



**Trustees' Annual Report and Financial Statements**  
**For the year ended 31<sup>st</sup> December 2024**

Amref Health Africa

Charity Number: 261488

Company Number: 00982544

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## Reference and Administrative Details

**Patron:** HM The King

### **Board of Trustees:**

**Chair:**

Mr Paul Davey

**Treasurer:**

Dr Amanda Caine (stepped down 21 November 2024)

Ms Jill Anderson (from 22 November 2024)

**Trustees:**

Ms Jill Anderson (joined 30 May 2024)

Dr Tinashe Chandauka

Ms Jennifer Chimanga

Ms Beverley Jewell

Ms Bridie Layden

Dr Sally Nicholas

Mr Andrew Tuttle (joined 30 May 2024)

Ms Navita Yadav (joined 21 March 2024)

### **Internal Key Management Personnel:**

**Chief Executive:** Ms Camilla Knox-Peebles

**Director of Fundraising:** Mr Matt Wenham

**Head of Programmes and Strategic Partnerships:** Dr Aneesa Ahmed

**Head of Finance & Operations:** Ms Helen Blake

**Company Secretary:** Ms Helen Blake

**Charity Number:** 261488

**Company Number:** 00982544

## **Registered Office**

Until 31 October 2024:

7-14 Great Dover Street

London

SE1 4YR

From 1 November 2024:

Canopi

82 Tanner Street

London

SE1 3GN

## **Bankers**

### **C Hoare & Co**

37 Fleet Street

London EC4P 4DQ

### **Barclays Bank**

7th Floor, United Kingdom House

180 Oxford Street

London W1D 1EA

### **CCLA**

Senator House

85 Queen Victoria Street

London EC4V 4ET

## **Auditors**

### **Buzzacott Audit LLP, Chartered Accountants**

130 Wood Street

London EC2V 6DL

## Trustees' Annual Report for the year ended 31st December 2024

The Trustees, who are the Directors for the purposes of company law, present their statutory report together with the financial statements of Amref Health Africa for the year ended 31 December 2024. This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2019.

### Who we are

**Amref Health Africa is the largest Africa-based international health development organisation. We work to bring about lasting health change in Africa.**

Amref Health Africa's Headquarters are in Nairobi and Amref works in 35 countries to improve access to healthcare and to help create an environment that is conducive to good health. Our programmes align with our Global Strategy objectives: to increase primary healthcare access for all, and to address the social determinants of health. These are the factors that influence people's health, from their access to education, to their gender, and their exposure to the impacts of climate change.

Amref's programmes focus on: child health and nutrition; communicable and non-communicable diseases; health financing; family and reproductive health; neglected tropical diseases; sexual and reproductive health and rights; and water and sanitation and hygiene. We develop mobile and online learning solutions that make top-class training available to health workers across the continent. We operate a university that shapes the health workforce of the future. We run the continent's leading air ambulance service. Our reach – and our relationships with the communities we support – is unparalleled.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

### Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of ten offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa.

Amref Health Africa UK is an independent UK-registered NGO that exists to support the programme and policy activities of Amref Health Africa. With a UK-based Board of Trustees, staff team, office and bank accounts, our main purpose in the UK is to develop and manage partnerships with UK donors who want to support Amref's work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, finance, administration, and governance. With an annual income of around £6 million, we

support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

**In 2024, Amref Health Africa UK supported 12 programmes in eight countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of Africa's most remote and marginalised communities. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.**

## Strategic Focus and Objectives

We embarked on the first year of our new Organisational Strategy period, which runs from 2024 to 2030 and aims for transformational growth in the UK. This growth will support Amref's work to achieve Africa's health transformation.

**We know that building transformational growth requires solid foundations and a bold vision. We are building this with a focus on two clear strategic aims: driving ambitious, but balanced, growth in unrestricted funding; and focussing on value over volume to sustainably grow restricted funding.**

Key to the solid foundations needed to unlock growth in the UK is the investment which the UK office is to receive from Amref HQ to enable the UK office to grow its individual giving donor base. In 2024, Amref UK's Senior Management Team led the development of Amref UK's Fundraising and Organisational Development (FROD) application, working closely with Amref HQ's Fundraising Markets Development (FMD) team. Amref UK presented a case for investment for \$3.4 million (£2.6 million) over four years that will yield ambitious but realistic returns in the medium and longer term and builds on investments made to increase efficiencies by having the right skills and people in place and robust financial and HR systems and processes. In December 2024, our FROD investment was approved and signed off by Amref Health Africa's International Board.

As we developed the FROD, we also developed an Individual Giving growth plan. We launched our first digital acquisition pilot which was followed by a further two tests to gain insights and understanding of our audiences and to set clear targets based on the performance of these tests. You can read more about these digital acquisition initiatives from p. 16 onwards in Our Achievements: Income-Generation.

In addition, as part of our Individual Giving plan, we launched Amref's first-ever Direct Response Television (DRTV) advertisement campaign. Amref UK collaborated closely with the FMD team, and the Individual Giving leads at Amref Netherlands and Amref Italy, to contract a leading DRTV agency to support Amref's research, creative development and the 'go-live' implementation of two DRTV adverts. These adverts – one on our work to end Female Genital Mutilation or Cutting (FGM/C) and the other on maternal health – were both tested in the UK in 2024. More on these new acquisition initiatives can be found on p. 16 onwards in Our Achievements: Income-Generation.

We have closely stewarded our corporate partnerships, including GSK, creating new programmes with them to tackle urgent public health challenges including Antimicrobial Resistance (AMR) and malaria. We have also built new partnerships with corporates and trusts and foundations, receiving unrestricted funds from them. See p. 16 onwards in Our Achievements: Income-Generation for more detail on these highlights.

We renewed partnerships with key trusts and foundations, helping to reach critical impact milestones in the areas of: Human Resources for Health; Family and Reproductive Health; Disease Control and Prevention; WASH; Ending FGM/C. We launched new programmes with our strategic partners, in response to the needs identified by our in-country teams with communities (see Our Achievements: Programme Development and Strategic Partnerships, p. 9).

Amref Health Africa UK has continued to mobilise resources to support the vital work of the wider organisation, as well as provide technical support to programme implementation. We have also

collaborated closely with our colleagues in Nairobi HQ and the FMD to progress our work on ethical storytelling and to embed the guidelines across functions including Programmes, Monitoring, Evaluation and Learning (MEL). This work shapes our approach to content gathering, production and dissemination, to ensure we are amplifying African voices and perspectives to inspire UK supporters to engage with and invest in Amref Health Africa.

In 2024, we invested in staff teams, tools and processes for Amref UK.

We identified a need to realign our management and coordination of workstreams at Amref UK. To that end, we undertook an audit of tools and processes used to manage individual and team workload. This found areas where we could increase efficiency, communication and collaboration by using digital work planning tools. We identified a suitable platform from the Microsoft suite, to ensure full integration with our other tools in use, and built a comprehensive Operational Plan for 2025 that speaks to all in Amref UK.

We continued the work started in late 2023 to migrate our Customer Relationship Management (CRM) platform to another Microsoft suite tool—MS Dynamics—and to set up our Enterprise Resource Planning (ERP) platform to align with centralised tool management at our Nairobi HQ. With the support of the HQ IT team and contracted consultants in the UK, we migrated to the new CRM, named Jumla. The ERP work is ongoing to ensure that we can leverage the technological tools and processes available to us to better integrate with those around the Amref global network.

The investment in ensuring the UK team had the right skills and people included several recruitments to strengthen the Individual Giving team and Programmes and Strategic Partnerships team. Some of the critical roles successfully recruited for in the Individual Giving team were: Fundraising Manager with experience in Individual Giving and a Fundraising Administrator responsible for processing the increased donor acquisition data, as well as a Philanthropy Manager to lead our major giving workstream. We also invested in a formal training scheme – the Level 3 Fundraiser Apprenticeship Programme – for eligible officer-level fundraising staff members.

We also successfully recruited a new Programmes and Strategic Partnerships Manager, to manage the diverse portfolio of restricted programme grants under the direction of the Head of Programmes and Strategic Partnerships.

These roles under the leadership and direction of the Senior Management Team of Amref UK, are instrumental in operationalising our commitment outlined in the 2024-2030 Strategy including to increase the amount of unrestricted funds going to Africa and gradually transferring partner relationship management and stewardship to Africa-based teams.

Amref UK's work is guided by our commitment to Diversity, Equity, Inclusion & Belonging (DEIB), including being an anti-racist organisation. We know this is a journey of ongoing learning, and we continue to take forward the recommendations from our Anti-Racism Review (made in 2022) as well as broader DEIB considerations as we implement our strategy, workplans, budgets and personal development plans.

Amref Health Africa UK ended the year in a strong financial position, thanks to our investment in infrastructure, resources, and the expertise and talent of our team to drive income-generation. The external environment remains uncertain, particularly with predicted and unpredicted budget cuts in



Official Development Assistance (ODA) from the Global North, and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.25).

## Statement on Public Benefit

In performing the above activities, the Trustees of Amref Health Africa UK have complied with their duty under section 17 of the Charities Act 2011 to have due regard to public benefit guidance as published by the Charity Commission for England and Wales.

## Our Achievements

### Programme Development and Strategic Partnerships

In 2024, Amref Health Africa UK supported 12 programmes across eight countries.

In line with our strategic objectives, we pursued an ambitious, tightly-focused programmatic agenda, responding to the greatest needs – as identified by our in-country colleagues – and supporting high-impact programmes spanning Human Resources for Health (HRH); Family and Reproductive Health (also referred to as RMNCH and including Sexual and Reproductive Health and Rights (SRHR)); prevention of Female Genital Mutilation and Cutting (FGM/C); Water, Sanitation and Hygiene (WASH); Disease Control and Prevention; and more.

The table below outlines the programmes that were part of Amref UK's portfolio between 1st January and 31st December 2024. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

Country	No. of Programmes	Areas of Activity	Partners/Funders (N.B. Names not aligned with areas of activity)
Ethiopia	1	Disease Control and Prevention WASH	GSK
Kenya	5	Disease Control and Prevention  HRH: Health worker training  SRHR: Ending FGM/C  Adolescent SRHR	Wolfson College, Oxford University  The Rabelais Trust  Mercury Phoenix Trust  The Croda Foundation  The SOL Foundation

			People's Postcode Lottery
<b>Tanzania</b>	1	Family & Reproductive Health	Donor preferring to remain anonymous
<b>Uganda</b>	2	Family & Reproductive Health  WASH	Donor preferring to remain anonymous
<b>Regional</b> (Burkina Faso, Cameroon, Ethiopia, Kenya, Zambia, Senegal)	3	HRH – Health worker training  Disease Control & Prevention  SRHR: Ending FGM/C	GSK  UK Government: Foreign and Commonwealth Development Office (FCDO)
<b>TOTAL</b>	12		

Highlighted below are select examples of the work Amref Health Africa UK has supported during the reporting period. All of these programmes are typical of our African-led, community-driven approach to securing lasting health change.

As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities.

These are communities that are the most marginalised by the factors that influence health, from access to education, to gender, and their exposure to the impacts of climate change. Together, these continue to create further barriers to access, and deliver, quality health care.

## African Leadership for Antimicrobial Resistance (AMR) Action (Regional—Burkina Faso, Cameroon, Ethiopia, Kenya, Zambia)

In partnership with: GSK

Areas of activity: Disease Control and Prevention



(L) Delegates at the high level session on AMR held at the Conference on Public Health in Africa, Lusaka, Zambia in November 2023, and (R) the report from the high-level roundtable on African Leadership for AMR Action held at the World Health Assembly, Geneva, Switzerland in May 2024.

Amref, in partnership with GSK, implemented an African Leadership for AMR Action initiative, to create a localised multi-stakeholder AMR Action Group in and for the Africa Region to support national and local-level AMR programmes.

AMR is becoming an increasingly significant challenge in the global health sector. AMR occurs when bacteria, viruses, fungi and parasites no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. In 2019, sub-Saharan Africa had the highest rate of AMR-attributed deaths (23.5 per 100,000) compared to other regions in the world and, without intervention, by 2050 sub-Saharan Africa is expected to bear the highest burden of the predicted 10 million annual deaths.

In its exploratory phase (Phase 1), which ran through 2024 and ends February 2025, we reached 4,700 people through research, events and focussed meetings that contributed to our programmatic aims to:

1. Conduct a situation analysis to understand the status of AMR action across Africa;
2. Create an advocacy/messaging framework to support countries;
3. Explore sustainability mechanisms for the delivery phase; and
4. Explore setting up a regional Action Group with key regional stakeholders.

The situation analysis was conducted to identify stakeholders working in the AMR space, their areas of focus aligned with the World Health Organisation's Global Action Plan (GAP) objectives, and opportunities to contribute to AMR mitigation and response efforts in national and regional AMR plans.

We conducted deep-dive research in Zambia, Kenya, Ethiopia, Burkina Faso, and Cameroon. This revealed the presence of relevant state actors and intergovernmental bodies, as well as regional NGOs addressing AMR. Key gaps identified included limited multi-sector collaboration, low AMR knowledge amongst various groups, and insufficient investment in workforce education and training.

A regional advocacy and messaging framework was developed based on findings from the situation analysis. Sustainability mechanisms were explored through the development of investment cases, based on data gathered from the situation analysis. These cases can be adapted and adopted by countries for country-level investment into cost-effective AMR measures.

A regional Action Group was explored with key regional stakeholders to identify and understand how best to improve co-ordination across the region for addressing the AMR burden.

These achievements set the foundation for a second phase, which will focus on addressing key gaps and improving co-ordination for sustained impact.

### **Empowering Women with Obstetric Fistula (Mwanza, Tanzania) and Saving Mothers with Obstetric Fistula (West Nile, Uganda)**

**In partnership with:** Donor who prefers to remain anonymous

**Areas of activity:** Maternal health; SRHR



*Fistula survivor Lucia (R) smiles with members of the Amref Tanzania and Amref UK teams in Geita District, Tanzania ©Amref Health Africa Tanzania*

Obstetric fistula is one of the most serious complications that can occur during childbirth. It is a pregnancy-related condition that develops during prolonged or obstructed labour, causing continuous leakage through an abnormal opening between a woman's urinary tract and/or rectum and the vagina (World Health Organisation (WHO) 2018).

It is estimated that fistula affects around two million of the world's poorest young women, with between 50,000 and 100,000 new cases every year worldwide (WHO, 2018). Without access to urgent medical care, women face debilitating and life-threatening effects including poor mental health, incontinence, infections, and depression. Many women are excluded from family and community life, driving them further into poverty.

Since 2019 Amref, with the support of a trust which prefers to remain anonymous, has delivered an obstetric fistula support project in Uganda and Tanzania. The project has a holistic approach to support, including clinical treatment – reconstructive surgery – as well as livelihoods and psychosocial support (PSS) post-surgery to support survivors to successfully rebuild their lives after periods of social exclusion.

Surgery is transformative, but it's only one element of the support survivors require after such a traumatic experience. Our holistic approach considers the many aspects of survivors' identities and the multiple roles they play in their families and communities – and the impact that living with fistula can have on their different lives. Many suffer from serious social exclusion and need support to rebuild their lives, confidence, and independence as well as reconstructive surgery.

In Mwanza and Geita, sub-regions of Lake Zone, Tanzania, Amref is supporting trained community fistula champions (499 trained in the last reporting year) and facility-based health workers (2 doctors and 6 nurses trained in the last reporting year) to provide fistula repair and support services. In 2024 (to October), 82 women received successful obstetric fistula repair surgery and 106 fistula survivors were reached with psychosocial and livelihoods support.

In West Nile region, Uganda, the project has already trained 180 facility-based health workers, 180 Village Health Team (VHTs - community health workers in Uganda) members, and 150 fistula champions to provide fistula repair and support services. Through 2024 (to October), 137 women received successful fistula repair surgery, and were referred for follow-up per Ministry of Health guidelines. VHTs were engaged to provide psychosocial support for participants and family members at household level to support healing and foster family support for the client.

## Ending FGM/C in Kenya and Senegal

**In partnership with:** The Rabelais Trust, UK Government: Foreign and Commonwealth Development Office (FCDO)

**Areas of activity:** SRHR: Ending FGM/C

Female genital mutilation or cutting (FGM/C) is an umbrella term grouping together a range of procedures involving “the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons”, according to the World Health Organisation.

FGM/C is a violation of a girl's or woman's human rights. It is extremely painful and has no health benefits. In fact, its impact on survivors' physical and mental well-being can be devastating, and life-long. FGM/C can cause severe bleeding, infection, pain during sex, and complications during childbirth. In some cases, it is fatal.





*Girls wait for the Alternative Rites of Passage ceremony in Olgululoi, Kajiado, Kenya in December 2024.  
© Amref Health Africa/Dennis Ochiel*

Amref Health Africa has been working with Maasai communities in Kajiado, Kenya for more than a decade to establish **Alternative Rites of Passage (ARP)** that still celebrate the cultural milestone of entering adulthood, without causing girls physical or emotional harm. This combines community-led interventions to improve water, sanitation and hygiene (WASH) infrastructure and access, with community-led discussions that encourage communities to abandon the practice of FGM/C for alternative rites of passage (ARP).

In 2023, we extended the project for a third phase, which aims to deepen the support to communities in seven villages in Kajiado towards the end FGM/C vision. This includes new drought-resistant WASH interventions such as sand dams, promotion of the community-led Alternative Rites of Passage ceremony and integrated sexual and reproductive health and rights information and education. In December 2024, the community of Olgululoi in Kajiado, Kenya held an Alternative Rite of Passage ceremony which graduated 460 girls to womanhood without the cut of FGM/C.



*Ana Sabally (centre) with her granddaughters. Ana is a former 'cutter' from Kolda, southern Senegal. © Amref Health Africa/Jacques Manga*

**The Girl Generation: Support to the Africa-Led Movement (ALM) to End FGM/C** is an ambitious UK government-funded five-year programme that aims to achieve an accelerated reduction in the practice of FGM/C in Ethiopia, Kenya, Senegal, and Somaliland.

It does this by building and testing girl-centred interventions to learn more about what works to end FGM/C. And, it takes the learning, evidence, stories and activism that the programme generates to extend, or scale, its impact to more girls and their communities.

Our girl-centred programme interventions include:

- Community dialogues that seek to change attitudes, beliefs and behaviour (including inter-generational forums and couples' dialogues)
- Support and training for networks of change agents who conduct awareness-raising at community level: including girls, women, teachers, and health professionals
- School clubs, where boys and girls follow a specially-developed girl-centred curriculum delivered with a special facilitators' guide that covers rights, FGM/C, gender roles, other forms of violence, and protection mechanisms.
- Support for the mental health and well-being of survivors, as well as leadership training
- Support for in-person and digital movement-building, advocacy and campaigning, to create an enabling environment
- Data collection, informing the generation of research and evidence

In 2024 in Kenya, we achieved Proof of Concept meaning we have learned what works best, and are working on scaling strategies to expand our reach. In Senegal, we are working on proving the concept with 'input' activities and adaptations across multiple social levels.

## Our Achievements

### Income Generation

Amref UK raised a total of £2.1 million in unrestricted and £4.0 million in restricted funds in the year 2024. The most significant portion of our income came, as in the previous year, from trusts and foundations, with a number of large grants and donations totalling £2.6 million in 2024.

Our longstanding partnership with GSK continued in 2024, delivering two programmes to address the malaria burden in Kenya and Zambia and strengthen the regional response to Antimicrobial Resistance. The programme to address food insecurity in Ethiopia closed in early 2024 (see Income from Charitable Activities, p.20).

Players of People's Postcode Lottery, Amref's largest unrestricted partner, also continued their generous support of our work. In 2024, we received a Regular Award grant of £0.5 million from the Postcode Global Trust, which was fully unrestricted.

We also saw an increase in unrestricted gifts from major donors through the Big Give Christmas Challenge match-funding appeals, where we reached our fundraising target in just four days.

### Approach and Stewardship

**2024 was a busy year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing and significant investment in launching new tools, processes and initiatives to increase our efficiency and effectiveness.**

This investment included significant time and effort for close collaboration from teams at Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees. In addition, teams were supported by several volunteers through our partnership with the University of East Anglia. We would like to thank all those who supported Amref UK to deliver these key priorities in our first strategy period year.

Through 2024, Amref UK worked with Amref Health Africa HQ ICT teams to plan and implement a migration to a new Customer Relationship Management (CRM) platform, as part of a wider Amref global network initiative to develop common systems across the Amref network. The Microsoft Dynamics platform provides a globally integrated CRM – named Jumla – which enables a more streamlined data capture, storage and analysis processes for teams around the Amref network. In the UK, the migration is helping to streamline the processing of gifts and improve our stewardship of donors through automated, tailored donor communications, increasing engagement and retention of donors.

We also continued the work with Amref HQ HR, ICT and Finance teams to set up the new Enterprise Resource Platform which will help to streamline HR and Finance processes for Amref UK, integrating with the global Amref systems.

Finally, we invested in the build of an Amref UK Operational Plan for 2025 on Microsoft suite tools. This helped to align workstreams with organisational priorities, and to set up automated processes to track progress, and monitor Key Performance Indicators.

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity did not receive



any complaints related to fundraising in 2024. There were no reportable data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator.

Treating supporters with respect and dignity remained a key priority in 2024. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a regular review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2024, taking the appropriate actions, and we were efficient at updating consent preferences and opt-out requests.

Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2024 was 6, with up to 8 emails for those who had opted into the mailing list. Our digital audience remains highly engaged, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

## Supporting Income Generation through Communications

**In the 2024-2030 Strategy, Communications is identified as a critical growth enabler that supports income-generation. In 2024, our communications focussed on building Amref's share of voice on African health and development issues across our communications channels.**

We continued to engage with sector peers and other partners on ethical storytelling, which is central to our anti-racism and ethical communications guidelines. This included securing guest speaker positions in several charitable fundraising and communications sector events and in sector media. The research continues to be organically quoted and referenced in these wider circles, demonstrating the research's value both for sector knowledge and understanding and as a solid reputational asset for Amref.

We continued to profile and amplify the voices of African experts on African health issues. This included in sector events such as the Africa-UK Health Summit held in London in April 2024, where Camilla Knox-Peebles, Chief Executive of Amref UK, was a panellist in a plenary session discussing global health partnerships and collaboration. Additionally, Dr Aneesa Ahmed, Head of Programmes and Strategic Partnerships, spoke on a panel at the East of England Global Health Conference (Cambridge) about Amref's work in health worker training innovations. The presentation focussed on our work to deploy and scale mobile and digital-based training solutions, and their impact particularly for the community health workforce across our 35 countries of operation in Africa.

We also participated in a podcast with partner GSK. Dr Mercy Mwangangi, Global Director of Health Systems Strengthening, took part in a Foreign Policy podcast on the importance of multisectoral partnerships to end epidemics.

We maintained our media visibility through thought leadership and news in key publications – reaching global health and development sector audiences as well as wider individual supporter and

donor audiences. These included a blog series from Maureen Cherongis, Global Media Manager, Amref HQ, on ethical storytelling and representation with Bond.

We also secured UK media coverage for programmatic impact. Dr Stephen Jada, Research Scientific Coordinator at Amref Health Africa in South Sudan, was quoted in a Guardian article on Nodding Syndrome in South Sudan, and Vania Kibui, Regional Policy Advocacy and Capacity Strengthening Specialist at Amref Health Africa contributed to an ITV News segment on the End Femicide Kenya protests.

In line with our commitment to ethical story gathering and storytelling, we worked closely with the Amref Fundraising Markets Development team to amplify voices of community members, health workers and Amref country staff on health challenges and Amref programmes to address them. This content was centred in the UK warm appeals and ongoing external communications through 2024, including the development of the [2023 Impact Report](#).

Our digital channel following across four social media platforms (Facebook, Instagram, LinkedIn, X/Twitter) saw steady growth, with more marked increase in engagement and followers when digital acquisition testing was live on Meta platforms (Facebook and Instagram). Our social and digital platform presence, positioning and programming will continue to be a focus area for 2025 as we continue to invest in individual giving.

## Income from Donations and Legacies

**We raised £1.1 million (£1.0 million unrestricted and £0.1 million restricted) of income from Donations and Legacies in 2024. The majority related to income from individuals, including major donors, and trusts and foundations.**

We aim to rapidly grow funds from Individual Giving to raise £20 million in unrestricted income over the strategic period 2024-2030.

In 2024 we built on the foundations set in digital acquisition testing through Meta (Facebook and Instagram), with the support of specialist fundraising and digital agencies. We implemented three lead acquisition tests in 2024, which aimed to test various creative routes to ask viewers to provide their contact details to receive a free product. These are called value exchanges. Data analysis shows us these are popular with our target audience groups and they enable us to engage with, and secure support from, new sets of individual donors.

These tests are crucial for building our understanding of our existing supporter base, which will form the foundation of our donor acquisition strategy during the new strategy period.

Also in 2024, we collaborated closely with Amref Italy and Amref Netherlands to develop two Direct Response TV (DRTV) adverts (end FGM/C and maternal health) which aired in Italy, the Netherlands, and the UK. This is the first time that Amref Health Africa has tested DRTV as a fundraising channel – anywhere in the world. Initial results from the tests show promise for the effectiveness of the channel for use in lead generation in the UK. In 2025, we will take forward the learnings from the initial tests, to focus on one route and to invest more to broaden our reach across broadcast channel slots.

We know that to rapidly grow these new channels we must have the in-house skills and knowledge to lead these workstreams. In 2024, we recruited and appointed a new Fundraising Manager and new Philanthropy Manager. We also realigned the Supporter Engagement team to create a new

Philanthropy Officer role, promoted an assistant-level staff member to Fundraising Officer, and created a new role – Fundraising Administrator – to handle the increasing data load generated by our acquisition work.

We continued to fundraise from individual donors with £0.4 million being raised in 2024. Our direct mail appeals generally performed well, meeting or exceeding targets and raising a total of £0.1 million. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors. Key to the success of the direct mail appeals was the strategy to segment mid-level donors from the main dataset, and tailor mid-level asks to increase the value of single gifts.

We also engaged with the Big Give Christmas Challenge Platform—a match-funding mechanism—for the third year in a row as this has proven popular with our supporter set. The campaign ran in the first week of December 2024 and focussed on the stories from a remote nomadic community in Afar, Ethiopia, and the Amref mobile clinics which provide them with essential health services. This secured a fantastic £88,000 in donations (including Gift Aid), surpassing the original £80,000 target in just four days of the campaign.

In our new strategy period, we will continue to grow our pipeline of trusts and foundations, mid-level and major donors. In 2024 a core priority was to build supporter engagement journeys tailored to our different donor segments. Through 2024 the team worked to build these based on donor segments; this work was in parallel with the ongoing CRM migration. At the end of 2024, the supporter journeys were tested through our new CRM – Jumla – and we will continue to test and refine them based on engagement.

Gifts from major donors was a priority area in 2024 and we raised a total of £48,000 from around 15 major donors. We secured gifts from existing Mbele Movement members (numbering nine individuals), through events and the Big Give Christmas Challenge.

End of-year income from Individual Sponsorship & Events Donations stood at £16,000, raised by people running the London Marathon in support of Amref. In addition, we were grateful to receive the support of our longstanding community fundraising groups.

The legacy pipeline remains strong, and we recognised £31,000 in 2024. We expect this income stream performance to improve over 2025 and beyond; in 2024 we invested in a strategic partnership with Farewill, a leading Will-writing service, to offer free Will-writing services to our supporters. Through joint marketing initiatives at key moments in the year, we will leverage this partnership to strengthen this income stream in the medium to long-term.

By the end of 2024 we had 49 active unrestricted trusts and foundations exceeding our target of 32 for the year. We received repeat annual gifts of £100-£5,000 from many loyal small trust donors, for which we are very grateful. In addition, we secured gifts of £5,000-£30,000 from mid-size trusts.

Amref Health Africa UK receives on-going and impactful support from players of People's Postcode Lottery who have supported our work since 2018. Thanks to funds raised by players of People's Postcode Lottery, in 2024 Amref received a Regular Award of £500,000 from Postcode Global Trust, which was fully unrestricted. This flexibility is crucially important; it allows us to allocate funds to where they are needed most by communities. We are so grateful for the continued commitment, and trust, the players of People's Postcode Lottery place in Amref to partner with communities across Africa for lasting health change.

## Income from Charitable Activities

We raised £4.9 million (£0.9 million unrestricted and £4.0 million restricted) of Income from Charitable Activities in 2024. Trusts and foundations continued to be a vital source of income for Amref Health Africa with £1.9 million raised. A further £2.0 million was received from GSK.

Our 2024-2030 Strategy details a clear focus on value over volume to secure strategic partnerships that deliver £30m in restricted funding. Through 2024, we focussed efforts on securing one-year and multi-year funding from three major sources: trusts and foundations, corporates and institutions (primarily UK Government and other development agencies).

Several programmes closed in 2024. The Mercury Phoenix Trust-supported project *Imarisha Jamii* closed in April 2024. It aimed to enhance HIV prevention, care, and treatment services for communities in Turkana County, Kenya. With Mercury Phoenix Trust's support, we procured 11,352 Human Immunodeficiency Virus Self Testing (HIVST) kits, surpassing our original target of 4,857, which were distributed to 41 health facilities across the County. By acquiring these additional kits, the project addressed the severe shortage of HIVST kits in Turkana.

The Croda Foundation-funded mobile clinics programme (Kenya) closed in Q1 2024. The mobile clinics programme trained and equipped 1,717 health workers (community and facility-based) to screen, diagnose and treat non-communicable diseases (NCDs) including diabetes, hypertension and asthma. Over the course of the programme which ran February 2023-January 2024, the clinics provided screenings, diagnoses and treatments for NCDs (hypertension, diabetes, cervical cancer, breast cancer) to 45,324 people. Additionally, the health workers staffing the clinics provided 21,826 vaccinations (for COVID-19, HPV, and malaria) and other services (family planning, antenatal care, child welfare consultations, HIV testing) to over 2,000 people.

The GSK-funded programme for urgent lifesaving health assistance to Internally Displaced Persons (IDPs) and host communities in Somali, Ethiopia closed in April 2024. It provided integrated health, nutrition, and WASH interventions to increase access to safe, clean water and nutrition services, to respond to the ongoing drought crisis as a result of climate change. With GSK's support, Amref supplied essential medical supplies to nine health facilities and IDP clinics. We provided basic training in malnutrition management to 27 health workers and 28 Health Extension Workers (HEWs), and 37,545 women and children were screened through outreaches. Additionally, seven breastfeeding corners were established, 50 mothers and caregivers of malnourished children received food item support, and 60 women were engaged in entrepreneurship and nutrition-sensitive agriculture and income generation initiatives.

To increase access to safe and adequate drinking water for IDPs, 25 water storage tankers were distributed, 500 cubic meters of drinking water were supplied via trucking, 40,000 water treatment kits were supplied for IDP households, 3,000 hygiene materials were distributed, and 1,300 dignity kits are supplied to the needy IDP women and children. Additionally, Water, Sanitation and Hygiene (WASH) education campaigns were conducted on all IDP sites.

In 2024, with the support of UK donor grants, we were pleased to continue our programmatic work in Kenya, Uganda, Tanzania, Zambia and Senegal.

This included Phase 2 activities offering holistic support for survivors of obstetric fistula in Geita and Mwanza, Tanzania and West Nile Region, Uganda. We also continued Phase 2 programme activities for the Piwa Maleng ('Our Clean Water') programme in Amuru District, Uganda, and for the SOL Foundation and People's Postcode Lottery-funded Sports for Health programme in Dagoretti and Embakasi East sub-counties in Nairobi, Kenya.

Phase 3 programme activities for the Alternative Rites of Passage / Water, Sanitation and Hygiene project in Kajiado, Kenya also continued in 2024, funded by the Rabelais Trust. Additionally, with the ongoing UK Foreign and Commonwealth Development Office funding to the Girl Generation: Support to the Africa-Led Movement to End FGM/C consortium, in 2024 we started Year 4 implementation of programme activities in Kenya, achieving Proof of Concept for the programme, and Year 3 programme activities in Senegal.

We also continued implementation of two GSK-funded programmes: to address the malaria burden in Kenya and Zambia and to support the strengthening of the regional response to Antimicrobial Resistance (AMR).

You can read more about these programmes on p. 9-15 (Our Achievements: Programme Development and Strategic Partnerships).

## Financial Review

2024 saw a promising start to the delivery of the 2024-2030 strategy with £6.1 million income secured against the £50.0 million target for the seven-year strategic period. Amref Health Africa UK has closed 2024 in a strong financial position being within our free reserves target range and holding robust cash and term deposit levels. This stands us in good stead to navigate the environment of uncertainty that has dominated 2025 so far. We continue to monitor and manage our cost base effectively during this time, adapting to new and unexpected challenges as they arise.

£6.1 million total income was recognised in 2024, £2.1 million of which was unrestricted. Unrestricted income was 7% higher in 2024 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations – of particular note was an unrestricted contribution of £0.5 million from the Postcode Global Trust, a much-valued long-term partner.

Individual Giving income was lower in 2024 compared to the previous year (the 2023 level had been significantly boosted by the Radio 4 Appeal for which there was no current year equivalent). However, important steps were taken in 2024 to invest in regular giving fundraising with a view to generating dividends in the longer-term. Hence the higher fundraising expenditure in 2024 compared to recent years. We collaborated closely with Amref Italy and Amref Netherlands to develop two Direct Response TV (DRTV) adverts (end FGM/C and maternal health) which aired in Italy, the Netherlands, and the UK. This is the first time that Amref Health Africa has tested DRTV as a fundraising channel – anywhere in the world. Initial results from the tests show promise for the effectiveness of the channel for use in lead generation in the UK. In 2025, we will take forward the learnings from the initial tests and refine the route for scaling which is planned for 2025 and beyond.

Legacy income was lower in 2024 compared to 2023 but year-on-year variability is expected with this income stream. However, in 2024, we started to invest in our Gifts-in-Wills programme with a view to developing and strengthening the pipeline in the medium to long-term. Amref UK's expenditure

profile has been kept under continual review, with a particular focus on fundraising investment and a sustained effort to maintain cost recovery levels.

We close the year with an unrestricted surplus of £164,000, the majority of which has been ringfenced in the Individual Giving Growth Designated Fund (IGGDF), as approved by the Board in November 2024, thereby increasing the closing balance on the fund from £200,000 in 2023 to £350,000 in 2024. The level of free reserves, which excludes the IGGDF balance, remains within target range between the midpoint and upper threshold and more detail is provided in the Reserves Policy section below.

£4.0 million restricted income was recognised in 2024 and this included £2.0 million of GSK funding (£1.5 million for an ongoing regional malaria programme, focusing on Kenya and Zambia and £0.5 million for Phase II of a regional Anti-Microbial Resistance (AMR) programme). Due to capacity challenges within the Programmes team earlier in 2024, business development (BD) plans had to be adjusted with no new funders being secured in 2024. However, the BD activities in the latter part of 2024 have borne fruit with two new funders secured in early 2025 which is an excellent achievement given the backdrop of uncertainty during this time.

Restricted expenditure in the period was 49% higher than the previous period. This is predominantly made up of transfers to Africa for programme implementation, the timing of which are determined by delivery progress and burn rate. 2024 saw the acceleration of delivery on a number of programmes which is welcomed and we thank our colleagues at Amref HQ and in the Amref Country Offices in Africa for their continued technical excellence, creative problem-solving and collaboration. This period's restricted deficit of £659,000 primarily reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi. No individual restricted fund has a closing deficit balance.

## Reserves Policy

We end the year with funds of £4.8 million. 68% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress. The remaining 32% is unrestricted with £350,000 of this ringfenced as an Individual Giving Growth Designated Fund. The creation of the fund was approved by the Board in March 2023 to support planned investment in individual giving acquisition and growth. The decision to hold £350,000 in the fund at 31 December 2024 was approved by the Board in November 2024.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures. We also have an element of our free reserves available to enable us to harness opportunities as they arise.

The calculations showed that as of the end of 2024 we should aim to hold £730,000 - £1,265,000 in unrestricted free reserves.

The unrestricted free reserves balance held as of 31 December 2024 was £1,160,000, made up of unrestricted reserves less the net book value of tangible fixed assets, less designated funds. This is within the target range. The unrestricted free reserves levels will continue to be monitored closely.

We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## **Going Concern**

The Trustees have undertaken a detailed review of income, costs, cash flow, reserves and external factors and considered that the Charity is a going concern. The Trustees believe that the Charity has adequate resources to continue in operational existence for the foreseeable future as expected funds receivable are anticipated to be sufficient to fund committed projects. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements. In the unlikely event of Amref UK no longer operating, any ongoing programmes would be transferred to Amref HQ and Country Offices ensuring that Amref UK's charitable objects continued to be met.

## **Investments**

All funds held in the UK for future use are held in deposit accounts with United Kingdom-based banks. The majority of funds are available on demand but as at 31 December 2024, £0.5 million was held in a 95 Day Notice account. This is shown as a short-term deposit in the financial statements.

## **Related Party Transactions**

As set out in Note 14 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Donations were also received from a number of Trustees and Key Management Personnel.

# Structure, Governance, and Management

## Constitution and Governing Documents

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The members are constituted solely of Trustees and all Trustees are members. The objects of the company, the powers of the Board of Directors and the regulations concerning the appointment of new Directors are set out in the Memorandum and Articles of Association, last amended on 9 June 2023 to better safeguard the key governance mechanisms of the organisation.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## Governance

The Board of Trustees is responsible for the effective governance of the Charity, guided by the Charity Governance Code. A steady renewal of Directors is provided by the maximum terms of office (three consecutive terms of three years totalling nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

There are two sub-committees of the Board; the Finance Committee and the Governance Committee. Both these sub-committees meet quarterly in advance of the full Board meeting. The Finance Committee's remit includes internal control and risk management systems, financial planning and reporting, financial policies and procedures, fraud and whistleblowing of a financial nature, and external audit. The membership of the Finance Committee is drawn from existing Board members and must include the Treasurer and the Chair. The remit of the Governance Committee includes Board structure, focus and effectiveness, organisational structure and culture, the employment life cycle, policy review, and the broader governance considerations regarding the relationship with Amref Health Africa HQ. The membership of the Governance Committee is drawn from existing Board members and must include the Chair.

In November 2024, Amanda Caine who served as Treasurer, reached the end of her nine-year term. We would like to extend our enormous thanks and appreciation to Amanda for her incredible support and commitment during this period. We acknowledge the time, expertise, engagement and experience that she brought to the organisation. We welcome Jill Anderson, who joined the Board as a Trustee in May 2024, as the new Treasurer and we look forward to working with and learning from Jill in the coming years. New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers



their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose.

## **Pay Policy for Senior Staff**

The Board of Trustees, together with the Senior Management Team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all staff including the Senior Management Team follows a clear policy which aims to find a balance between attracting and rewarding our staff for their incredible contribution and ensuring that we are financially responsible with the funding from our donors and supporters. Market data is considered for each individual position to ensure that each salary is set to within the acceptable range around the market median as set out in the policy. A percentage increase was determined for each member of staff based on affordability, the market data for their role as well as their performance for the year in line with the Salary Policy. These increases were applied with effect from 1 January 2024.

## **Risk Management Statement**

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

## **Principal Risks and Uncertainties**

Amref UK closes 2024 in a strong financial position with a robust level of free reserves and a highly liquid balance sheet. Nevertheless, these financial statements are presented at a time of unprecedented uncertainty in the global geopolitical arena with the International Development sector facing huge challenges as a result of the seismic macro-economic shifts taking place. In recent months, we have seen a freeze on USAID followed by the permanent closure of the majority of USAID funded programmes and any remaining programmes being folded into the State Department. The UK Government has also cut the UKAID budget from 0.5% of Gross National Income (GNI) to 0.3%. This trend of Governments downgrading International Development as a priority area has also been seen in other European countries since the start of 2025.

As a result, the external funding environment is far more competitive than it was with a resultant pressure on restricted income. However, Amref UK has continued to attract and secure new funders

in 2025 and current long-standing funders have reaffirmed their commitment to global health. Furthermore, Amref's focus on local partnerships and community-based solutions could enhance long-term sustainability.

These wider developments within the geopolitical environment also makes our strategy to grow Amref UK's unrestricted individual giving income streams even more urgent and important. The potential inflationary increases from a less open global trade system and the evolving narrative around the deprioritisation of aid could mean that the UK public in general is less receptive to such fundraising efforts. However, we anticipate engagement with our mission to remain high with our key acquisition target audiences.

GSK continues to be a much-valued partner with £2.0 million income recorded in 2024 which equated to 33% of total income. On the face of it, this would seem to indicate a high-risk reliance on GSK as a funder. However, the majority of GSK funding is transferred to the implementing Country Offices, with the element retained by Amref UK to cover programme-related UK costs the more relevant in terms of Amref UK financial exposure. £235,000 of GSK funding was retained by Amref UK in 2024 for related programme costs which equated to 4% of the total income recorded and 13% of total income retained in the UK for UK costs. Decisions around programmatic strategic direction as well as the design and delivery of individual programmes are made at Amref Health Africa HQ and Country Offices by skilled and experienced staff (including health / medical professionals) and are not influenced by GSK hence ensuring autonomy of decision-making by suitably qualified personnel separate to and independent of GSK.

Recruitment, retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. The work around our commitment to Diversity, Equity, Inclusion & Belonging (DEIB) including anti-racism continued into 2024 and beyond. We have also retained a hybrid-working approach which is reaping benefits with the flexibility it offers staff.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR). The main risk identified is that the organisation might inadvertently store data about donors, and the Supporter Engagement team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

# Statement of Trustees' Responsibilities

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- observe the methods and principles in 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);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping proper accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware;
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

This report was approved and authorised for issue by the Board of Trustees on 5 June 2025 and signed on its behalf by:



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**Mr Paul Davey, Chair of the Board of Trustees**

# Independent Auditor's Report to the Members of Amref Health Africa

## Opinion

We have audited the financial statements of the Amref Health Africa (the 'charitable company') for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

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

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

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

## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinions on other matters prescribed by the Companies Act 2006**

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

- ◆ the information given in the trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- ◆ the trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

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

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

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

## **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

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

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

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

### *How the audit was considered capable of detecting irregularities including fraud*

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charitable company through discussions with management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, data protection legislation, employment legislation and safeguarding principles;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of trustee meetings;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors (although none was noted as being received by the charitable company).

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Use of our report**

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

*Buzzacott Audit LLP*

Hugh Swainson (Senior Statutory Auditor)  
For and on behalf of Buzzacott Audit LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

Date 06 June 2025



**Statement of financial activities** (including income and expenditure account) Year to 31 December 2024

		2024			2023		
	Notes	Unrestricted fund £	Restricted funds £	Total £	Unrestricted fund £	Restricted funds £	Total £
<b>Income from:</b>							
Donations and legacies	1	996,301	67,669	1,063,970	869,448	230,366	1,099,814
Charitable activities	2	953,871	3,959,087	4,912,958	1,041,729	4,284,468	5,326,197
Other trading activities		—	—	—	42	—	42
Investments		139,431	—	139,431	48,794	—	48,794
Other income		6	—	6	—	3	3
<b>Total</b>		<b>2,089,609</b>	<b>4,026,756</b>	<b>6,116,365</b>	<b>1,960,013</b>	<b>4,514,837</b>	<b>6,474,850</b>
<b>Expenditure on:</b>							
Raising funds	3	940,076	123,471	1,063,547	385,431	237,467	622,898
Charitable activities	3	985,877	4,562,298	5,548,175	1,312,140	2,905,032	4,217,172
<b>Total</b>		<b>1,925,953</b>	<b>4,685,769</b>	<b>6,611,722</b>	<b>1,697,571</b>	<b>3,142,499</b>	<b>4,840,070</b>
<b>Net income / (expenditure) and net movement in funds</b>		<b>163,656</b>	<b>(659,013)</b>	<b>(495,357)</b>	<b>262,442</b>	<b>1,372,338</b>	<b>1,634,780</b>
Total funds brought forward		1,359,880	3,909,350	5,269,230	1,097,438	2,537,012	3,634,450
<b>Total funds carried forward</b>	15	<b>1,523,536</b>	<b>3,250,337</b>	<b>4,773,873</b>	<b>1,359,880</b>	<b>3,909,350</b>	<b>5,269,230</b>

All income and expenditure derives from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The notes on pages 41 to 51 form part of these financial statements.

## Balance sheet 31 December 2024

	Notes	2024 £	2024 £	2023 £	2023 £
<b>Fixed assets</b>					
Tangible fixed assets	8		<b>14,003</b>		14,338
<b>Current assets</b>					
Debtors	9	<b>331,949</b>		394,411	
Current asset investments		—		500,000	
Short term deposits		<b>500,000</b>		—	
Cash at bank and in hand		<b>4,777,178</b>		5,528,778	
		<b>5,609,127</b>		6,423,189	
<b>Liabilities</b>					
Creditors: amounts falling due within one year	10a	<b>(644,257)</b>		(963,297)	
<b>Net current assets</b>			<b>4,964,870</b>		5,459,892
<b>Total assets less current liabilities</b>			<b>4,978,873</b>		5,474,230
Creditors: amounts falling due after more than one year	10b		<b>(205,000)</b>		(205,000)
<b>Net assets</b>			<b>4,773,873</b>		5,269,230
<b>Funds</b>					
Unrestricted fund – general	15	<b>1,173,536</b>		1,159,880	
Unrestricted fund – designated	15	<b>350,000</b>		200,000	
Restricted funds	15	<b>3,250,337</b>		3,909,350	
<b>Total funds</b>			<b>4,773,873</b>		5,269,230

The financial statements were approved by the Trustees and authorised for issue on 5 June 2025 and signed on their behalf by:



Paul Davey, Chair

Company number: 00982544

The notes on pages 41 to 51 form part of these financial statements.

## Statement of cash flows Year to 31 December 2024

	Note	2024 £	2023 £
<b>Net cash (outflow) inflow from operating activities</b>	A	<b>(883,319)</b>	1,908,649
<b>Cash flows from investing activities</b>			
Interest income		139,431	48,794
Purchase of tangible fixed assets		(7,712)	(9,300)
Disposal of tangible fixed assets		—	563
Disposal / (purchase) of current asset investments		500,000	(500,000)
Purchase of short-term deposits		(500,000)	—
<b>Net cash flow provided / (used in) investing activities</b>		<b>131,719</b>	(459,943)
<b>Change in cash and cash equivalents in the year</b>		<b>(751,600)</b>	1,448,706
<b>Reconciliation of net cash flow to movement in net funds:</b>			
<b>Cash and cash equivalents at beginning of year</b>		<b>5,528,778</b>	4,080,072
<b>Cash and cash equivalents at end of year</b>		<b>4,777,178</b>	5,528,778

### A Reconciliation of net movement in funds to net cash flow from operating activities

	2024 £	2023 £
Net movement in funds (as per statement of financial activities)	(495,357)	1,634,780
Adjustments for:		
Depreciation charge	8,047	5,924
Interest income	(139,431)	(48,794)
Decrease in debtors	62,462	235,544
(Decrease) / increase in creditors	(319,040)	81,195
<b>Net cash (used in) / provided by operating activities</b>	<b>(883,319)</b>	1,908,649

### B Analysis of changes in net debt

	At 1 January 2024 £	Cash flows £	At 31 December 2024 £
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	5,528,778	(751,600)	<b>4,777,178</b>
<b>Borrowings</b>			
Debt due after one year	(205,000)	—	<b>(205,000)</b>
<b>Total</b>	<b>5,323,778</b>	<b>(751,600)</b>	<b>4,572,178</b>

### **General information and basis of preparation**

Amref Health Africa is a company limited by guarantee registered in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity. The address of the registered office is given in the charity information on page 4 of these financial statements. The nature of the charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with 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 (Charities SORP (FRS 102)), the Charities Act 2011 and the Companies Act 2006 and UK Generally Accepted Practice.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### **Critical accounting estimates and areas of judgement**

Preparation of the financial statements requires the trustees and senior management to make significant judgements and estimates.

The items in the financial statements where these judgements and estimates have been made include:

- ◆ the estimation of the useful economic life of tangible fixed assets;
- ◆ the estimation of the amount receivable in respect of legacies where the charity has been notified of its entitlement;
- ◆ the estimation of the amounts recognised as donated goods or services as gift in kind income; and
- ◆ the basis on which the support costs are allocated across the various categories of charitable expenditure.

### **Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

### **Income recognition**

All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

### ***Donations and legacies***

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled. For legacies, income is recognised upon receipt, or before receipt if there is sufficient evidence to provide the necessary certainty that the legacy will be received and the value of the income can be measured with sufficient certainty.

### ***Gifts in Kind***

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity; that is the amount the charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the Charities SORP (FRS 102).

### ***Charitable activities***

Income from charitable activities includes income earned both from the supply of goods and services under contractual arrangements and from performance-related grants which have conditions that specify the provision of particular goods or services to be provided by the charity. The contracts or performance-related grants have been included as "Income from charitable activities" where these contracts or grants specifically outline the good and services to be provided to the communities we partner which are within the charitable purposes of the charity.

For performance-related grants, where there are no donor-imposed conditions (e.g. in respect of fee-related measurable outputs or the time period over which expenditure of resources can take place) or if there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, income is recognised upon receipt. Where performance conditions including time-related conditions exist, income from such grants is recognised when the charity deems the entitlement criteria is satisfied, which is typically based on the extent of confirmed programme delivery. As such, expenditure incurred to date is seen to be the most reasonable estimate or approximation of the charity's performance and therefore income entitlement. In this case, cash received in excess of expenditure is included as a creditor (deferred income) and expenditure in excess of cash received is included as a debtor (as accrued income).

**Income recognition** (continued)

The charity receives government contract income in respect of its charitable work. Due to its nature, this income is classified as unrestricted and is subject to VAT. There are payment-by-results elements within the contract. Contract income is only recognised when the charity has entitlement and the payment-by-results related income is only recognised once the specific criteria have been met and approved as such by the funder.

**Trading activities**

Income from trading activities relates to income earned from trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

**Other income**

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

**Expenditure recognition**

Expenditure is accounted for on an accruals basis with the exception of expenditure transactions below £500. Expenditure has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- ◆ Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- ◆ Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs. Where there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, grant expenditure is recognised upon payment. Where this precedent does not exist, grant expenditure is recognised once the transferred funds have been spent on the specified programme.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

**Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time. The analysis of these costs is included in note 4.

**Funds**

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. A summary of restricted funds by geographical area is set out in the notes to the financial statements.

Transfers between funds take place in accordance with funding agreements or with the express permission of the funder.

#### **Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

#### **Debtors**

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

#### **Current asset investments**

Current asset investments are held at fair value with movements recognised in the Statement of Financial Activities (SOFA). Any cash investment with a maturity of a year or more is classified as a current asset investment.

#### **Short term deposits**

Any cash investment with a maturity date of more than three months but less than a year is classified as a short term deposit.

#### **Cash at bank and in hand**

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

#### **Liabilities and provisions**

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

**Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

**Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

**Employee benefits**

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

**Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

**Financial instruments**

The charity only holds basic Financial Instruments. The financial assets and financial liabilities of the charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 9. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 10. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.



# 1. Income from donations and legacies

	Unrestricted funds £	Restricted funds £	2024 Total £
Individual sponsorship/event donations	15,720	—	15,720
Individual donors	362,167	7,027	369,194
Legacies	28,846	1,862	30,708
Corporate donors	2,454	—	2,454
Trusts and Foundations	586,293	58,780	645,073
Donated services	821	—	821
	<u>996,301</u>	<u>67,669</u>	<u>1,063,970</u>
	Unrestricted funds £	Restricted funds £	2023 Total £
<i>Individual sponsorship/event donations</i>	26,095	—	26,095
<i>Individual donors</i>	393,969	33,600	427,569
<i>Legacies</i>	184,264	11,546	195,810
<i>Trusts and Foundations</i>	197,120	185,220	382,340
<i>Donated services</i>	68,000	—	68,000
	<u>869,448</u>	<u>230,366</u>	<u>1,099,814</u>

# 2. Income from charitable activities

	Unrestricted funds £	Restricted funds £	2024 Total £
<b>Corporates</b>			
GlaxoSmithKline	30,847	2,000,000	2,030,847
ViiV Healthcare	—	28,806	28,806
<b>Total Corporates</b>	<u>30,847</u>	<u>2,028,806</u>	<u>2,059,653</u>
<b>Governments</b>			
FCDO	923,024	—	923,024
<b>Total Governments</b>	<u>923,024</u>	<u>—</u>	<u>923,024</u>
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	1,386,024	1,386,024
The SOL Foundation	—	260,914	260,914
The Rabelais Trust	—	173,309	173,309
People's Postcode Lottery	—	94,811	94,811
Other Trusts < £15k	—	15,223	15,223
<b>Total Trusts &amp; Foundations</b>	<u>—</u>	<u>1,930,281</u>	<u>1,930,281</u>
	<u>953,871</u>	<u>3,959,087</u>	<u>4,912,958</u>

**2. Income from charitable activities (continued)**

	Unrestricted funds £	Restricted funds £	2023 Total £
<b>Corporates</b>			
GlaxoSmithKline	8,205	2,620,703	2,628,908
ViiV Healthcare	—	161,981	161,981
<b>Total Corporates</b>	8,205	2,782,684	2,790,889
<b>Governments</b>			
FCDO	1,033,524	—	1,033,524
<b>Total Governments</b>	1,033,524	—	1,033,524
<b>Other Institutional donors</b>			
Comic Relief	—	3,105	3,105
<b>Total Other Institutional donors</b>	—	3,105	3,105
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	883,300	883,300
Croda Foundation	—	273,399	273,399
People's Postcode Lottery	—	186,287	186,287
The Rabelais Trust	—	73,920	73,920
The SOL Foundation	—	43,445	43,445
Save the Children	—	18,442	18,442
Other Trusts < £15k	—	19,886	19,866
<b>Total Trusts and Foundations</b>	—	1,498,679	1,498,679
	<b>1,041,729</b>	<b>4,284,468</b>	<b>5,326,197</b>

**3. Expenditure**

	Raising funds £	Charitable activities £	2024 Total £
Staff costs	518,988	448,647	<b>967,635</b>
Direct costs	441,219	5,015,657	<b>5,456,876</b>
Support costs	103,340	83,871	<b>187,211</b>
	<b>1,063,547</b>	<b>5,548,175</b>	<b>6,611,722</b>

  

	Raising funds £	Charitable activities £	2023 Total £
Staff costs	345,566	486,357	831,923
Direct costs	168,951	3,624,404	3,793,355
Support costs	108,381	106,411	214,792
	<b>622,898</b>	<b>4,217,172</b>	<b>4,840,070</b>

Direct costs of charitable activities are predominantly £4,936,080 (2023: £3,521,014) made up of grants remitted to Amref HQ for core objectives.

#### 4. Support costs allocation

	Raising funds £	Charitable activities £	2024 Total £
Premises costs	28,838	23,405	<b>52,243</b>
Governance costs	16,415	13,323	<b>29,738</b>
Other office and operational costs	58,087	47,143	<b>105,230</b>
<b>Total</b>	<b>103,340</b>	<b>83,871</b>	<b>187,211</b>

  

	Raising funds £	Charitable activities £	2023 Total £
Premises costs	26,952	26,462	53,414
Governance costs	39,511	38,793	78,304
Other office and operational costs	41,918	41,156	83,074
<b>Total</b>	<b>108,381</b>	<b>106,411</b>	<b>214,792</b>

#### 5. Governance costs

	2024 £	2023 £
Auditor's remuneration – current period audit fee	<b>17,940</b>	17,100
Strategy development	—	13,247
Legal Fees on governance matters	—	23,114
Trustee recruitment & skills analysis	<b>6,000</b>	23,000
Other costs	<b>5,798</b>	1,843
	<b>29,738</b>	78,304

A total amount of £307 was incurred by the charity for one Trustee during the year for travel and other expenses incurred on the charity's business (2023: £488).

#### 6. Staff costs and numbers

The aggregate payroll costs comprised:

	2024 £	2023 £
Wages and salaries	<b>814,508</b>	651,966
Social security costs	<b>85,435</b>	64,992
Employer's pension costs	<b>57,243</b>	47,190
Other staff costs	<b>10,449</b>	67,775*
	<b>967,635</b>	831,923

\*From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support was recognised as donated services within income with the corresponding expenditure reflected as part of Other staff costs in 2023. The role was recruited to in November 2023 so corresponding costs since then are reflected in Wages and Salaries.

**6. Staff costs and numbers (continued)**

Average number of staff during the year by function:

	<b>2024</b>		<b>2023</b>	
	<b>Headcount</b>	<b>FTE</b>	Headcount	FTE
Fundraising	<b>7</b>	<b>6.7</b>	5	4.7
Programmes	<b>6</b>	<b>5.1</b>	6	5.7
Governance and administrative support	<b>5</b>	<b>4.1</b>	5	3.8
	<b>18</b>	<b>15.9</b>	16	14.2

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs and pensions contributions) were £381,386 (2023: £263,045).

In the year ended 31 December 2024, there were the following number of employees with remuneration in excess of £60,000:

	<b>2024 No.</b>	<b>2023 No.</b>
£60,001 - £70,000	<b>2</b>	—
£70,001 - £80,000	<b>1</b>	—
£90,001 - £100,000	—	1
£100,001 - £110,000	<b>1</b>	—

During the year, no Trustee received any remuneration (2023: none).

**7. Net (expenditure) income**

Is stated after charging:

	<b>2024 £</b>	<b>2023 £</b>
Auditor's remuneration:		
Current year audit fee	<b>17,940</b>	17,100
Non-audit fees – taxation advice	<b>4,740</b>	5,700
Depreciation of fixed assets	<b>8,047</b>	5,924
Lease rentals	<b>8,041</b>	11,925

**8. Fixed assets**

	Equipment and computers £
<b>Costs</b>	
As at 1 January 2024	33,691
Additions	7,712
Disposals	(108)
As at 31 December 2024	<u>41,295</u>
<b>Depreciation</b>	
As at 1 January 2024	19,353
Charge during the year	8,047
Disposals	(108)
As at 31 December 2024	<u>27,292</u>
<b>Net book value</b>	
As at 1 January 2024	<u>14,338</u>
As at 31 December 2024	<u>14,003</u>

**9. Debtors**

	2024 £	2023 £
Trade debtors	104,064	164,022
Accrued income	165,522	178,701
Prepayments and other debtors	26,093	20,295
Amounts due from Amref HQ	36,270	31,393
	<u>331,949</u>	<u>394,411</u>

**10.a Creditors: amounts falling due within one year**

	2024 £	2023 £
Trade creditors	—	3,022
Taxation and social security	68,312	66,205
Amounts due to Amref HQ	312,046	183,774
Accruals and other creditors	50,541	60,482
Deferred income	213,358	649,814
	<u>644,257</u>	<u>963,297</u>
<b>Deferred income</b>		
Balance brought forward as at 1 January 2024	649,814	523,294
Released in the year	(525,860)	(523,294)
Income received and deferred in the year	89,404	649,814
<b>Balance carried forward as at 31 December 2024</b>	<u>213,358</u>	<u>649,814</u>

Deferred income relates to grant income received before the year-end for programme delivery in 2025 and beyond.

**10.b Creditors: amounts falling due after more than one year**

	2024 £	2023 £
Loan from Amref NL*	205,000	205,000
	<b>205,000</b>	<b>205,000</b>

\*This loan is interest-free and is due for repayment on 31 March 2026. The loan is to be used exclusively for pre-financing the delivery of the “Support to the African Led Movement to End FGM/C” programme.

**11. Reconciliation of funds**

	Unrestricted		Restricted funds	2024 £
	General funds £	Designated funds £	£	
<b>Analysis of reserves</b>				
Tangible fixed assets	14,003	—	—	<b>14,003</b>
Net current assets	1,364,533	350,000	3,250,337	<b>4,964,870</b>
Creditors of more than one year	(205,000)	—	—	<b>(205,000)</b>
	<b>1,173,536</b>	<b>350,000</b>	<b>3,250,337</b>	<b>4,773,873</b>

	Unrestricted		Restricted funds	2023 £
	General funds £	Designated funds £	£	
<i>Analysis of reserves</i>				
<i>Tangible fixed assets</i>	<i>14,338</i>	<i>—</i>	<i>—</i>	<i>14,338</i>
<i>Net current assets</i>	<i>1,350,542</i>	<i>200,000</i>	<i>3,909,350</i>	<i>5,459,892</i>
<i>Creditors of more than one year</i>	<i>(205,000)</i>	<i>—</i>	<i>—</i>	<i>(205,000)</i>
	<b><i>1,159,880</i></b>	<b><i>200,000</i></b>	<b><i>3,909,350</i></b>	<b><i>5,269,230</i></b>

During the period, our reserves calculations were updated in line with our policy as detailed in the Trustees’ report. The closing level of unrestricted free reserves is within target range. £350,000 of unrestricted funds has been ringfenced within a designated fund as at 31 December 2024 to ensure sufficient funds are available for the Individual Giving investment in future years. Further information is provided in the Trustees’ Annual Report.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

## 12. Capital and financial commitments

At 31 December 2024, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £2,220 per annum including VAT (2023: £1,980).

At 31 December 2024 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	2024		2023	
	Leasehold property £	Equipment £	Leasehold property £	Equipment £
Within one year	—	—	—	2,274
Between two to five years	—	—	—	4,864

In March 2023, the charity relocated from its former leased property at Lower Ground Floor, White Lion Street, London, N1 9PD to 7-14 Great Dover Street, London, SE1 4YR.

A license to occupy agreement for shared office space has been in effect from 1 March 2023 (7-14 Great Dover Street, London, SE1 4YR up to 31 October 2024 and Canopi, 82 Tanner Street, London, SE1 3GN from 1 November 2024). The license agreement can be terminated with three months written notice and the license fee is to be reviewed on an annual basis. This arrangement is therefore not considered to constitute an operating lease.

The printer lease was terminated in October 2024 and paid off in full upon termination. Lease payments of £8,041 (2023: £11,925) have been recognised as an expense.

There are no contingent liabilities at the end of December 2024.

### 13. Liability of Members

At 31 December 2024 the charity had 9 members (2023: 7 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10. The members are constituted solely of Trustees and all Trustees are members.

### 14. Related party transactions

- a) Amref Health Africa (“Amref UK”) is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya (“Amref HQ”).

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

Paul Davey, Chair of Amref UK, also sits on the Amref HQ Board of Trustees.

From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support was recognised as donated services valued at £51,000 within income with the corresponding expenditure reflected within Other staff costs in 2023.

In 2024, Amref UK received £53,780 of grant funding from Amref HQ to support growth in individual giving fundraising. This is recognised within Donations & Legacies.

The transactions with Amref HQ were as follows:

	2024 £	2023 £
Net balances due from Amref UK at the start of the year	(152,381)	(74,547)
Grants and other payments payable from Amref UK to Amref HQ in the year	(4,936,080)	(3,521,014)
Net payments made from Amref UK to Amref HQ	4,812,685	3,443,180
Net balances due from Amref UK at the end of the year	(275,776)	(152,381)



**14. Related party transactions** (continued)

- b) In 2021, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5-year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funding by FCDO.
- c) Jill Anderson, Trustee of Amref UK, joined the Amref UK Board on 30 May 2024. At the time of joining the Amref UK Board, she was Chief Finance Officer, Senior VP, Research & Development, GSK and remained in this role until 31 July 2024. GSK decisions on whether to fund Amref UK are made by the GSK Grants & Donations Committee with proposals submitted by the Global Health unit of GSK which is separate from the Research & Development unit.
- d) During the year, Amref UK recognised £11,613 of previously deferred income from Croda Foundation. Camilla Knox-Peebles, CEO of Amref UK, joined the Board of Croda Foundation as a Trustee & Director in September 2024.
- e) During the year, £7,500 of donations were received from Worldwide People for People, a charity registered in England & Wales. The Worldwide People for People Board is composed of representative from the charities participating in its payroll giving scheme. As such, Matt Wenham, Director of Fundraising of Amref UK joined the Board of Worldwide People for People as a Trustee & Director in February 2024.
- f) During the year, Amref UK held two All Staff meetings at the offices of Clifford Chance LLP at nil cost. This support has been recognised as a donated service valued at £821 (2023: nil). Jennifer Chimanga, Trustee of Amref UK, is also a Partner at Clifford Chance LLP.
- g) Donations from related parties  
£2,490 of donations were recorded from 10 Key Management Personnel, Trustees and their connected entities in the year (£4,745 from 7 Trustees and KMP in 2023).

**15. Funds**

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2024.

	1 January 2024 £	Income £	Expenditure £	Transfers £	31 December 2024* £
<b>Restricted</b>					
Ethiopia	174,335	28,806	(203,141)	—	—
Kenya	11,655	547,537	(545,037)	—	14,155
Tanzania	567,162	383,738	(647,087)	—	303,813
Uganda	1,055,495	1,002,285	(1,134,549)	—	923,231
Amref HQ & regional work	2,049,914	2,003,000	(2,049,565)	—	2,003,349
UK office	50,789	58,780	(103,780)	—	5,789
Zambia	—	2,610	(2,610)	—	—
	<u>3,909,350</u>	<u>4,026,756</u>	<u>(4,685,769)</u>	<u>—</u>	<u>3,250,337</u>
<b>Unrestricted</b>					
General	1,159,880	2,089,609	(1,725,957)	(349,996)	1,173,536
Designated**	200,000	—	(199,996)	349,996	350,000
	<u>1,359,880</u>	<u>2,089,609</u>	<u>(1,925,953)</u>	<u>—</u>	<u>1,523,536</u>
<b>Total</b>	<u>5,269,230</u>	<u>6,116,365</u>	<u>(6,611,722)</u>	<u>—</u>	<u>4,773,873</u>

Details of the programmes delivered in the year under our four thematic areas can be found in the table on page 9 of the Trustees' Annual Report.

\*The restricted fund balances held reflect the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi. The sizeable balances held particularly pertaining to Amref HQ and regional work and Uganda, relate to programmes where funds were received and recognised just before 31 December 2024 which are to be spent in the following year.

\*\* Designated Fund relates to the Individual Giving Growth Designated Fund (IGGDF) created in 2023 to support planned investment in individual giving acquisition.

	1 January 2023 £	Income £	Expenditure £	Transfers* £	31 December 2023** £
<b>Restricted</b>					
Ethiopia	3,516	761,981	(587,646)	(3,516)	174,335
Kenya	44,342	521,078	(521,078)	(32,687)	11,655
Tanzania	728,044	397,171	(558,053)	—	567,162
Uganda	1,610,118	523,893	(1,078,516)	—	1,055,495
Amref HQ & regional work	45,992	2,053,373	(85,654)	36,203	2,049,914
UK office	105,000	192,820	(247,031)	—	50,789
Malawi	—	64,521	(64,521)	—	—
	<u>2,537,012</u>	<u>4,514,837</u>	<u>(3,142,499)</u>	<u>—</u>	<u>3,909,350</u>
<b>Unrestricted</b>					
General	1,097,438	1,960,013	(1,611,265)	(286,306)	1,159,880
Designated***	—	—	(86,306)	286,306	200,000
	<u>1,097,438</u>	<u>1,960,013</u>	<u>(1,697,571)</u>	<u>—</u>	<u>1,359,880</u>
<b>Total</b>	<u>3,634,450</u>	<u>6,474,850</u>	<u>(4,840,070)</u>	<u>—</u>	<u>5,269,230</u>

## 15. Funds (continued)

\* The transfer of funds within restricted funds relates to an agreement reached with GSK to reassign and repurpose some funding received in previous financial years for the TB & Malaria programme in Ethiopia and Kenya to support Amref HQ and regional work.

\*\*The year-on-year increase in restricted funds held, particularly pertaining to Amref HQ and regional work, relates to programmes where funds were received and recognised just before 31 December 2023 which are to be spent in the following year.

\*\*\*Designated Fund relates to the Individual Giving Growth Designated Fund (IGGDF) created in 2023 to support planned investment in individual giving acquisition.

## 16. Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) funded by UK Government (FCDO)

In accordance with the contract between Amref UK and Options Consultancy Services Ltd for the Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (FCDO), the following note has been included. The note shows the amounts due to Amref UK in relation to the programme which form part of the trade debtor and accrued income balances in Note 9 as well as the claimable amounts arising and payments received during the year (including VAT where applicable). The VAT elements are included here as part of the total amounts claimed from Options Consultancy Services Ltd and due to Amref UK. The income recognised in Note 2 from FCDO in relation to this programme does not include these VAT elements as they are not considered to be recognisable as such.

	2024 £	2023 £
Balances due to Amref UK at the start of the year	279,572	391,720
Claimable amounts incurred by Amref UK in the year	1,107,629	1,235,706
Payments received by Amref UK in the year	(1,230,048)	(1,347,854)
<b>Balances due to Amref UK at the end of the year</b>	<b>157,153</b>	<b>279,572</b>