.

Professional Training

As part of our drive to recruit new members, we have devised and started to deliver on a programme of webinars on transport and health throughout 2026. These sessions are being delivered by experts on topics such as traffic restriction schemes outside schools, transport poverty and the factors that influence Local Authority decision making regarding active travel – with nine sessions in total. The first session (Tuesday 3rd February) was on the commercial determinants of active travel and was delivered by Professor Carmen Jochem from the University of Bayreuth, Germany – a total of 192 people registered for the webinar, with 123 joining. Registrations for all of the future webinars have exceeded 100 including the session on whole school approaches to physical activity in December 2026!

Membership of the Transport and Health Science Group is heavily pushed during each session, including outlining the benefits that members can access. All of the webinars are being recorded, with a playlist available at https://youtube.com/playlist?list=PLf_UkctEFpsTKBDDEqXHwdQ_cXBDH7gJ_&si=V3ysAhE-g0a673dZ

In addition to the webinar series, Professor Adrian Davis (THSG Vice-chair, Science) will deliver a masterclass on transport and health for Local Authority transport colleagues in June 2026.

Professional Coordination

THINK

The Transport and Health Integrated Research Network (THINK) was established to strengthen collaboration across transport, health, policy, practice and communities, responding to the significant and interconnected ways transport systems shape health, wellbeing and inequality. The project was funded between January 2022 and July 2024 by Health and Care Research Wales and led by Dr Sarah Jones (Public Health Wales) with Prof. Charles Musselwhite (Aberystwyth University). The funded aspect has finished but the network legacy lives on.

Since January 2022, THINK has brought together more than 210 stakeholders from academia, government, charities, local authorities and industry to co-produce research agendas, generate evidence and catalyse practical action. The network was developed in recognition that transport influences health through multiple pathways, including road traffic injuries, air pollution, physical inactivity and community severance. Persistent challenges, including low active travel levels, high car dependency, pollution-related illness and social isolation, continue to reinforce health inequalities, particularly in rural and disadvantaged communities.

THINK adopted a bottom-up, community-centred model grounded in public involvement and co-production, designed to support cross-sector collaboration and rapid translation of evidence into practice. Core activities included several public and stakeholder agenda-setting workshops, seven funded six unfunded research development groups, 4 communities of practice hubs, secondment opportunities, training and extensive knowledge exchange through delivering a series of podcasts, blogs, seminars, evidence reviews and academic publications. Five interconnected themes emerged through agenda-setting: equality and transport justice; community and places; healthier active and public transport choices; rurality and; vehicle speeds, including the health and community impacts of 20mph limits.

Across these themes, THINK supported a range of initiatives. Examples include Gender+ Bus Wales addressing harassment and gender inclusion on public transport culminating in training with Stagecoach Bus Co.; research on the datafication of cycling and mobility justice (in conjunction with Sustrans); community transport projects focused on social inclusion, older people's mobility and volunteer driver barriers (with Community Transport Wales, and Pembrokeshire Association of Community Transport Organisations (PACTO)); work promoting active travel and age-friendly railways (with Transport for Wales

and Great Western Railway); rural projects exploring electric community transport, e-micromobility and road safety (in Wales, India and Pakistan) and access to healthcare (with Rural Health Care Wales and Otago University, New Zealand) and; evidence and new research on speed management and 20mph to support the 20mph implementation in Wales.

Key learning highlights the value of creating dedicated space for collaboration, the impact of mini-projects and the importance of sustained knowledge exchange. Challenges included balancing flexibility with administrative burden, particularly for funded and cross-sector work and the time and complexity involved in establishing secondments. Next steps include capturing downstream impacts, building on THINK as a trusted source of collaborators and co-produced priorities and ensuring continuity to sustain future research and practice impact.

Healthy Low Carbon Transport Hub

THSG has accepted a role on the Stakeholder group of this hub which is a research initiative aiming to identify barriers, incentives and accelerants to implementing healthy low-carbon transport schemes and propose and evaluate new solutions towards maximising health co-benefits and reducing health inequalities associated with low-carbon transport interventions.

Universities Transport Study Group (UTSG)

Several THSG members are also members of the Universities Transport Study Group (UTSG) email list. (University transport research departments are the actual members of UTSG). In addition to running an annual conference, aimed primarily at giving experience to younger researchers, its main activity is hosting a jicmail email group for dissemination of and requests for information or action. Professor Mindell receives the emails and forwards messages to the THSG Secretary to forward to THSG members, or to the THSG Board or UK Executive, as relevant.

Faculty of Public Health Transport Special Interest Group

THSG continues to work with the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom on maintaining the FPH Transport Special Interest Group (TSIG)

TSIG members were well represented at the Landors Travel and Health conference in Bristol and FPH supported the drafting of the Bristol Declaration

A blog was produced on cars as a commercial determinant on health and a webinar is planned.

In February 2025 the FPH were represented by a THSG/TSIG member at a roundtable with then Transport Ministers Lilian Greenwood and Simon Lightwood, along with Chris Whitty and Chris Boardman. Road safety was a strong theme and at this meeting, and some of the recent proposals regarding pavement parking and tighter eyesight controls for driving licences were discussed there.

TSIG contributed to the FPH curriculum review

There was a discussion of the Treasury Green Book.

There were discussions with other relevant SIGs on Guidance on Transport Plans

for New Developments and on the role of transport in Healthy Places.

TSIG drafted FPH responses to consultations on Integrated Transport Strategy, Phasing Out Petrol and Diesel Vehicles, Scottish 20mph limits,

Members of TSIG contributed to several THSG activities including reviewing chapters of Health on the Move 3 and contributing to webinars.

TSIG organised a webinar on transport poverty.

Influencing Policy

The THSG UK Executive has established a subgroup on influencing policy through the dissemination of information and ideas to government, Parliament, political parties, local authorities and the media. The subgroup has met with the Clerk to the Select Committee on Transport, who has assured us that our evidence is valuable and has given us examples. The subgroup has also contacted the APPG on Cycling and Walking. The group has supported MPs in tabling Parliamentary written questions. It has discussed ways to carry forward its work with the various other prospective recipients of its assistance. It has carefully considered the relationship between the process of shaping long term visions and the process of influencing immediate decisions

Evidence

Evidence has been given to the UK House of Commons Select Committee enquiries on buses, railway development, joined up journeys and street works. Evidence has been given to the Department for Transport consultations on transport strategy and on the cycling and walking third investment strategy.

Buses

The Buses Workstream met twice during 2025/26. Buses are an important mode of public transport as they account for the highest proportion of public transport journeys, especially by low-income groups and others at highest risk of transport poverty. There may be different passenger groups and different messages relating to buses, trams and trains. Some group members were involved in a rapid review of evidence on links between buses and health, led by Public Health Scotland and due for publication in Health on the Move 3. The Buses Workstream is now working on a policy brief using this evidence.

Work with Railfuture

A meeting was held with the railway campaigning organisation Railfuture to see how we can best provide it with public health support and how the two organisations can help each other in areas where they have similar perceptions of the way forward. There was discussion of the relationship between the process of shaping long term visions and the process of influencing immediate decisions. Dr. Stephen Watkins was a speaker at Railfuture' s AGM

LATIN AMERICA

Building on the foundation laid, 2025 has been a highly productive year for THSG

in Latin America.

Key initiatives and achievements include:

- **Educational Resources:** The comic book "Do you know what is children's independent mobility?" inspired the production of an animation in both Portuguese and English. It powerfully advocates for children's daily use of public open spaces, featuring drawings by children and dialogues from children and parents involved in the original research. This resource aims to raise societal awareness about creating environments that foster more autonomous use of public open spaces by children. Similarly, the eBook "Cocriação de lugares com crianças," written in Portuguese and expected to be available to the public in the first quarter of 2026, shares placemaking experiences with children in Favela Morro do Papagaio. The initiatives pictured in the book were orchestrated by local artists and educators from Morro do Papagaio as well as students and lecturers from Universidade Federal de Minas Gerais (UFMG).
- **Policy and Public Engagement:** Paula Barros was invited as a keynote speaker by the Ministério Público de Minas Gerais (MPMG) for the "Seminário de Lançamento do Projeto MaPi - Minas pela Primeira Infância" at Palácio das Artes. Her talk, "How can we transform cities for early childhood?", emphasised the critical importance of high-quality public spaces for children's play, movement, socialisation, and daily contact with nature, highlighting their direct impact on health. Furthermore, she has initiated contact with MPMG to coordinate children-focused interventions in eight public spaces across different towns in Minas Gerais, ensuring these are evidence-based and incorporate children's and their caretakers' perspectives through collaborations with Faculties of Medicine, Design, and Arts.
- **Placemaking Initiatives & Impact:** Paula Barros led two impactful placemaking projects at Morro do Papagaio involving children and students. The first involved collaboratively creating an outdoor exhibition of architectural solutions for a rooftop designed to improve thermal comfort at the urban square Nossa Pracinha. The second saw children and architecture students co-designing seats and small tables using cardboard, turning a former waste disposal site into a temporary urban square. These projects effectively engaged the community, highlighting the active role

children can play in transforming their surroundings. These Morro do Papagaio placemaking efforts received an award at the Semana de Extensão organised at UFMG (2025) and are expected to continue, with a new initiative planned each semester, now expanding to include children (and their carers) aged 0 to 6.

- **Research & Publications:** Paula Barros was invited to serve as a guest editor for the research topic "Impact of Active Travel on Health and Cities" in the journal *Frontiers in Sustainable Cities*. In 2025, the paper "Transformando espaços com instalações artísticas: crianças como coprodutoras de cidades sustentáveis" (**ENSUS 2025, XIII Encontro de Sustentabilidade em Projeto**) and the article "**Informal creative spaces for meaningful co-design of public spaces with children: lessons from Brazil**" (**Cities**) specifically detailing key aspects of placemaking initiatives with children were published. She is also contributing a chapter to the forthcoming book "Saúde e Espaço Urbano" (editora UFMG), exploring how artistic co-creation placemaking activities with children can benefit their health.

These diverse activities underscore Movisal's and THSG's commitment to promoting child-friendly urban environments and integrating health considerations into transport and urban planning across the Latin American region.

EUROPE

THSG Europe has expanded its representation into more countries and now has representatives from the following EU countries: Ireland, Sweden, the Netherlands, Belgium, Greece, Malta, Cyprus, Spain, Portugal, Germany, Luxemburg and Italy (a total of 12) plus three non-EU countries (UK, Switzerland and Israel). However, this is still fewer than half of the countries within the region; the supporting structures in a number of countries remain weak; and five of the current representatives are seeking to hand over to a replacement.

THSG Europe has continued to monitor consultations from the European Union and respond when appropriate.

THSG Europe has sought to establish relationships with the WHO Regional Office for Europe. It was suggested by WHO that we should produce position papers on areas where we could provide them with supportive input or engage in joint work. Papers were prepared on the following topics

1. Road Danger Reduction
2. Disability
3. Placemaking

4. Extreme Urban Heat

The prospects of collaborative work has been diminished by the WHO budget cuts but the papers will be of use in other forums.

NORTH AMERICA

Periodically throughout calendar year 2025 and into 2026, the THSG North America vice-chairs have been developing and disseminating recruitment verbiage for the THSG North American chapter and inviting those at the intersection of transportation and health to join.

- Periodically throughout calendar year 2025 and into 2026, they have been developing a THSG flyer entitled Building Organizational Collaborative Capacity in Public Health & Transportation. This is still a work in progress.

- they periodically disseminate relevant information to THSG.

- Steve Yaffe has been appointed to the NEMTAC.co Public Transit & Urban Mobility Advisory Committee (PTUMAC). The purpose of NEMTAC is to develop, disseminate and promote performance standards for non-emergency medical transport providers

NEW ZEALAND

During 2025, over 90 non-paying members signed up to the THSG New Zealand Chapter mailing list, including individuals from transport, health, government and academia. This membership number is impressive, given the relatively small number of individuals involved in the transport and health-related activities in country which has a population of approximately 5 million.

THSG New Zealand organised two symposia during 2025:

- Transport and Health Symposium 2025 – Auckland, New Zealand - 10 June 2025. This symposium was designated as part of the JTH Global Transport and Health Conference,
- The Congestion Conversation Symposium 2025 – Wellington, New Zealand – 26 August 2025.

WESTERN PACIFIC

A number of contacts have been made in various Universities in Australia.

SOUTH AND SOUTH EAST ASIA

A Co-Chair (Policy) for South and South-East Asia, also a Trustee, has been elected and is actively working to consolidate research networks across regions. In this context, THSG – South and South-East Asia has initiated its engagement in India, Nepal, Bangladesh, Thailand, Indonesia, bringing together researchers to

advance evidence and policy insights assimilation on sustainable transit systems. Researchers from the leading think tank - The Council on Energy, Environment and Water (CEEW) Delhi, India (particularly its Sustainable Mobility team) - have been working to develop white papers for the evolving bus systems landscape in South Asia.

This THSG-CEEW collaboration focused on identifying transit solutions for small and medium-sized cities, and enhancing the bus systems investments. The work involved engagement with national Indian ministries, including MoHUA (Ministry of Housing and Urban Affairs), MHI (Ministry of Heavy Industries), and MoRTH (Ministry of Road Transport and Highway), as well as local state governments at Delhi and nearby states. The researchers had a special focus on enhancing transit systems, pricing, and restrictive policies for private modes to combat air pollution in the Delhi-NCR region. Co-Chair started to develop potential collaborations with other national institutes, including Asian Institute of Technology, Bangkok; GiZ India and Nepal, UITP India, and ITDP - India and Indonesia.

AFRICA, EASTERN MEDITERRANEAN.

We have no activity to report in these WHO Regions.

INTERNATIONAL

The World Conference on Transport Research Society (WCTRS)

This is a global, interdisciplinary research society focused on advancing knowledge on transport and mobility. Its core role is to:

- Bring together researchers, practitioners, and policy-makers worldwide
- Support exchange across modes, disciplines, and regions
- Bridge research, policy, and practice

Its flagship activity is running the World Conference on Transport Research (WCTR) every three years.

The next conference: WCTR 2026 will take place:

- 6–10 July 2026
- Toulouse, France
- Hosted at Toulouse Capitole University / Toulouse School of Economics
- <https://www.wctr2026.fr/>

WCTR 2026 is expected to bring together around 1,500 participants and will cover the full spectrum of transport research, from modelling and operations through to social, environmental, and policy dimensions. It includes:

- Peer-reviewed paper sessions and posters
- Networking and technical visits
- Dedicated activities for early-career researchers (WCTR-Y)

Sub-theme / SIG G6: Transport and Health

G6 treats transport as a public health issue, examining how transport systems,

policies, and behaviours shape:

- Physical health
- Mental health
- Wellbeing
- Health inequalities and transport justice

It explicitly connects transport planning, public health, medicine, and social science and welcomes interdisciplinary, policy-relevant work.

Community and activity

- Co-chaired by Charles Musselwhite and Angela Curl
- Large, active network (200+ researchers engaged; strong reviewing and submission activity)
- Strong international and cross-sector partnerships (e.g. transport & health science groups, public health bodies, Global North–South links)

Forward plans

- Online-first seminars and workshops across time zones
- Emphasis on transport justice, inequality reduction and a One Health perspective
- To identify how we work with existing transport groups including Transport and Health Science Group (THSG)

Key themes that will appear in G6 Transport & Health session at the conference include papers and posters on:

1. Active travel and wellbeing
Walking, cycling, micromobility, infrastructure design and health outcomes.
2. Road safety, risk, and injury prevention
Crashes, exposure, emergency response, heat effects and vulnerable road users.
3. Ageing, disability, and inclusive mobility
Age-friendly transport, functional decline, accessibility and independence.
4. Health equity, access, and transport justice
Rural access, Global South contexts, gendered mobility, school access and low-income settings.
5. Environmental exposure and health risks
Air pollution, extreme heat, low-emission zones and trade-offs between health and exclusion.
6. Mental health and psychosocial wellbeing
Stress, affordability, work-related transport health impacts.
7. Methods and measurement innovation
New indices, sensing, VR, spatial analysis, and novel data sources.

LinkedIn

Professor Mindell is the 'owner' of the *Transport, health, planning & inequalities* group in LinkedIn. There are currently 256 members. This group is used for posting information about transport and health and especially about THSG publications, webinars, and conferences, to drive readers to the THSG website, and to recruit new THSG members.

PATH

THSG has become a member of PATH (the Partnership for Active Travel and Health), an international organisation of NGOs committed to active travel (not to be confused with the THSG-convened UK organisation PATTH).

PUBLIC BENEFIT – TRUSTEES’ RESPONSIBILITIES

We confirm that the trustees have had regard to the guidance issued by the Charity Commission on public benefit.

Standing Order 110A of our financial standing orders states:

All trustees must acquaint themselves with their duties towards the management of funds for the public benefit by reading the Charity Commission Guide for Charitable Trustees and the document “Certificate in Charity Law and Governance: - Stewardship of Funds and Assets” produced by the Chartered Governance Institute

At its December 2025 meeting, the Board agreed that Trustees who fail to fulfil this commitment would be required to leave the Board.

The Company Secretary (Jennifer Mindell) confirms that all trustees have confirmed compliance with this requirement.

ADDITIONAL INFORMATION

Governance Policies and Procedures	We have reviewed our standing orders and bye-laws, our governance policies and our procedures to ensure that they comply with good practice and legal requirements. It was agreed at the Board meeting March 2025 that they would be placed on the THSG website once it was redesigned. This has now occurred (see https://www.transportandhealth.org.uk/thsg-governance-policies/). Additional policies will be added there as each is approved by the Board, with the exception of the Internal financial controls document, which is only for trustees to access. Previously approved: • Risk (08/04/2024) Governance policies drafted or updated and approved by the Board of Trustees since October 2024: 1. Privacy and Data Protection (10/12/2024) 2. Privacy and data protection, updated to include cybersecurity (03/02/2026) 3. Expenses (10/12/2024) 4. Complaints (10/12/2024) 5. Campaigns and political activity – The Board agreed that Article 6 in the CIO’s Rules is the THSG policy and needs to remain in the Rules. No separate document is
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	needed. 6. Conflicts of interest and bribery (25/03/2025) 7. Social media (03/02/2026) 8. Ethical investment (03/02/2026) 9. Bullying & harassment (03/02/2026) 10. Risk management (03/02/2026) The Board meeting March 2025 agreed that the Conflicts of Interest declarations by trustees would be available only to trustees, not the public. Governance policies currently in draft or being updated, awaiting completion and approval by the Board are: 11. Internal financial controls 12. External speakers
Policy on grant making	Grant making is not a substantial part of the charity's activities at present.
Policy on social investment including program related investment	Social investment is not a substantial part of the charity's activities at present.
Contribution made by volunteers	The charity has no paid staff and is entirely run by volunteers. Volunteers manage and administer the charity (as officers, trustees, and members of our regional councils and local and national groups), edit and peer-review the <i>Journal of Transport and Health</i> , contribute as speakers, organisers and facilitators to our conferences, provide intellectual input to the process of knowledge management, write material for us and maintain our website. We are deeply grateful to them for the contribution they have made.
Training of trustees	The trustees were supplied with and required to read Charity Commission Guide for Charitable Trustees and the document "Certificate in Charity Law and Governance: - Stewardship of Funds and Assets" produced by the Chartered Governance Institute. This year, instead of more formal trustee training sessions, the last part of several Board meetings was devoted to discussion of draft internal governance policies and what should be made available to the public.

ACHIEVEMENTS AND PERFORMANCE SINCE PREVIOUS ANNUAL REPORT, OCTOBER 2024

Summary of the main achievements of the charity, identifying the difference the charity's work has made to the circumstances of its beneficiaries and any wider benefits to society as a whole.	• Publishing the major set of systematic reviews of evidence is a major benefit to advancing and disseminating the body of knowledge. These reviews will be an important contribution to research and to professional practice. Publication during 2024-2025 of various 'open access' papers in the <i>Journal of Transport and Health</i> brought these reviews, in some cases updated and expanded, to a wider audience, free of charge. These included, for example, a meta-review of Transport and Disability, highlighting the many barriers to independent travel for people with disabilities, and some of the potential solutions through focusing on universal design. • We continue to publish evidence-based policies on transport and health issues, including most recently public transport. These can be downloaded from our website, which has been restructured to be easier to use and enable the public, professionals and civil society to access our evidence-based policies, statements, and consultation responses on a wide range of transport and health issues. • The work on placemaking has become an important focus drawing together various organisations, a major advance to go beyond engineering or design issues, and identify good practice as it involves communications, behavioural change and citizen participation. This is being taken forward through publication of a new book. • In the UK, PATTH (for which THSG provides the administrative support as well as contributing to the group's work) has provided important coordination for a range of organisations concerned with active travel. • We made organisational progress by increasing the number of UK elected national politicians willing to be our parliamentary advisers; recruiting additional representatives in more European countries; establishing a second vice-chair of THSG from the New Zealand Transport and Health network; and recruiting vice-chairs (Policy) for the Western Pacific area and for Southeast Asia, and replacement vice-chairs (Policy) for Latin America and Europe, plus recruiting a replacement Deputy Web Officer.
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Additional information

Achievements against objectives set	We set ourselves objectives in five areas. The THSG Board meetings have been structured around these five sets of objectives. 1. Build alliances: 1a. Compile and prioritise a list of actors. This was achieved both for
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Europe and for international bodies. The European Council Four developed **four briefing papers** – on Road Danger Reduction, Disability, Placemaking and Extreme Urban Heat - to guide their work with possible partner organisations. Each Regional Council has been encouraged to develop their own list. For the UK, this has been done through further development of PATTH (see below, and www.transportandhealth.org.uk/patth/).

1b. Developing the Regional Councils: We set ourselves the objective of recruiting members and trustees from regions not yet represented, particularly Western Pacific, Southeast Asia, Africa, and Eastern Mediterranean. We now have Vice-chairs (Policy) for the first two of these. They are beginning to explore the best ways to recruit additional council members, network with interested people, engender enthusiasm, broaden people's understanding of transport and health issues in their region, and deepen the understanding of THSG members of issues in low and middle income countries. THSG has developed a relationship with CEEW in India; one of its employees is a new trustee.

2. Advocacy

2a. We successfully organised the **8th JTH Global Transport and Health Conference**, held online and in person. The in-person events were held in Darlington, England, jointly run with FUSE and funded by the National Institute of Health and Research, and in Auckland, New Zealand, organised by the New Zealand Chapter of THSG.

2b. Responding to consultations: This has primarily been undertaken by regional groups (see THSG UK below)

2c. Set up working groups on Autonomous Vehicles, Disability, Gender, and Injuries. All four were set up as international groups.

Meetings of each group have been organised but progress is slow due to members being volunteers with work commitments and/or health issues. The work will continue in 2026.

3. Publish

3a. The objective to **publish a second volume of reviews for *Health on the Move 3*** is close to completion. Ten chapters have been received: topics include new mobilities (ride-sharing, autonomous vehicles); post-disaster transport and health; pedestrianization schemes and placemaking with the community.

Additionally, a further four reviews or articles relating to the first volume of *Health on the Move 3: The reviews* were published in a virtual special issue and regular issues

(<https://www.sciencedirect.com/special-issue/105KB4H0VDL>). All but two of the reviews were published as Open access, enabling anyone to read them for free.

3b. We set ourselves the goal of **reviewing our policies** but during 2025, it became apparent that it was better to focus on policy recommendations for fewer topics and revise them more thoroughly. Time was spent during 2025 first in developing a template for future policy recommendation documents. These will now include a one page summary for politicians; a three-page extended summary for busy professionals; and a longer document for those wanting more information. The aim is to limit that third level to eight pages where possible. We then developed processes for prioritising topics and for producing and reviewing policy recommendations. We now have a goal of developing or updating policy recommendations for two or three topics per year, unless other opportunities arise to 'piggyback' onto other work. Policy recommendations completed and approved during the past year include **Infrastructure** (www.transportandhealth.org.uk/infrastructure-and-spatial-planning/), plus *Railways* and *Motorways* (as appendices to Infrastructure), **Public Transport** (www.transportandhealth.org.uk/public-transport/), and **Animal-based Transport** (www.transportandhealth.org.uk/animal-based-transport/).

3c. The objective of using the THSG policies to develop guidelines of good practice will be undertaken during 2026.

3d. The Journal of Transport and Health continues to grow (see report earlier). It recently topped 1,000 submissions.

3e. **Abstracts** by the invited speakers and some of the other presenters at the 8th Global JTH Conference on Transport and Health were published as an online supplement to the Journal of Transport and Health, together with an editorial by the organisers (<https://www.sciencedirect.com/journal/journal-of-transport-and-health/vol/44/suppl/S>) in October 2025.

3f. The objective of disseminating our excellent policy on **placemaking** is being led by a trustee who is lead editor of a book on the topic.

4. Identify and overcome barriers and gaps in knowledge

4a. We set the objective of **running online webinars**. A programme of webinars was prepared in 2025 and will run almost monthly in 2026. So far, numbers registering have exceeded the initial limits, which have been increased.

4b. The objective of **populating the renewed THSG website** had to wait for the website to be rebuilt (see 5b below) and is now underway. In particular, policy recommendations and evidence documents are now easier to find.

4c. Each trustee has committed to **writing a blog** for the THSG during 2025/2026. The first of these (on *The future of motorways* and on *Transport and disability*) were published in November 2025 (www.transportandhealth.org.uk/blog/).

4d. Symposia. A programme of symposia has been established and the

first was held on 3rd February 2026.

4e. The Bella TV sessions in Portuguese and the session in Spanish on the Barcelona Supermanzas could not be run due to redundancies and funding cuts at CEDEUS, the organisation hosting these sessions.

5. Build internal organisation

5a. Our objective to develop and adopt **further internal governance policies** has been almost met. Approved policies have been put on the THSG website; further policies have been approved (see above); the last few are nearing completion (see above).

5b. Our objective to **improve the structure of the THSG** website was successfully achieved. The website (www.transportandhealth.org.uk) is now much easier to use and it is more intuitive to find information.

5c. **Increase membership**: This is an ongoing process. The trustees decided the priority for 2025 was to improve the website and make the membership application simpler. This has been achieved. The focus of the February 2026 Board meeting is increasing membership. We set ourselves the objective of persuading people active in the *Journal of Transport and Health* to become active in the wider group. Three further members of the Editorial Board have joined THSG this year.

5d. The objective to **improve communications** was achieved initially by developing a 'boilerplate' for use when describing the THSG. One trustee has been posting messages on X and another runs a wider Linked-In network (on Transport, Planning, Health and Inequalities) which is also used for posting messages about the THSG. There are now plans for a monthly newsletter to be sent to all members by the Honorary Secretary.

5e. We have not achieved our goals relating to fundraising and recruitment.

THSG UK

THSG UK set itself the goal of responding to consultations and has made a number of responses.

THSG UK set itself the goal of strengthening PATTH. PATTH has successfully held a number of good quality discussion events and the development of joint activity has started to become more effective.

THSG UK also provides administrative support for the Faculty of Public Health (FPH) Transport SIG. TSIG is now thriving. It leads on some advocacy work, including responding to consultations, and organises occasional seminars on transport poverty as well as inputting into the Faculty's work on climate change. THSG lobbied successfully for the FPH to change its position on admitting only FPH members and fellows to its online seminars; all THSG members and others may now access these webinars.

	We remain unsuccessful in our objective to mobilise health professional organisations around representations to move away from roadbuilding towards a healthier transport system.
Performance of fundraising activities against objectives set	We have not yet secured any external funding. This is disappointing.
Investment performance against objectives	The funds held are currently limited and investment has been limited to holding funds on deposit. The trustees are aware that this will need to change if the fundraising objectives set in the business case are successful.

Financial Review

Review of the charity's financial position at the end of the period	For 25 years the organisation has functioned as a predominantly volunteer-based organisation with very limited funding mainly derived from membership subscriptions. Registration as a charity was pursued in order to implement a business case to change that but the change will take time and our situation has not yet changed. All of the assets of the former Transport & Health Study Group were transferred to the charity on completion of its registration, most of them as an absolute transfer but £250 as a loan since the former organisation remains as a residual entity for a few non-charitable purposes. The Study Group still received some income which is paid to the charity and some of which (£115 in 2024/5) is added to the loan. To avoid such income steadily increasing the amount of the debt thereby eroding the protection of charitable funds there is provision to write down the debt if it should ever come to exceed 10% of the assets held by the charity. Rounding to the nearest pound, the charity in its general funds had at the close of its accounting period £5,866, of which £375 was a loan from the residual Transport & Health Study Group. There was a surplus of £2,353 ignoring the loan to the Study Group (£2,298 net of that loan) In addition to cash, the charity's other assets are intellectual property (nominally valued at £100) and two bad debts (valued, after discounting, at £27).
Statement explaining the policy for holding reserves stating why they are held	On 18th February 2021, the Board resolved "It was agreed that we would need a reserves policy in the future but this was not necessary at the moment. There was some discussion as to the level of funding which would require a reserves policy and it was recognised that the issue would not be the level of funding but rather the presence of recurring commitments." No reserves are currently held as we have no substantial recurring commitments.
Amount of reserves held	
Reasons for holding zero reserves	
Details of fund materially in deficit	There are no material deficits
Explanation of any uncertainties about the charity continuing as a going concern	Although our business case envisages the raising of funds which would allow us to become a staffed organisation, that is not currently the case. At the moment, our continuation as a going concern is dependent on the continued availability of volunteers. We see no immediate threat to that.

Additional information (optional)

You may choose to include further statements where relevant about:

The charity's principal sources of funds (including any fundraising)	Our current principal source of funds is member subscriptions, although our business case envisages us seeking grants. That was the purpose of our reorganisation, incorporation and registration as a charity.
Investment policy and objectives including any social investment policy adopted	Not currently applicable.
A description of the principal risks facing the charity	We have written a new Risk Management Policy, which was accepted by the Board of Trustees on 03/02/2026. 1. The principal risks facing the charity as an organisation dependent more on volunteers than on funding relate to the availability of volunteers. The adverse impact of the coronavirus pandemic (continuing after the pandemic in its impact on public health professionals) has demonstrated the importance of that risk but has also given us the added confidence that comes from knowing that we were still able to maintain significant activity even during this difficult time. There is a particular risk where the work of the CIO is disproportionately dependent on the work of one trustee; the Board has taken steps during the year to distribute the workload more evenly and to develop internal documents to assist if someone else needs to become involved (for example, the flow of information financial controls). 2. The principal risk the charity could face in relation to the Journal would be a difficulty in our relationship with Elsevier but we have no current reason to expect any such problem. 3. The success of the business case for our expansion depends on successful pursuit of grant applications. Factors which could adversely affect the prospects of this include austerity and the range of competing demands for health and environment funding. 4. In 2026, we will be reviewing a Risk Register.

Structure, Governance and Management

Description of charity's trusts:	The charity currently has only a single trust.
Type of governing document	The charity uses, with only minor modifications, the recommended governing document for a CIO with members.

	There has been no change in this document since registration. The governing document is augmented by bye-laws, regulations of regional councils and standing orders.
How is the charity constituted?	Until 3rd November 2020 it was an unincorporated association and was not registered as a charity. Since 3rd November 2020 it has been constituted as a CIO.
Trustee selection methods including details of any constitutional provisions e.g. election to post or name of any person or body entitled to appoint one or more trustees	Trustees are • elected by the AGM ○ four trustees have currently been so elected and remain in post (one trustee is currently fulfilling two roles as Company Secretary and Deputy Treasurer) ○ two were so elected and are standing down (Treasurer) or stood down during the year (Co-chair (Science)); replacements are being sought • appointed by Board to fill vacancies ○ since the previous AGM, the Board has appointed a replacement for the Deputy Web Officer, who stood down ○ the former Co-chair (Science) has been appointed a trustee without portfolio • elected or appointed by one of our Regional Councils (currently two posts each for UK, Europe, Latin America (also known as MoviSaL) North America, Western Pacific, New Zealand, South East Asia, Eastern Mediterranean, and Africa. ○ Twelve have currently been elected: two each from the UK, Europe, MoviSaL (Latin America), New Zealand, and North America and one each from South East Asia and Western Pacific. ○ Six posts been vacant throughout the year (one each in Southeast Asia and Western Pacific, two each in Eastern Mediterranean and Africa) • appointed by an organisation which acts as our agent in managing a Regional Council. The former Health Topic Hub of New Zealand Transport Knowledge Hub (THK) could appoint one trustee, although only two trustees from New Zealand may vote at one time. There is currently no such trustee as the Health Topic Hub has been disestablished. • The Editor of the <i>Journal of Transport & Health</i>, appointed by a competitive process jointly by ourselves and our publisher, Elsevier, is also a Trustee. There are currently 20 trustees.

Additional information (optional)

You may choose to include further statements where relevant about:

Policies and procedures adopted for the induction and training of trustees	We have continued to identify a portion of at least every other Board meeting as an internal governance session for the trustees. This year, we focused on refining and approving governance policies; next year, we will resume training sessions. Each newly appointed or elected trustee is sent a welcome pack, including the rules of the CIO; compulsory reading on the roles and duties of trustees plus further reading if they wish; and the existing governance policies.
The charity's organisational structure and any wider network with which the charity works	The charity has a Board of Trustees and a number of Regional Councils, as discussed already. There are Executive Committees in some of the Regional Councils. There are also working groups pursuing particular workstreams. We had an arrangement with the former Health Topic Hub of the New Zealand Transport Knowledge Hub whereby it administered our New Zealand Council. For the purposes of THSG affiliation in New Zealand, this has now been replaced by the New Zealand Chapter of the THSG, as the Health Topic Hub been disestablished. We have an arrangement with the Faculty of Public Health of the Royal Colleges of Physician of the United Kingdom whereby we administer its Transport Special Interest Group (TSIG). In the UK we administer the Partnership for Active Travel, Transport and Health (PATTH).
Relationship with any related parties	Apart from research collaboration, there have been no transactions with related parties.
Significant events	A complaint was raised by an individual to the <i>Journal of Transport and Health</i> with regard to its relationship with the THSG. The complaint was investigated thoroughly by the Editorial Board of the journal, including the CIO's Co-chair and Company secretary. The complaint was found unanimously to be without foundation. It transpired that the individual had a long history of making unfounded complaints.

Reference and Administrative details

Charity name	TRANSPORT AND HEALTH SCIENCE GROUP
Other name the charity uses	THSG MoviSaL
Registered charity number	1192138
Charity's principal address	4, St Andrew's Place, London NW1 4LB

Names of the charity trustees who manage the charity			
Trustee name	Office (if any)	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee (if any)
Stephen Watkins	Co-chair (Policy)		AGM
Lake Sagaris	Co-chair (Science)	Until March 2025	AGM
Beverley Hoyle	Secretary		AGM
Tom Fitzgerald	Treasurer		AGM
Jennifer Mindell	Company Secretary and Deputy Treasurer		AGM
Paulo Anciaes	Web Officer		AGM
James Adamson	Deputy Web Officer	Until 06/05/2025	AGM
Katherine Ewing	Deputy Web Officer	From 20/05/2025	Appointed by Board; for ratification by AGM
Martin Rathfelder	Vice Chair (Policy) UK		UK Council of THSG
Adrian Davis	Vice Chair (Science) UK		UK Council of THSG
Dena Kasraian	Vice Chair (Science) Europe		European Council of THSG

Carolyn Daher	Vice Chair (Policy) Europe	Until 30/10/2025	European Council of THSG
Clará Castelló Echeverria	Vice Chair (Policy) Europe	From 30/10/2025	European Council of THSG
Paula Barros	Vice Chair (Science) Latin America		MoviSaL
Paulo Henrique Guerra	Vice Chair (Policy) Latin America	Until 04/12/2024	MoviSaL
Henry Hernandez Vega	Vice Chair (Policy) Latin America	From 04/03/2025	MoviSaL
Jennifer Hall	Vice Chair (Science) North America		North America Council of THSG
Steve Yaffe	Vice Chair (Policy, North America)		North America Council of THSG
Himani Jain	Vice chair (Policy) South East Asia	From 05/08/2025	South East Asia part of the Asia-Africa- Pacific Council of THSG
Robert Siy	Vice Chair (Western Pacific)	Until 16/01/2025	Western Pacific part of the Asia-Africa-Pacific Council of THSG
Silvia Shrubsall	Vice Chair (Policy) Western Pacific	From 16/01/2025	Western Pacific part of the Asia-Africa-Pacific Council of THSG
Charles Musselwhite	Editor, Journal of Transport & Health		Elsevier, subject to THSG approval
Ben Wooliscroft	Vice Chair (Science) New Zealand		New Zealand Chapter
Sandy Mandic	Vice chair (Policy) New Zealand	From 16/01/2025	New Zealand Chapter
Lake Sagaris	Trustee	From March 2025	Board

Corporate trustees – names of the directors at the date the report was approved

The above list of trustees is the list of directors.

Name of trustees holding title to property belonging to the charity

The charity is an incorporated organisation and holds title to its own property.

Funds held as custodian trustees on behalf of others

Description of the assets held in this capacity	None
Name and objects of the charity on whose behalf the assets are held and how this falls within the custodian charity's objects	Not applicable
Details of arrangements for safe custody and segregation of such assets from the charity's own assets	If we were to come into possession of such funds (for example for FPH) we would establish them as a separate financial management unit and there is provision for this in our financial standing orders, including provision for the appointment of specific trustees to be accountable for them and the drawing up of separate accounts.

Additional information (optional)

Names and addresses of advisers (Optional information)

Type of adviser	Name	Address

Name of chief executive or names of senior staff members (Optional information)

We have no paid staff / employees

Exemptions from disclosure

Reason for non-disclosure of key personnel details

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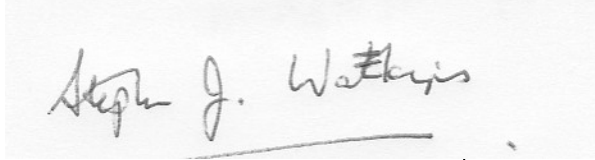
Other optional information

Declarations

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)

	
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Full name(s)

Dr Stephen Watkins	
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Position (eg Secretary,
Chair, etc)

Co-chair (Policy)	.
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Date

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Transport and Health Science Group CIO

Annual Accounts 2025

Accounting period: 1st June 2024 to 31st May 2025

Opening balance (1st June 2024)	Cash at bank – Barclays	£1,149.96		
	Cash at bank – Santander Current Account	£1,968.30		Note 6
	Cash at bank – Santander Reserve Account	£320.02		
	Balance with Pay Pal	£74.10		
	<i>Total cash at banks and other accounts</i>		<i>£3,512.38</i>	
	Intellectual property	£100.00		Note 7
	Monies held by IPATH and bad debt provision	£27.49		Note 8
	Less debt to Transport & Health Study Group	-£320.00		Note 9
	Total opening balance		£3,319.87	Note 2
Income	Subscriptions	£285.00		Note 10
	Subscriptions in Kind	£135.00		Note 11
	Interest	£3.66		
	Donations	£1983.31		Note 12
	Gift Aid from HMRC Charities	£494.63		
	Total Income		£2,901.60	
Expenditure	Trustee expenses	£383.80		Note 13
	Increase in debt to Transport and Health Study Group	£55.00		Note 14
	Commission & Charges	£4.64		Note 10
	Office Expenses	£135.00		Note 11
	Affiliation Fees	£25.00		Note 14
	Total Expenditure		£603.44	Note 2
Closing Balance (31st May 2025)	Cash at bank – Barclays	£3,401.78		
	Cash at bank – Santander	£2,048.30		Note 6
	Cash at bank – savings account	£323.66		
	Balance with Pay Pal	£91.78		
	<i>Total cash at banks and other accounts</i>		<i>£5,865.54</i>	
	Monies held by IPATH and bad debt provision	£27.49		Note 8
	Intellectual Property	£100.00		Note 7

	Less debt to Transport and Health Study Group	-£375.00		Note 9
	Total closing balance		£5,618.03	Note 2
2023/4 Surplus	Surplus		£2,298.16	Note 2

Commentary

1. Although the charity has been active as a volunteer organisation in many parts of the world and received some income in North America, Europe and New Zealand, all expenditure has been in England and Wales.
2. As the Trustees have complete discretion as to whether and when to activate the Transport and Health Study Group as a financial entity, and have complete discretion as to whether, when and for what purposes to repay the debt to the Transport and Health Study Group, it is for many purposes appropriate to disregard that debt when considering the financial state of the organisation. If that debt is disregarded the following figures can replace those in the accounts

Opening Balance	£3,639.87
Income	£2,901.60
Expenditure	£ 558.44
Closing Balance	£5,993.03
Surplus	£2,353.16

3. In comparison with the previous year, the main change in income is an increase in donations and a concomitant increase in Gift Aid. This is due to two larger than usual donations.
4. In comparison with the previous year, the main change in expenditure is a reduction in expenditure on meetings as we did not hold our usual meetings at the UK party conferences and expenditure on the international conference took place after the end of the financial year.
5. Audit of the accounts is not a Charities Commission requirement as income is less than £25,000. However, it is good governance practice. We have not engaged a qualified auditor but Dr. Ellis Friedman has been asked to provide an independent examination of the annual accounts and has confirmed that they basically seem fine. He has drawn attention to the absence of indemnity insurance. Due to failures by Santander, Dr. Friedman could only be provided with a telephoned transcription of the Santander statements, not the statements themselves and we agree with his comment that this fell short of good practice.

Notes on Specific Items

6. In order to facilitate the financial activation of the Transport and Health Study Group whenever that is necessary, a sum of money is held in an account in the name of the Transport and Health Study Group which may be transferred.

7. Intellectual property is valued at a nominal sum. It has actually increased as a result of the work on *Health on the Move 3* but we have continued to show it at the same nominal sum.
8. The opening balance includes a sum for monies held by IPATH less a substantial bad debt provision reflecting the unlikelihood of IPATH paying that money. This sum has been shown at the same figure as last year, based on a debt of US\$348.65, depreciated by 90% as a bad debt provision, with a further depreciation of 34p to reflect a counterclaim which we regard as utterly absurd. It was then converted to sterling at the exchange rate applicable on 1st June 2023. We have kept the same sterling cash value and have not updated the exchange rate as adjusting it would imply a greater degree of precision than the estimate of value actually embodies. This entry in the accounts also includes a debt of £39.37 from SERA: Socialist Environment and Resources Association reflecting its share of the costs of a joint meeting. This is also unlikely to be paid and no value has been ascribed to it.
9. The Transport & Health Study Group remains in existence as a residuary organisation for certain non-charitable purposes. All its funds and income have been transferred to the Transport & Health Science Group but £250 of the opening transfer and some of the income have been designated as loans which may be repaid to the Study Group should it need them for non-charitable purposes. The Trustees have considerable discretion as to the circumstances in which such repayments will be made, including power to write down the debt should it ever exceed 10% of the charity's assets.
10. The figure for subscriptions represents the subscriptions of 30 members and one organisation. It is important that we increase the proportion of members paying their subscriptions regularly. Commissions and charges include charges for Go Cardless and Pay Pal. There has been a change in accountancy practice whereby instead of showing subscriptions net of these charges, we have shown them gross and shown the charges.
11. Use of offices at St Andrew's Place and Land O' Cakes as registered offices for the Transport and Health Science Group and Transport and Health Study Group respectively by a subscription in kind for the host organisation.
12. Donations have increased substantially mainly because of two donations each of just under £800, connected with the production of *Health on the Move 3*.
13. Trustees who are UK taxpayers were encouraged to claim expenses and donate them back as Gift Aid
14. £25 of the debt was repaid to allow the Study Group to affiliate to Railfuture and £35 (by way of subscription in kind) was spent on procuring a registered office for the Study group. £115 of income was attributed to the Study Group.