HEALTH LIMITED

England & Wales · Charity number 290535

Details

Other names	HEALTH POVERTY ACTION, HEALTH UNLIMITED
Status	Registered
Legal form	Charitable company
Company number	01837621
Registered	1984-11-06
Register	View on the Charity Commission register

Contact

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Activities

Objects: TO PRESERVE AND PROTECT THE HEALTH, THROUGH THE PROVISION OF PRIMARY HEALTH CARE, OF COMMUNITIES WHO RECEIVE LITTLE OR NO EXTERNAL ASSISTANCE BECAUSE OF POLITICAL INSTABILITY AND/OR CONFLICT.

Activities: We work to improve the health of the world's poorest people, ensuring people who otherwise would have no support receive basic but life-saving health care and education.

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Classification

- **How:** Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Overseas Aid/famine Relief, Environment/conservation/heritage, Economic/community Development/employment
- **Who:** Children/young People, Elderly/old People, People With Disabilities, People Of A Particular Ethnic Or Racial Origin, Other Defined Groups, The General Public/mankind

Geography

- Burma
- Cambodia
- China
- Ethiopia
- Guatemala
- Kenya
- Laos
- Namibia
- Nicaragua
- Rwanda
- Sierra Leone
- Somalia
- Vietnam

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£9,988,307	£9,319,325	£6,156,024	314
2024-03-31	£10,707,604	£11,041,529	£5,396,675	386
2023-03-31	£14,710,171	£14,456,710	£5,824,516	446
2022-03-31	£14,992,209	£14,930,388	£5,361,697	382
2021-03-31	£19,836,724	£20,721,543	£5,202,507	360

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Trustees

Name	Role	Appointed
OLIVER KEMP	Chair	2018-06-04
Anuj Kapilashrami		2019-06-28
Betty Ann Williams		2018-06-04
Dr Anna Graham		2018-06-04
Dr RUTH STERN		2018-06-04
Dr Rory Honney		2018-06-04
Fahad Shahid Sayood		2022-10-07
Ravi Ram		2022-03-25

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HEALTH LIMITED

England & Wales - Charity number 290535

Accounts

HEALTH POVERTY ACTION

Annual report and accounts

2024-2025

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Cover photo: Mothers in Guatemala receive seedlings of nutritious plants to grow in their garden.

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Message from Director and Chair

We write in the midst of an existential crisis. Both for Health Poverty Action and hundreds of thousands of people around the world. As a result of the 90% cut in USAID contracts announced in January 2025 – followed swiftly by cuts from the UK, France, Germany, the Netherlands, and Switzerland – vaccination programmes have halted, vital food aid ceased, and over the course of a few months tens of thousands of people died.[1] Some of the world's poorest economies have been plunged into catastrophe with currency devaluations and plummeting GDP,[2] causing budget deficits, layoffs of health workers and increased borrowing and debt. Even the UN has been affected, most particularly The World Health Organisation (WHO), cutting budgets and being forced to restructure.

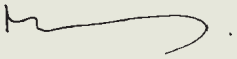
The scale of the cuts and impact mean that 2025 may mark not only the end of the so-called 'aid' system, but of norms that defined the post-World War era. The impact on our own work has been drastic. With budget cuts forcing us to shrink programmes, halt work, and cut staff, increasing pressure on those remaining.

In the midst of this we have responded flexibly, adapted operations, done even more with less and attempted to fill the gaps as government services collapse. Whilst being forced to scale back in some areas, we have seized new opportunities that arise. Specifically, in Zimbabwe, where we embarked on a new partnership with the TRURO Trust to conduct research to understand how migration, gendered violence, and mental health intersect in order to produce actionable, locally relevant responses to the intertwined challenges of violence and mental distress.

Our own hope is for the possibility that a more equitable system can emerge from the demise of the current one. A more honest and just alternative that recognises that the wealth of the Minority World is built on their exploitation and impoverishment of the Majority World. One that takes steps to halt exploitation and demand the redistribution of global wealth to those most impacted. This could include looking for other ways to fund global redistributive finance. Among the options that require immediate exploration are legalising, regulating and taxing the illicit drugs trade, and taxes on wealth. Cancelling debts, many offered under unjust conditions, is also an essential and urgent component.

Health Poverty Action will be part of these debates, advocating for a fairer alternative and a fairer world. With thanks as always to all our hard-working staff and volunteers, and of course to you, our supporters and collaborators for your unwavering commitment in these difficult times.

Oliver Benjamin Kemp
Chair of Trustees



Martin Drewry
Director

1. PEPFAR Programme Impact Tracker (accessed 10/06/2025) https://pepfar.impactcounter.com/
2. Cilliers J (2025) Institute for Security Studies ' 28 February 2025 Data modelling reveals the heavy toll of USAID cuts on Africa' https://issafrica.org/iss-today/data-modelling-reveals-the-heavy-toll-of-usaid-cuts-on-africa?

Who we are

We see health differently. We do what's needed, not what's easiest, to stop health being denied. We work alongside ignored communities in ten countries worldwide who refuse to accept the injustices that deny people a healthy life.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. That's why our local team in Myanmar will trek for six weeks through the freezing mountains to run health training courses. It's why we join forces with communities in remote Somaliland villages, supporting people to demand better health facilities. And it's why, in Guatemala, we stand with traditional birth attendants (TBAs), ensuring they are equipped not only to safely attend births, but also to defend their rights, and those of the families they serve. Our approach partners us with some of the most remote and marginalised communities around the world.

And it's why we confront policy issues that are complex and sometimes controversial.

We are part of a global movement for health justice – the People's Health Movement – and we work in close partnership with Find Your Feet, whom we support with grants, management services and finance functions.

Our legal purpose is:

To preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict.

Ta Van Niem tests people for malaria in Dak O commune.

Country updates

Note: Country contexts give a snapshot as it relates to our work and are not intended to reflect any country as a whole. For each country, we try to estimate the number of people our programmes have reached. We understand that these figures do not capture the full impact on each individual but rather indicate the scale of the difference our work may make in people's lives. In some countries, measuring this impact is more challenging than in others; for this reason, we have omitted the "people impacted" section from some countries' updates.

Cambodia

Context

Migration in Cambodia is largely internal. Many people move from rural to urban areas seeking employment or following family, yet this shift often exposes them to insecure jobs, low wages, inadequate housing, and limited access to health and protection services. Women in particular face heightened risks of sexual harassment, gender-based violence (GBV), and discrimination in informal sectors such as domestic work, garment factories, construction, and entertainment.

Cambodia has made significant progress in tackling HIV in recent years. However, people who inject drugs remain at high risk of infection, and almost a quarter of people who inject drugs are affected by HIV. Cambodia has a high level of hepatitis; hepatitis B affects more than 15% of people and hepatitis C around 3%, based on our programme data. Treatment remains unaffordable for many people.

Political update

Cambodia has been politically stable in recent years, enabling some developments and improvements in the public health sector. Despite this stability, the lack of any political opposition continues to affect processes of good governance, democracy, and human rights.

Our work

Mental health remains a key strand of our work in Cambodia. Alongside partners, we are working to better understand the lived realities of internal migrants' economic instability, housing struggles, social marginalisation, and barriers to healthcare. These insights will be translated into practical tools for frontline providers to improve service delivery access, and create mental health and protection services that are accessible, community-informed, and responsive to real needs.

We are also tackling HIV by reducing infections among people who inject drugs and their partners. We provide outreach and education to those using the service, and introduce those who have mental health and substance abuse issues to community-based treatments.

The Hepatitis Elimination Alliance continues to grow, uniting public and private sectors, medical providers, community organisations, and NGOs. By building this collaboration, we are raising awareness about hepatitis while working to make reliable screening and treatment methods more accessible and affordable in the general market.

Highlights

Thailand
Laos
Vietnam
• 600 internal migrants across 12 villages in Khan Meanchey and Khan Posenchey were interviewed.
• 69 patients treated for substance abuse–related mental health disorders.
• 114 people were introduced to community-based treatment services.
• Partnered with over 53 doctors working across the country to ensure access to care and treatment nationwide.
• Brought down the price of medicine and viral load test 50-60% below the original market price.
• 212 patients received counselling and treatment for mental health conditions.
• 1,938 people received treatment for hepatitis B and 236 for hepatitis C through a network of partner doctors.
• 6 training sessions for over 400 medical doctors across Cambodia on hepatitis B and C.
100km
50miles

Ethiopia

Context

Ethiopia faces a complex and evolving set of challenges impacting the lives of millions. Ongoing conflicts have caused widespread displacement, loss of livelihoods, and damage to critical infrastructure. Vaccine coverage remains low and inequitable, especially for the measles vaccinations at 61% for MCV1 and 53% for MCV2 in 2023. Recurrent droughts and floods exacerbate food insecurity and disrupt people's ability to grow food on which the majority of the population depends. In the Somali region around 1.2 million people face severe water shortages.

Political update

The cost of living has risen sharply since the government shifted to a market-based foreign currency exchange system in July 2024, deepening economic difficulties. Civil servants, including health workers, face growing financial pressure as wages fail to meet rising living costs. Many communities fear growing poverty and workers speak of possible strikes. Seismic activity has increased since late 2024, with 58 earthquakes recorded near the Afar Region in 2025 affecting tens of thousands of people.*

Aid cuts posed serious challenges for over 20 million people. USAID was the major donor in Ethiopia providing over $1.5 billion in assistance in 2023 alone. The termination of USAID and key humanitarian and development programmes is expected to worsen ill-health, malnutrition, poverty, food insecurity, and displacement.

> ***"Communities displaced and dependent on food aid are now in a dire situation where malnutrition is rising. There are now no adequate supplies to manage children with acute malnutrition in the country as these were previously being provided by aid.***
>
> **Mirchaye Mekoro,** Ethiopia Country Director

Our work

We improve the maternal, child, sexual and reproductive health of pastoralist communities by strengthening community health systems and improving access to services. Our approach to gender-based violence (GBV) and female genital mutilation (FGM) prevention has garnered interest from government stakeholders, including the Ministry of Women and Social Affairs. We have been able to engage local politicians and government authorities to a degree that has never been seen before, positioning us as a credible partner and key player in GBV prevention and response in Ethiopia. Our community-based approach to preventing GBV/FGM influenced both local and national government and resulted in our invitation to sit on a National Taskforce to tackle GBV.

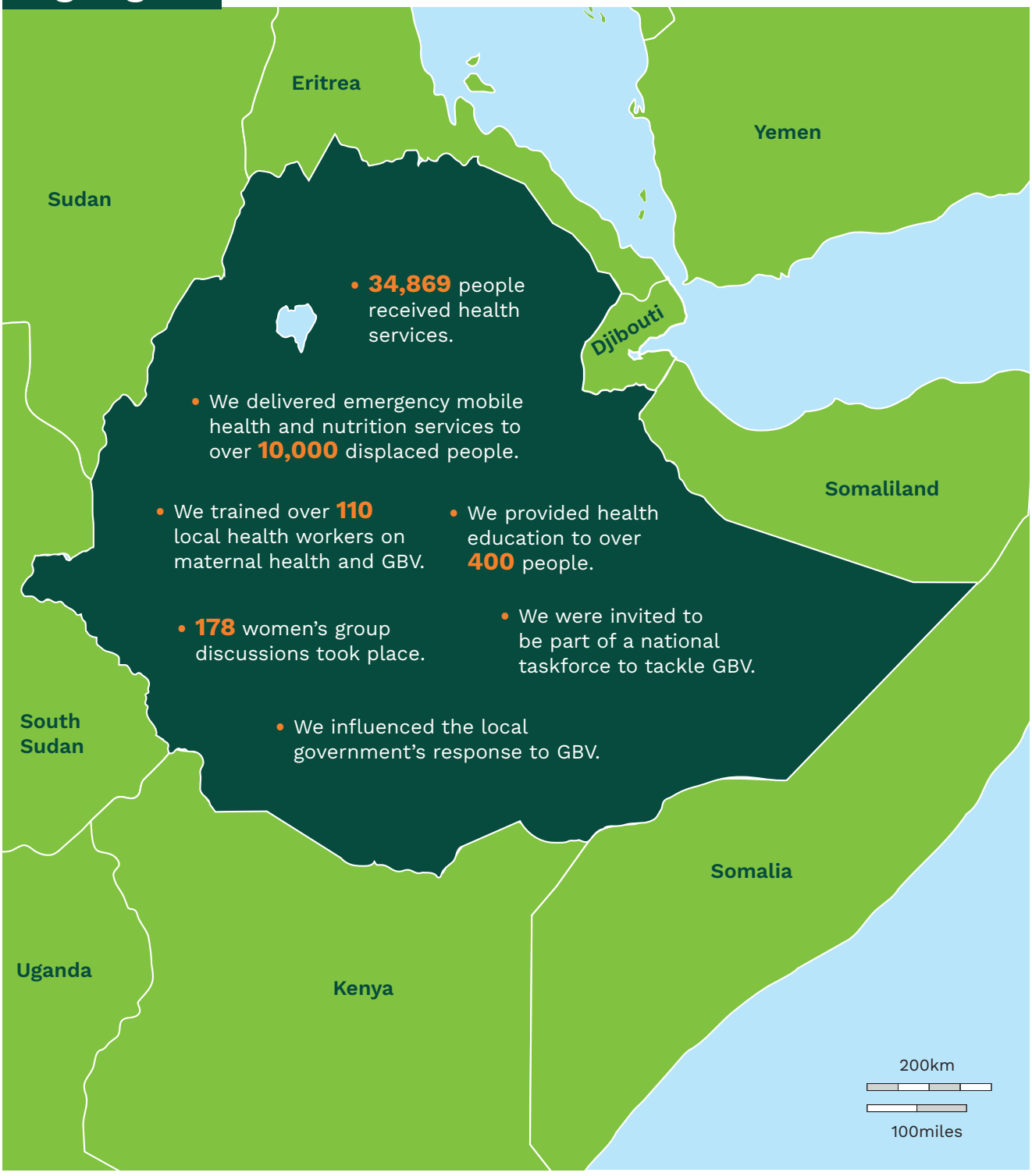
We are working to improve health service utilisation and economic resilience of vulnerable households in the Afar Region by integrating community-based health insurance with access to income-generating activities.

We are piloting research with partners to improve early detection and surveillance of measles, making it easier and cheaper to identify cases and outbreaks. This will inform decision-making on routine immunisation strategies.

We responded to the severe humanitarian crisis in parts of the Afar Region, delivering life-saving mobile health and nutrition services, including essential medical supplies to people displaced by conflict and drought.

* https://reliefweb.int/disaster/eq-2025-000001-eth

Highlights



People impacted:

Direct: **34,869** (22,620 women, 12,248 men) • Indirect: **110,000** • Total: **144,869**

Shifting attitudes to Female Genital Mutilation (FGM)

In Dollo Bay Woreda, GBV and harmful practices such as FGM are deeply rooted. Previously survivors suffered in silence due to stigma, fear, and lack of services. GBV was seen as a private matter, and FGM was viewed as a cultural norm passed down from generation to generation. “We didn’t even call it violence – it was just the way things were,” explained Hodan, a female community member.

That began to change when we started implementing targeted awareness-raising in the area, supporting community health workers to educate men and women on harmful effects, and tackling stigma. While a lot of work still needs to be done, attitudes are slowly starting to shift.

Hodan is now a strong advocate against GBV in her community, referring other women facing similar issues to community health workers: “I send any GBV case I hear of to the Health Poverty Action team because I’ve seen how they care and how lives are changed.”

“I thought it was normal and I planned for my daughters to be circumcised, until I met people from Health Poverty Action. My attitude has shifted now. Although there is still pushback from the community, I decided my daughters won’t experience the same thing I did.”

Hodan posing for a photo during community dialogue on Gender Based Violence (GBV).

“Working in this remote and harsh environment has never been easy – extreme heat, poor roads, floods, and cultural barriers are just a few of the daily challenges we face. We’ve driven for hours across difficult terrains, coordinated with local leaders, and adapted our plans on the spot – all to make sure that no mother, child or sick person is left behind. I remember one particular outreach where our mobile team was the first to ever deliver maternal health services in that location. The gratitude from the community was overwhelming. Being part of a team that doesn’t back down from tough condition – but instead works with passion and commitment – that is something I will always be proud of.

Hassan Ishmael, Field Manager

Guatemala

Context

Indigenous Maya communities in Guatemala, particularly in the climate affected “Dry Corridor,” face significant inequalities. Climate change has disrupted agriculture and raised food prices, deepening food insecurity. Guatemala’s Ministry of Health remains chronically underfunded, with most of its budget allocated to staff salaries.

A training session held for TBAs to help them identify potential risks for their patient.

Political update

The inauguration of a pro-Indigenous government in January 2024 elevated Indigenous rights to a national priority, and the Ministry of Health is beginning to act on intercultural policies that had long been approved but ignored. A renewed policy focus on culturally appropriate healthcare has created an opportunity for long-awaited reforms to be implemented, in which we play a key supporting role. Over the years we have provided support to ensure state health services are culturally accessible. Despite this some Indigenous communities have expressed disappointment that change has not been more dramatic and visible.

Planting a new demonstrative garden in Tuipox, Concepción.

The drastic aid cuts have been a major concern to the government, especially affecting HIV clinics and malnutrition programmes. Food inflation has become a notable challenge, in part as a result of a shortened growing season due to the climate crisis.

The anti-immigration rhetoric from the new US administration has sparked fear from many Indigenous families who rely on remittances from undocumented migrants in the US, prompting fear of widespread deportations, and economic collapse for families and whole communities.

Cookery demonstration using nutritional, locally grown produce at Duraznales health fair.

Our work

We work in seven Maya Mam and K'iche' districts to improve public health services for Indigenous women and children by making care more culturally appropriate and accessible. We supported groups for pregnant women and new mothers using participatory methods that encourage them to actively engage, strengthening maternal health knowledge and building trust in local services.

To combat malnutrition, we established 'demonstration gardens' at health posts, combining both vegetables and medicinal plants. We trained women in culturally appropriate gardening, cooking and nutrition using locally available foods.

We trained and supported traditional birth attendants (TBAs) to implement Guatemala's national policy on TBAs and worked with Ministry of Health staff to improve their understanding of Indigenous practices and address maternal mental health, including perinatal depression.

We were invited to lead national training, reflecting our recognised expertise in culturally inclusive healthcare.

Dianeth Marta Calderōn: standing up for TBAs, standing up for mothers

Dianeth Marta Calderón, from Santa Cruz del Quiché, is a Traditional Birth Attendant (TBA), like her mother. "I carry out my mission with much charisma and love" she says "since we are watching over and cherishing two lives."

Ms. Calderón continues, "I was passing by the market when a young man I know approached me, greeted me, and asked me to please give him a document stating that I had supported his wife during a still birth so the clinic would release his wife and his child's body and register the child's death. In reality the baby had been born at a private clinic and the attending doctor told the father to find and pay a Traditional Birth Attendant to sign the death certificate, so the clinic would not be blamed."

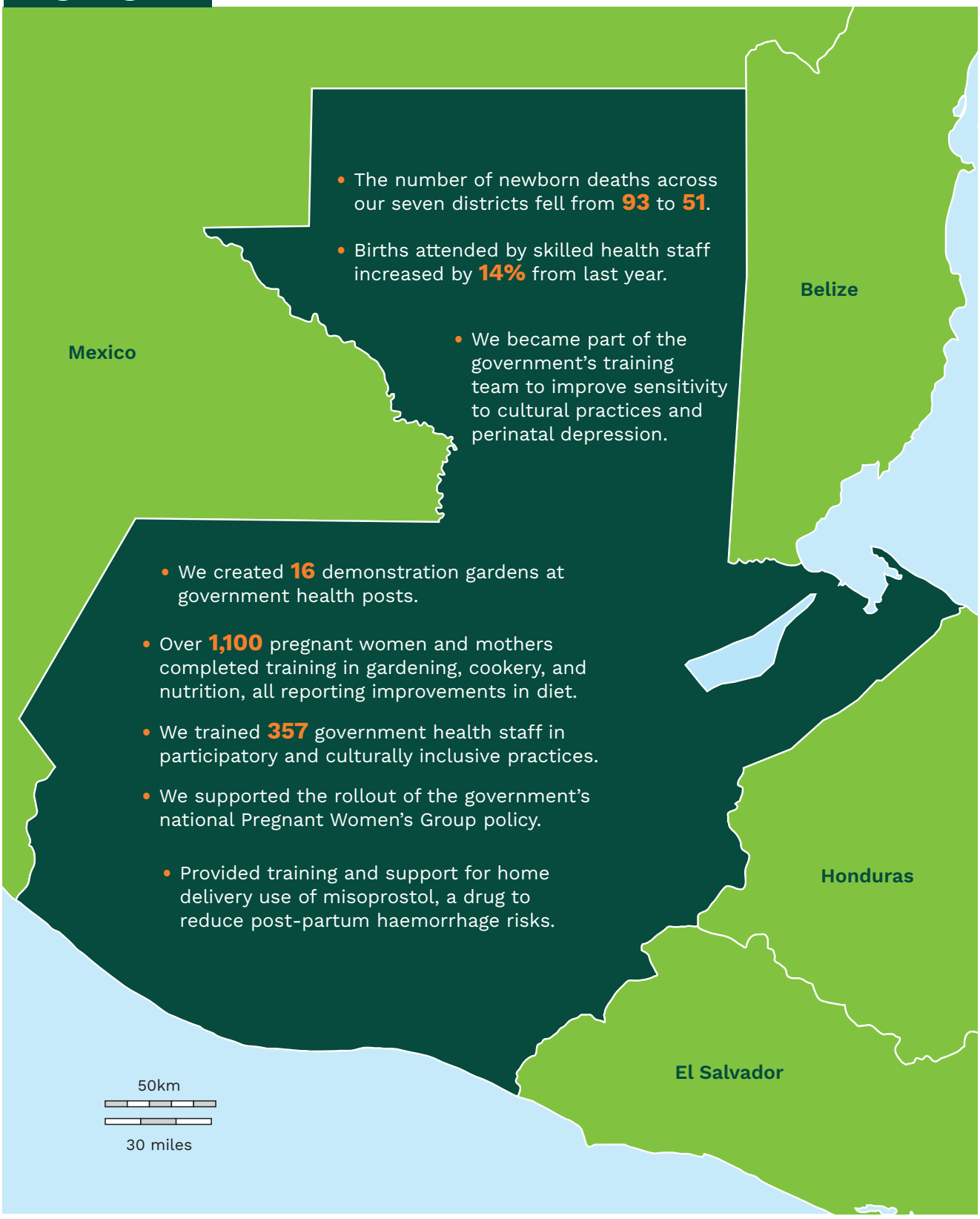
"Because of my training with Health Poverty Action I know my rights," she says. "I demanded to speak to the doctor directly. On the phone, I told him he was committing a crime by detaining the deceased baby and the mother, and by attempting to bribe a TBA into falsely taking blame. I warned him that if he continued, I would sue him. The doctor then completed the paperwork, and released the mother and baby's body from detention."

"Through the training we've received, we've woken up. We've kept up to date, and we have guidelines on our ID card, which clearly state that we shouldn't get carried away and fill out paperwork without attending the birth ourselves...We have to value our profession, since some doctors don't."

"Thanks to the training and the supplies that HPA has provided us, I've managed to improve the care of my patients... Thanks to the updates, we improve every day, so we hope you don't abandon us and continue with the activities to strengthen us further. Thank you for the supplies; it encourages us to keep going!"

Dianeth shares her experience and knowledge with other TBAs in a training session.

Highlights



- The number of newborn deaths across our seven districts fell from **93** to **51**.
- Births attended by skilled health staff increased by **14%** from last year.
- We became part of the government's training team to improve sensitivity to cultural practices and perinatal depression.
- We created **16** demonstration gardens at government health posts.
- Over **1,100** pregnant women and mothers completed training in gardening, cookery, and nutrition, all reporting improvements in diet.
- We trained **357** government health staff in participatory and culturally inclusive practices.
- We supported the rollout of the government's national Pregnant Women's Group policy.
- Provided training and support for home delivery use of misoprostol, a drug to reduce post-partum haemorrhage risks.

People impacted:

Direct: **7,034** • Indirect: **146,403** • Overall total reached: **153,437**

Kenya

Context

Our work in Kenya is primarily focused in Mandera County. Strong patriarchal families and inequality mean that many women face poor sexual and reproductive health, and experience female genital mutilation (FGM). The climate crisis creates drought and floods, resulting in inadequate social services, poor physical infrastructure, and forced displacement and migration. Recent outbreaks of dengue fever and chikungunya virus are new to the area, possibly related to the climate crises. Mandera's literacy rate is only 3%, while the national average is 79.3%. The county is one of the worst in terms of health outcomes and education coverage, continuously affected by internal and cross-border conflicts.

Community conversation forum in Lafey Sub County, Mandera.

Political update

Despite easing inflation and improved food supply in late 2024, many households in Mandera continue to struggle due to high poverty rates, tax rises for ordinary citizens, and the lingering effects of past droughts. Emergency food aid remains a critical lifeline for the most vulnerable.

Floods in Mandera this year forced us to halt operations for nearly a month.

Aid cuts severely affected Kenya's health programmes, creating a budget deficit of approximately $400 million this fiscal year. Critical health initiatives have faced major funding gaps denying people access to health services and essential medicines.

With a project ending and no other funding available, our work comes to a close, and women in particular have concerns about regression of their rights.

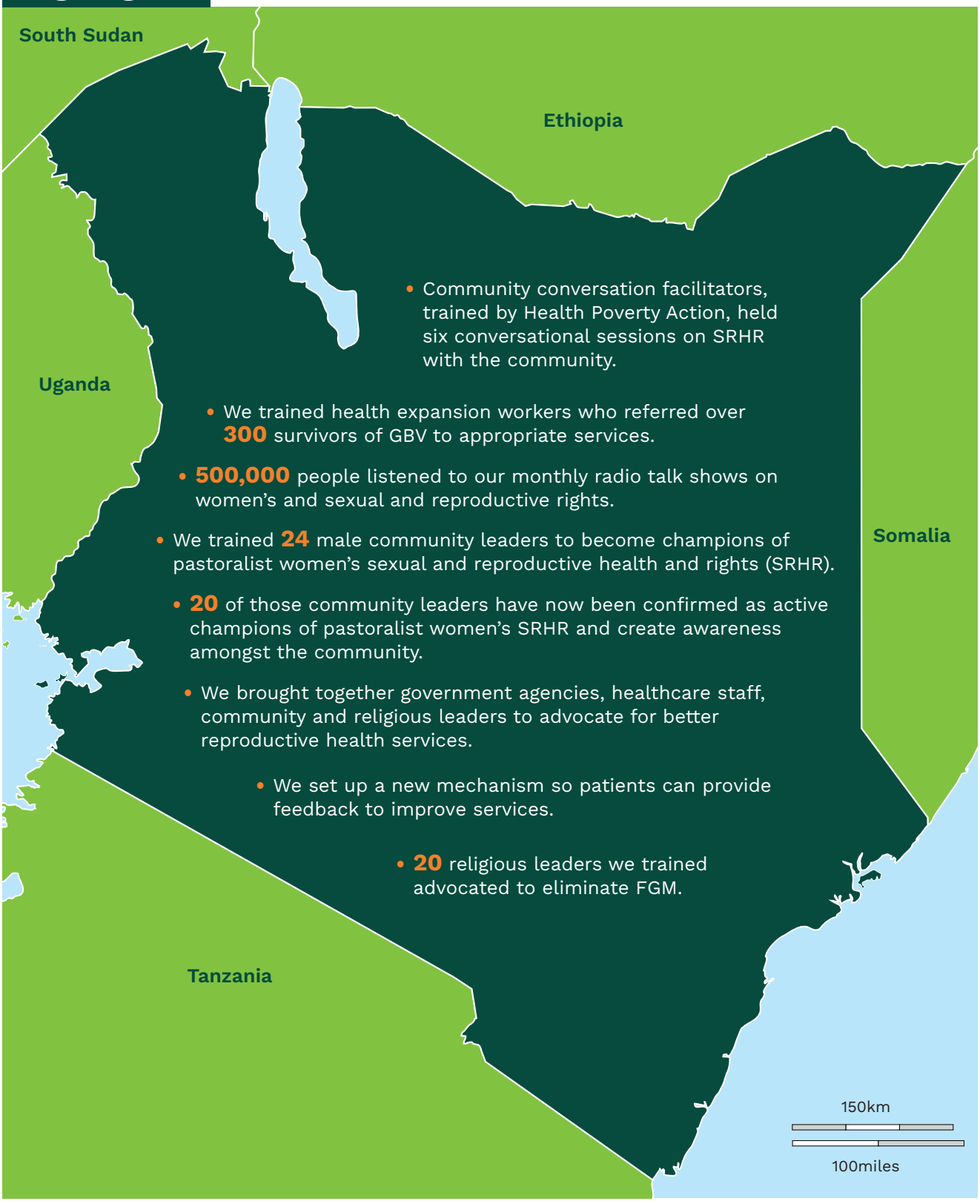
Our work

We support marginalised Somali pastoralist communities along the Somalia/Ethiopia/Kenya border in Mandera to improve sexual and reproductive health, address gender-based violence (GBV) like FGM, make government services accessible and culturally relevant, and provide feedback to government services so pastoralists are at the forefront of driving change in their health systems. We find ourselves having to respond to climate emergencies, supporting people to access crucial health services by linking with the community health workers, providing our vehicle for emergencies, and providing health education when extreme weather makes the provision of direct health services impossible.

> ***"The cost of living has been just skyrocketing... increasingly we are being forced to do more with less. Essential healthcare for the most vulnerable is at risk, and we witness every day how gaps in funding erode the progress we have made in Mandera and across Kenya.***
>
> **Collins Ayoo**, Country Director, Kenya

Best practice workshop and project dissemination in Mandera.

Highlights



- Community conversation facilitators, trained by Health Poverty Action, held six conversational sessions on SRHR with the community.
- We trained health expansion workers who referred over **300** survivors of GBV to appropriate services.
- **500,000** people listened to our monthly radio talk shows on women's and sexual and reproductive rights.
- We trained **24** male community leaders to become champions of pastoralist women's sexual and reproductive health and rights (SRHR).
- **20** of those community leaders have now been confirmed as active champions of pastoralist women's SRHR and create awareness amongst the community.
- We brought together government agencies, healthcare staff, community and religious leaders to advocate for better reproductive health services.
- We set up a new mechanism so patients can provide feedback to improve services.
- **20** religious leaders we trained advocated to eliminate FGM.

People impacted:

Direct: **2,500** (1,700 women, 800 men) • Indirect: **600,000** • Total: **602,500**

Mohamed's story: creating safe spaces for dialogue and education

Waranqara division in Mandera County faces sparse distribution of health facilities, and numerous sexual and reproductive health challenges. Stigma prevents awareness and discussions around these issues, resulting in high rates of teenage pregnancies and maternal health risks.

Mohamed, a community conversation facilitator we trained, created safe spaces for open dialogue and education. He organised a series of community workshops, targeting various groups including young people, women, men, religious leaders, and local leaders using the local context and the Somali language.

Mohamed with his fellow Community Conversation Facilitators (CCF) members of Lafey sub county.

He gained support and credibility, with participants reporting increased awareness and a greater understanding of the available services in the locality. His work has resulted in more open discussions of sexual health within families, and a shift in attitudes towards these important issues, leading to an increased number of people accessing services.

Mohamed during one of the dialogue sessions in Waranqara.

Mohamed emphasised the importance of understanding which services are available, addressing misconceptions, and promoting available resources. Mohamed fostered trust within his community and by tailoring sessions to people's needs.

Mohamed passing his message to the community of Waranqara.

"We have been very critical players in the development aspect of health in Mandera and we have really impacted the women in particular. I am proud to have overseen numerous radio talk shows and community conversations where men began to see sexual and reproductive health as not just a women's issue but something that everyone has responsibility for. This is something that was unheard of in the Somali community culture and the shift is a much-welcomed relief for the women in this community.

Collins Ayoo, Country Director, Kenya

Laos, People's Democratic Republic

Context

The communities we serve in Laos are navigating a multifaceted crisis combining economic instability, a persistently fragile and underfunded health system, and a severe cost-of-living crisis. Access to healthcare is hampered by formidable geographical, financial, and socio-cultural barriers, with rural and ethnic minority populations the worst affected. A fragmented system for transporting samples limits ability to detect and diagnose diseases, and an under-resourced national health insurance scheme exacerbate these challenges.

Political update

Currency devaluation and persistent double-digit inflation (averaging 24.8% in the first nine months of 2024) increased poverty. A third of households had to reduce their spending on essentials like food, health, and education. These economic pressures also cause high turnover rates among our staff and community volunteers, threatening the continuity of our services. Poverty exacerbates emigration, which makes it hard for us to recruit and retain village health volunteers who are at the core of our work.

In 2024, Laos experienced 69 extreme weather events. These directly endangered lives, destroyed agricultural livelihoods, and damaged critical infrastructure, including roads, schools, and 88 health centres.

Aid cuts pose a major risk to our core malaria programme. The government's unsustainable debt burden (estimated at 99% to 116% of their GDP) and the resulting fiscal austerity means it is unlikely to be able to fill funding gaps. Many fear increasing austerity.

Community responding to detected malaria.

The district health facilitator travels through flooded roads for their routine check in with village health volunteers.

Our work

We strengthen community and national health systems to both deliver essential services and address the systemic drivers of poor health.

We provide malaria testing and treatment through a network of over 500 village health volunteers, reaching tens of thousands of people in remote areas. We also began an operational research project with the University of Health Sciences in Vientiane, Laos, to explore innovative and sustainable ways to integrate HPV vaccination into adolescent health services, including schools, health facilities, and community outreach. In partnership with the Burnet Institute in Australia, we are implementing a clinical evaluation of rapid diagnostic tests to improve the detection of malaria.

We initiated, with partners, a new advocacy project to secure domestic funding for immunisation and establish a national transportation system for laboratory samples. This is a major innovation to improve access to diagnostic tests.

We are also integrating a *One Health* approach into our work to build resilience against the growing impacts of climate change. This approach considers human, animal and environmental health as one inter-connected system, helping us to better understand these links and work across sectors to develop practical solutions.

Highlights

People impacted:
Direct: Over **240,000** people (125,000 women and girls) across **534** villages, in 7 districts of 3 provinces benefited from our work.

Nearing malaria elimination in Laos: "This is not the moment to retreat"

Som has served as a village health volunteer in his community in Sepon district for five years, trained to prevent, diagnose and treat malaria. When Som began as a volunteer, malaria was breaking out widely and causing many families to panic. Today, the long-term efforts of our village health volunteers have put total malaria eradication within touching distance.

Som shared his pride in his volunteer role:

"I have learnt how to test and share knowledge to diagnose. With each house visit, I became known as a volunteer doctor. I am very pleased I have treated many infected people from severe conditions, and I really see how good health unlocks daily life: school attendance, farm yields, the calm of a good night's sleep."

Alongside his community, Som has witnessed the transformation of his village. Fear has been replaced by trust. People from high-risk areas are now quickly screened and connected with free treatment, and over time malaria cases have fallen to almost zero.

Mome and Som on-sight training for Malaria elimination project.

"Malaria doesn't announce its return; it slips in quietly, through a single traveller in the rainy season. Without tests, supervision, and refresher training, we risk missing the first spark, and it might outbreak again. I want to protect what we've built: strong surveillance [and] ongoing community education.

"When knowledge and trust reach every doorstep, disease has nowhere to hide."

Beyond malaria, Som supports his community with maternal and child health – following up with pregnant women, encouraging safe deliveries, and ensuring newborns receive vaccinations, while also helping prevent seasonal communicable diseases.

As Senior Provincial Project Officer in Savannakhet, the province that Sepon district is part of, **Boun** has seen how the hard work of village health volunteers like Som have brought malaria to the brink of elimination.

Boun has also seen how fragile that progress can be. "The recent reduction in global funding has been more than a financial adjustment; it's a structural shock." Fewer district health facilitators mean volunteers and health centre staff lose the supervision and oversight they depend on to maintain data quality and keep services consistent. Boun insists this is the time to press on, not to step back:

"Malaria elimination is within reach, but cutting funding now would jeopardise years of progress. We are only a few steps away and those final steps require sustained investment... History shows malaria rebounds when control efforts falter. This is not the moment to retreat; it's the moment to finish what we started and secure a healthier future for all."

Boun talks to village health volunteers in Sepon district.

Myanmar

Context

Myanmar continues to experience a rapidly evolving conflict. The China-Myanmar border areas remain among the most underserved, where poverty is closely associated with malaria and tuberculosis.

The ongoing political crisis continues to erode institutional capacity, weaken health system coordination, and fragment supply chains essential for nationwide immunisation, nutrition, and communicable disease control.

Unpredictable weather patterns undermine local agriculture, contributing to food insecurity and malnutrition among vulnerable populations, especially children and pregnant women.

Our team in Myanmar evacuate the office after flooding.

A baby wears a hat fashioned by our staff from a vaccine box, during vaccination on his first birthday in a village in Shan state.

Political update

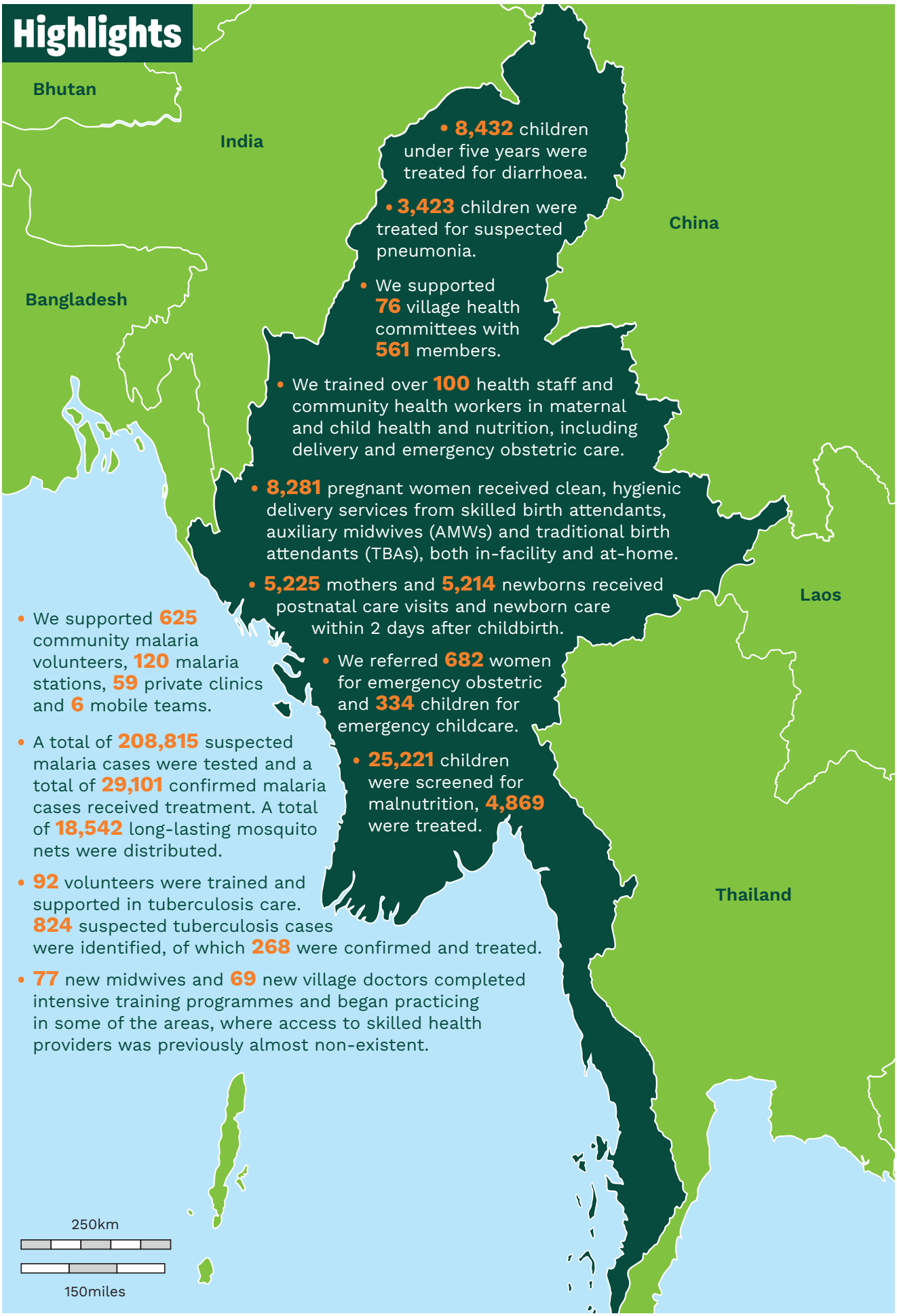
Since late 2024, intensified hostilities have resulted in shifting territory control, creating service delivery gaps and further disrupting public services, including healthcare. Heightened tensions along the border areas have disrupted cross-border trade and humanitarian supply lines, particularly affecting remote areas dependent on imports for medical and food supplies. Persistent insecurity and road blockades have caused chronic shortages of medical supplies, delayed vaccine deliveries, and interrupted essential health services.

Heavy rains caused extensive flooding in Shan and Kachin states, destroying roads, displacing communities, and sweeping away health facility infrastructure in several villages. Communities in flooded areas reported increased incidence of waterborne diseases.

Reduced aid flows have challenged previous gains, leading to decreased service coverage and constrained disease surveillance. It forced the scaling down of outreach activities, threatened stock levels of vital drugs, and caused service gaps and delays in essential care for vulnerable groups, including pregnant women and young children. This has increased the risk of malnutrition, waterborne disease outbreaks, and vaccine-preventable disease resurgence.

Staffing levels were also affected, which limited the extent of support to village health committees and ethnic health organisations, reducing local service delivery capacity. The decline in support exacerbated health risks and food insecurity.

Highlights



- **8,432** children under five years were treated for diarrhoea.
- **3,423** children were treated for suspected pneumonia.
- We supported **76** village health committees with **561** members.
- We trained over **100** health staff and community health workers in maternal and child health and nutrition, including delivery and emergency obstetric care.
- **8,281** pregnant women received clean, hygienic delivery services from skilled birth attendants, auxiliary midwives (AMWs) and traditional birth attendants (TBAs), both in-facility and at-home.
- **5,225** mothers and **5,214** newborns received postnatal care visits and newborn care within 2 days after childbirth.
- We referred **682** women for emergency obstetric and **334** children for emergency childcare.
- **25,221** children were screened for malnutrition, **4,869** were treated.
- We supported **625** community malaria volunteers, **120** malaria stations, **59** private clinics and **6** mobile teams.
- A total of **208,815** suspected malaria cases were tested and a total of **29,101** confirmed malaria cases received treatment. A total of **18,542** long-lasting mosquito nets were distributed.
- **92** volunteers were trained and supported in tuberculosis care. **824** suspected tuberculosis cases were identified, of which **268** were confirmed and treated.
- **77** new midwives and **69** new village doctors completed intensive training programmes and began practicing in some of the areas, where access to skilled health providers was previously almost non-existent.

Our work

We implement comprehensive health and humanitarian interventions across conflict-affected areas in Kachin and Shan States. This includes humanitarian support, emergency medical referrals, provision of essential medicines, nutritional supplements for malnourished children and pregnant women, and assistance for displaced populations facing acute health issues and food insecurity.

We also work to restore and strengthen maternal, newborn, and child health services and expand immunisation and enhance nutrition programmes in remote and underserved communities.

Despite frequent conflict-related disruptions, our mobile clinics and community-based services have played a critical role in maintaining access to healthcare services. We facilitated dialogues with authorities and community leaders to prioritise maternal and child health services and secure safe passage for mobile clinics through conflict-affected zones, enhancing timely access to life-saving interventions.

Our malaria control projects, in collaboration with Ethnic Health Organisations and community health workers, targeted key areas along the China-Myanmar border.

We piloted a tele-supervision approach for remote health workers to reduce travel costs and enabled more frequent, flexible supervision, ensuring consistent guidance despite challenging security and access conditions.

A transformative journey in rural maternal care

Khaung Gan, a volunteer from Pung Tue Village, participated in a maternal healthcare training covering managing uterine complications, addressing postpartum bleeding, assisting mothers with abnormal fetal positions, and providing vital neonatal care. The participants were also taught how to recognize emergencies and efficiently transfer patients to healthcare facilities. This decision was life-changing, not only for Khaung Gan but also for the families she would later assist.

Her newfound skills were put to the test when she encountered Sai Char, who was pregnant with her seventh child, and experiencing significant discomfort and complications due to the baby's abnormal position. Khong Gan immediately recognized the signs of danger and applied the techniques she had learned during the training. She carefully assessed the situation, provided necessary interventions, and guided the family for the next steps to ensure the safety of both the mother and the child.

Despite being advised to deliver at a hospital, Sai Char ultimately gave birth in the village. Thanks to Khaung Gan's timely and skilled intervention, the delivery was successful, and both the mother and baby were healthy. This event underscored the critical role of community volunteers in saving lives. Her work inspired the local community to embrace the importance of maternal healthcare education and preparedness. Villagers began to understand the value of acquiring knowledge and skills to address healthcare challenges, fostering a culture of awareness and proactive care.

Khaung Gan with Sai Char and her baby.

Namibia

Context

Namibia is one of the world's most unequal countries, resulting in starkly different poverty rates across different groups, especially the marginalised San Indigenous ethnic population. Slow job creation and low primary-sector productivity results in very high unemployment. Access to essential health services is problematic with Namibia's huge land mass and low population density, particularly in Tsumkwe Constituency where the majority of the marginalised San population of Namibia reside.

Despite this, Namibia's status as a so-called 'middle-income country' means it is ineligible for most external funding.

Political update

Aid cuts have both disrupted current lifesaving programmes and reversed decades of progress in strengthening health systems and services. Government-run health interventions, including tuberculosis, malaria, and HIV treatment, have been severely affected, with the cuts abruptly leaving patients with no access to essential medication.

Humanitarian efforts have also suffered major setbacks. Critical maternal and child health and nutrition programmes have been forced to halt due to funding cuts.

Man poses for photo in Tsumkwe.

Mother with her child in Tsumkwe.

Our work

We are part of a research consortium which focuses on the intersection of three global pandemics: the effect of tuberculosis and HIV on the epidemiological, clinical, virological and immunological trajectory of COVID-19 in Botswana and Namibia. The partnership established will continue as funding and opportunities arise.

We had also planned to launch a new initiative this year targeting the HIV epidemic among the San communities in Tsumkwe and the Omaheke Regions. This initiative aimed to deliver a tailored package of HIV awareness and stigma-reduction interventions, testing and counselling services, health rights education, workforce training, decentralised treatment distribution, and the provision of free essential health supplies. Regrettably this project was cancelled as part of the USAID freeze, and subsequent cancellation.

Women dance in circle in Tsumkwe.

Defunded! The year community support stopped

Pieter Steenkamp has been part of the Health Poverty Action's team since the early 2000s. The programme has largely been working with the marginalised San communities who we have worked with since 1999.

He spoke fondly about the 24 years of important work that he was a part of, through which he lived and shared good and bad times with his team and the San community members. "What I do here hasn't just been a job for me; it's been a promise to the San children and women."

"This year, we were supposed to launch a new project in the Tsumkwe Constituency and the Omaheke Region. The HIV epidemic there, it's a silent storm that affects the San people in Namibia disproportionately due to poverty, discrimination and geographic isolation. Our plan was good, a real partnership between the consortium we had created, and the San communities. Tailored awareness campaigns to cut through the stigma, testing, counselling, and training health workers. The kind of work that will save lives, and have a tangible impact on communities."

"We had it all well planned. Me and my team were ready. The communities were ready. Until we got an email from our donor that stated, due to a global stop work order from the US Government, we will not be able to proceed... Just like that. To just make clear what that means. It's not just a project cancelled. It means children, mothers and men living with HIV will not be receiving support and treatment. That freeze will have devastating consequences for families affected by HIV."

"In Namibia alone, hundreds of NGO employees who have been doing some real work on the ground have been sent home. Just like that. What these organisations were doing was filling a crucial gap in healthcare delivery. And now, with the funding cuts and absence of such projects, leaving that gap open will not only affect immediate needs but also reverse decades of progress."

"I realised that the hardest part of my job isn't the work in the field under the hot sun. It's sitting in a quiet office, staring at the email on your screen, and learning the project that was approved and the support you promised to communities is now cancelled."

Rwanda

Context

Following the 1994 genocide, Rwanda embarked on an ambitious journey of national rebuilding. The country has since made tremendous progress not only in internal reconciliation but also in economic growth. In collaboration with international and local partners, the government implemented comprehensive poverty reduction programmes aimed at improving community well-being. Key initiatives included the introduction of universal health insurance ("mutuelle de santé") and the expansion of quality education, both of which have had direct impacts on public health, as well as creating a more open environment for the private sector. These measures have propelled Rwanda's economy to grow at one of the highest rates in the region. A central pillar of this economic transformation has been the empowerment of women, particularly in the agricultural sector.

Organisations like ours support this by helping young women secure employment on tea estates and fostering opportunities for them to create their own businesses.

Rwanda is highly vulnerable to impacts from climate change. The country's high dependence on agriculture requires predictable weather patterns. Disruption causes severe insecurity for smallholder farmers, who make up the majority of Rwanda's agricultural workforce.

Political update

The July 2024 presidential elections were won by Paul Kagame, who has ruled the country since 2000. The climate crisis continued to wreak havoc. In April and May heavy rains and floods killed 14 people in Nyanza District.

From enrolling in training, to building a stable future: Jaqueline's story

Jaqueline Nyiransengiyumva, from Kamabuye Village, Nyamasheke District, is a single mother with no source of income. She lived in extreme poverty unable to afford basic necessities, including healthcare for herself and her child. She had no means to save or plan for the future. Life was a daily struggle for survival, with little hope for improvement.

Jaqueline enrolled in our 'Work Ready Now' and 'Be Your Own Boss' soft skills training, followed by technical training in tea plucking, which we provided in collaboration with Gisakura Tea Company. She quickly gained the skills needed to succeed in the field of tea harvesting. Currently she can pluck an average of 31 kilograms of tea per day and participates in additional general plantation activities, earning approximately 51,000 Rwf per month.

The project also provided her with personal protective Equipment (PPE), allowing her to safely engage in various tasks such as tea weathering and cleaning. Her expanded responsibilities have increased her value to the company. She is now a respected employee at Gisakura Tea Company, currently being considered for a formal employment contract after a successful completion of the training which lasted four months.

With the income she earns, Jaqueline can afford to cover her family's basic needs, including health insurance, school fees, and meals, save some money each month and start investing in small livestock farming.

Jacqueline in the tea plantation, where she works.

Our work

We work with women survivors of gender-based violence (GBV) providing opportunities for secure employment, improving working conditions, and promoting gender transformation in the tea sector. We partner in a Business Development Service project to promote self-employment by fostering the creation of new businesses (start-ups) and empowering Micro, Small, and Medium Enterprises.

We worked to restore 60,000 hectares of drought-prone, degraded landscapes into climate-resilient ecosystems through agroforestry, soil erosion control, and reforestation. This included carrying out household awareness-raising campaigns on the use of improved cooking stoves as a key strategy to reduce deforestation and restore pasturelands. These stoves also benefitted the people using them, predominantly women, reducing their exposure to unhealthy smoke and reducing the time needed to collect wood.

Highlights

People impacted: Direct: **3,423**

Somaliland

Context

Somaliland is an autonomous territory which declared independence from Somalia in 1991. The territory suffers many challenges, notwithstanding its lack of recognition by the international community. It is home to a large number of people who are internally displaced as a result of conflict or the climate crisis.

54% of the population lives below the national poverty line, 78% lack access to healthcare, and 70% of children have no access to primary education. 47% of the country's population are affected by conflict, floods, drought, disease outbreaks and displacement that disrupt lives and livelihoods.

Recurrent climate shocks take place against the backdrop of decades of conflict, development deficits, widespread poverty and governance challenges that have eroded coping capacities, increased humanitarian aid dependency and undermined resilience.

Political update

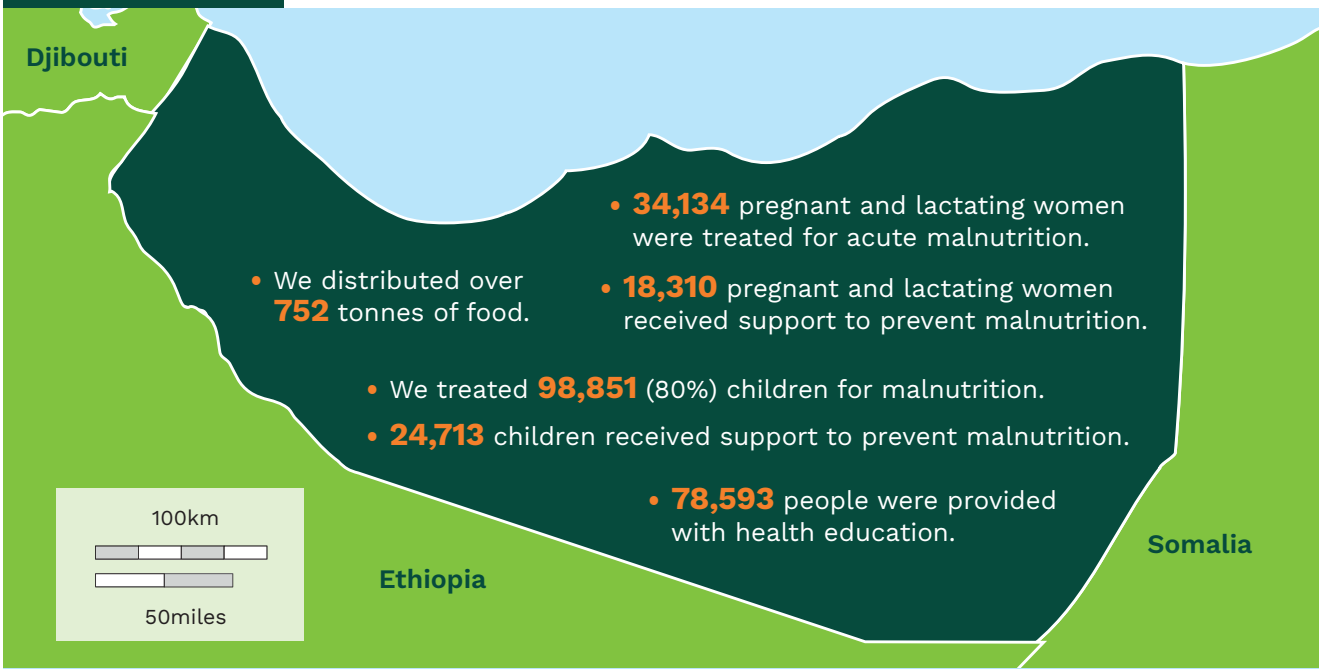
Every sector from food security to healthcare and education is intrinsically tied to foreign aid.

The cuts have therefore precipitated a full-blown humanitarian emergency in Somaliland, rising hunger, collapsed health systems, impoverished and displaced populations, and weakening national stability. Unfortunately, these cuts resulted in the cessation of our nutrition programme impacting nutrition and food security for the most vulnerable families. This is part of the wider downsizing of the World Food Programme, in Somaliland and globally (in response to USAID and other cuts). The crisis has triggered high inflation, making essential goods unaffordable and deepening the economic crisis. The risk of famine looms large, and once it takes hold, reversing its effects becomes exponentially more difficult.

Our work

While the scale of our work in Somaliland was severely impacted (indirectly) by the USAID cuts, we continued to play a key role supporting government health services. In particular, we supported reducing morbidity and mortality among pregnant and lactating women and children under five, through preventing and managing acute malnutrition, and improving pregnancy outcomes amongst internally displaced persons (IDPs).

Highlights



People impacted: Direct: **272,981**

Vietnam

Context

The communities we work with are mobile and migrant populations who often travel deep into forests, work in remote agricultural fields, or cross borders in search of work. Their physical isolation presents significant challenges in delivering quality health services.

Most members of these communities belong to ethnic minority groups, who often live in poverty, have limited access to education, and lack awareness of disease prevention practices. Many areas have no phone or internet signal, making it more difficult to reach and communicate with them. Additionally, language barriers further hinder effective communication, as these populations primarily speak their native languages in daily life. The uncertainty caused by climate-related disruptions adds strain to local income sources, adding to their existing challenges.

Political update

In 2024, Vietnam experienced a 3.66% increase in the Consumer Price Index (CPI) driven largely by rising costs in food, housing, electricity, water, and fuel. The price index for medicine and medical services rose by 7.16%. As well as increasing operational costs for Health Poverty Action, this deepened financial insecurity for the many households already facing economic hardship creating additional barriers to healthcare, nutrition, and overall resilience.

Aid cuts resulted in the freezing of numerous critical programmes in health, education, and mine clearance, severe disruption of HIV prevention and treatment, and halted the clean-up of Agent Orange contamination at Bien Hoa Air Base. We now have to reduce the areas we cover from eight provinces to six, leaving large numbers of communities without treatment and limiting our ability to prevent and control malaria.

Ta Van Niem talks to the community about malaria prevention.

“Being a volunteer already fills me with pride. At first, it was just a job for me. Then it gave me the opportunity to reach hundreds of families in remote areas, bringing them knowledge about early symptoms and [malaria] prevention methods. Seeing the impact of this work, helping people protect themselves and their loved ones, has been incredibly fulfilling. Life is already hard for them; I must stop it being harder.

Ta Van Niem, Volunteer, Binh Phuoc Province

In February 2025, the US threatened 46% tariffs, since reduced to 20%, demonstrating how concentrated global economic power can negatively impact people's lives. These tariff changes triggered inflation and disrupted local markets, increasing the cost of essential goods, including healthcare and medicines. People working in industries such as the textile industry, predominantly women, faced large-scale layoffs as US corporations scaled back operations in countries affected by the "high tariff" threat.*

Our work

In partnership with the government health service we have delivered essential malaria prevention services, including testing, follow-up treatment, and health communication targeting high-risk communities. We have worked through mobile outreach teams in six provinces, and also supported targeted mass drug administration.

After extensive consultation with the community, we established a cross-border community-based malaria team in the border areas between Vietnam and Laos.

Dieu Thi Nheo talks to cashew farmers in Bu Gia Map commune about malaria prevention.

Making malaria prevention and testing work for everyone

Bu Gia Map commune in Binh Phuoc province, a border region known for its lush forests and cashew plantations, is heavily reliant on agriculture. Cashew farming plays a vital role in the local economy. The region's tropical climate, with its distinct wet and dry seasons, provides ideal conditions for cashew trees to thrive, but it also creates a perfect environment for malaria to spread. Many casual seasonal workers migrate to the area to work on the cashew plantations.

Dieu Thi Nheo, a village health worker from Bu Ren village, is determined to protect the lives of those who are most at risk; conducting mobile outreach testing among time-poor cashew workers, approaching workers to test them at their workplace, and then referring them for treatment as needed. "They don't come to us, so we need to come to them".

*https://www.business-humanrights.org/en/latest-news/vietnam-textile-footwear-manufacturers-fear-mass-layoffs-at-factories-if-us-imposes-new-tariffs/

People impacted: Direct: **29,953** • Indirect: **~29,953**

Speaking out

In addition to our national-level advocacy, our global campaigns tackle the root causes of global injustice, recognising that poverty and inequality are inherently political. This year we spearheaded reforms in the areas of drug policy and health justice, in particular through our *International Coalition on Drug Policy Reform and Environmental Justice*.

Highlights

- Our International Coalition on Drug Policy Reform and Environmental Justice expanded significantly, securing funding for a Brazilian-based coordinator, and two grants to enable people from frontline communities to be able to attend and present at key international spaces, and an interactive installation to enable communities to participate in policy development.
- We published a series of briefing papers looking at how emergent drug policy reforms can secure justice across nine key areas: trade tax, global public health, Indigenous rights, climate justice, good governance, land rights, labour rights, and racial justice.
- We hosted and presented at a range of high profile events, including with the mayors of Amsterdam and Brussels on the legal regulation of cocaine, two side events with majority Indigenous participation at the UN's Commission on Narcotic Drugs (CND), hosting a one day symposium on drug policy, presenting alongside the Colombian Ministry of Justice at Glastonbury Festival, and the Brazilian Drug Policy Secretariat at COP16 in Colombia.
- We were commissioned by the World Health Organisation (WHO), United Nations sexual and reproductive health agency (UNFPA), UN-Women and UNICEF to produce guidance on Indigenous women's maternal health.
- We had earlier contributed to crafting the People's Health Movement's (PHM) global Call to Action at the 5th People's Health Assembly in Argentina, ensuring that the intersections of drug policy, health, and social justice were firmly on the agenda for PHM and PHM's health activists in over 80 countries.

Fundraising

Context

This year saw drastic cuts in overseas development funding. Because Health Poverty Action has already been diversifying our funding streams for years, we haven't been hit as immediately as some of our fellow organisations. While the full scale of future cuts we will face is not yet clear, the impact is already being felt – shrinking funding pools, intensifying competition, and immense pressure on the entire sector.

We continue to respond to the changing environment by restructuring our teams to invest more in the areas where we've seen the most growth, continuing our strategic partnership with Health Poverty Action USA to leverage additional funds towards our shared mission, and devising new ways to best position ourselves alongside ever-increasing competition.

In this environment, we are particularly thankful for our supporters, allies and funders who are maintaining and even increasing their support – whether through one-off or regular gifts, taking part in challenge events like the London Marathon, community events like Choirs for Change, or planned giving in wills. This unrestricted funding helps us allocate money where it's needed most – and respond nimbly when crises and conflicts arise.

Our trust and foundation partners are a key part of our fundraising efforts and we greatly appreciate that some of our partners have been able to unrestrict part or all their contributions, allowing us to cover the full costs of implementing our work and be more responsive to emergent needs.

All these funds are crucial in our ability to improve people's health and challenge the causes of poverty.

Highlights

- Thank you to the Medicor Foundation for their significant, multi-year support towards our work in Ethiopia and Guatemala.
- We are delighted to continue our partnership with the Gunvor Foundation into a new phase of our work in Guatemala.
- This year we prepared for our largest London Marathon team in recent history, with runners ready to take on the 2025 race in support of Health Poverty Action. The team has already raised over £62,000, making it one of our most successful fundraising efforts to date.

London Marathon

Fundraising

Our continued partnership with the Civil Service Sports Club (CSSC) will see a strong team of employees take on the London Marathon in support of our work. The commitment and dedication of the CSSC team in promoting our London Marathon places to their members, and in sponsoring a well-deserved after-party is greatly appreciated.

Additional community and event supporters participated in other challenge events, like the Tokyo Marathon, and we had fantastic support from London-based choirs who performed in the London Underground throughout December to fundraise for Health Poverty Action.

This year saw our inaugural Rwanda Marathon in May 2025. A team of 12 runners spent a week in Rwanda, visiting our programme work in the Western Province before running a marathon and raising funds for the work we do. Thank you to our partners at Impact Marathon for their hard work and dedication in helping facilitate the planning for this wonderful event.

Rwanda Marathon

We have continued to focus on mail and digital appeals to engage our existing supporters, and we have conducted appeals to the wider public through face-to-face street and private site fundraising, social media, corporate partners' communication channels and commercial print media, including the London Evening Standard and WhatsOn magazine.

Our summer 'Guatemala in Focus' appeal centred our work with Indigenous Maya communities in Guatemala to challenge marginalisation, strengthen healthcare and improve nutrition. Our winter 'Planetary Health' appeal showcased our work with communities globally to address the effects of environmental degradation, and our work with activists worldwide to expose the links between the prohibition of drugs and climate change. We also reached out to our donors to ask that they give regular (monthly) gifts and support online emergency appeals following earthquakes in Ethiopia and, more recently, in Myanmar.

Rwanda Marathon

Fundraising disclosures

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities. We have employed, supported, and overseen the work of a professional face-to-face fundraising agency to bring new supporters on board with our work within this fiscal year. We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Financial review

In solidarity with health workers, activists, and communities worldwide, we sustained our efforts to improve health and address the underlying causes of poverty throughout the year. Our initiatives ranged from strengthening health systems and expanding access to essential services, to advocating for policies that protect vulnerable populations. These achievements were made possible through the continued generosity and commitment of our supporters, whose contributions ensured that we could carry forward this vital work. We remain deeply grateful for their partnership in advancing health and justice.

Income

In 2025, our total income was £9,988,307, representing a 7% decrease compared to £10,707,604 in 2024.

Restricted income from charitable activities fell by 9%, from £10,200,310 in 2024 to £9,306,268 in 2025. The main areas of change included a reduced budget from DFID, reflecting the wider cuts to the UK's international development funding. Income from the Access to Health projects has not yet been released, pending the satisfactory conclusion of contractual audits. In addition, several projects came to an end during the year, including the EC STOP and WFP projects in Somaliland, as well as the Irish Aid grant in Kenya and Ethiopia.

While some projects ended, important new funding was secured. The Global Fund approved new activities within our Myanmar programme, and the Livelihood and Food Security Fund was extended with a higher budget, allowing activities to continue beyond the original end date (April 2023) to August 2026). We also began a new GAVI-supported project in Ethiopia and received approximately £38,000 from the EA Foundation to support the Ethiopia Medicor project, including emergency response to the Ethiopia Earthquake. Support for emergency relief in Myanmar was also provided by UNOPS. In addition, a new project began with GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) focusing on Enhancing Women's Economic Opportunities.

We also welcomed support from new foundations, including Kykeon, Full Circle, and the Christadelphian Meal-a-Day Fund, which helped advance specific projects, our global campaigns, and work in Myanmar.

Unrestricted income, largely from fundraising activities, decreased by 16%, from £363,130 in 2024 to £304,589 in 2025. This reduction was mainly due to lower levels of corporate funding and gift aid, alongside reduced consultancy work. However, income from Trusts and Foundations grew 406%, rising from £13,844 in 2023-24 to £70,134 in 2024-25.

Finally, investment income increased 204% during the year (70k in 2025 compared to 23k in 2024), reflecting further placements made.

Further details on income are provided in Note 2 of the accounts.

Expenditure

In 2025, our total expenditure was 9,319,325 (2024: £11,041,529). This reduction reflects the completion of several major projects, as outlined in the Income section. Expenditure was allocated as follows:

- £8,811,567 (2024: £10,679,584) on charitable activities – representing 95% of total expenditure
- £507,758 (2024: £361,944) on raising funds – representing 5% of total expenditure

Charitable activities

Our global programme expenditure totalled £7,916,080 in 2025 (2024: £9,691,634). The achievements delivered through this spending are highlighted throughout this report.

Risks, uncertainties and mitigation

The Trustees and the Senior Management Team regularly oversee major risks and how these are managed. Health Poverty Action views risk management as an integral part of planning, management, decision-making and learning. We identify and manage risks which could prevent us achieving our objectives.

In 2024-2025, the risks outlined on the table below were identified with actions to mitigate them.

Risks	Management actions in 2024-2025
Impact of aid cuts • Loss of funding	• Continue to build reserves and review cost model • Increase donor relationships • Investigate research partnerships • Continue to develop in house skills to meet the need for innovation
Programming in complex environments • Risk of health, safety and security incidents. Fraud and dishonesty, including bribery and corruption.	• Continue to invest in programmes to strengthen the capacity of country offices and upgrade controls
Currency exchange losses • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project budgets)	• Anticipate exchange rate fluctuations and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting • New partnership with foreign exchange organisation to manage exchange rate fluctuation through possible hedging
Dependency on restricted income • Only 5% of income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistleblow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Or beneficiaries are unaware of how to/unable to report an issue. Risks legal action, negative publicity, financial and reputation loss	• Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. • Beneficiaries informed of reporting structures in all projects • Training conducted across the organisation including overseas staff

Looking ahead to 2025–2026 and beyond, HPA faces several key risks. These include potential reductions in income from donations and investments, as well as a wider decline in global financing for development. Such risks are heightened by external factors, including ongoing political instability in parts of the world.

A continuing trend in 2025 will be the importance of income diversification. To remain resilient, HPA must expand fundraising approaches and reduce reliance on traditional channels, many of which are diminishing.

The Board of Trustees and Senior Management Team have reviewed short-, medium-, and long-term strategies to address these risks. Key priorities identified include:

- Securing new project funding, with a focus on building partnerships and diversifying funding sources in programme countries.
- Strengthening trust fundraising, prioritising applications that top up project budgets to ensure full cost recovery.
- Investing in the fundraising team, enabling a more strategic approach to increase long-term net contributions to core income.
- Continuing to manage costs carefully, including reducing core expenditure wherever possible in the current year

In addition, HPA recognises the need to review our operating model to strengthen long-term sustainability. We are actively exploring opportunities to incorporate social enterprise ventures that can generate independent income streams, complement our fundraising activities, and help the organisation deliver on its mission. These new ventures are currently under development and will form an important part of our strategy to build resilience and secure our future impact.

Reserves policy

Our reserves policy is designed to ensure that HPA maintains an appropriate level of accessible funds to mitigate identified financial risks, while also making strategic use of available resources.

At year end, we held £4.3 million in restricted reserves. These funds are provided for specific purposes and cannot be reallocated by the Trustees. The focus of our reserves management therefore remains on general reserves, which are available at the discretion of the Trustees.

General reserves provide a buffer against unexpected fluctuations in income or expenditure, allowing us to maintain activities in the event of temporary or permanent funding losses. They also provide cover for one-off costs not supported by donor funds and enable investment in new strategic priorities or opportunities that further our mission.

The Board reviews the reserves range annually. For 2025, the agreed target range was £1.0–£1.5 million. Our closing general reserves stood at £1.8 million, which is above this range. The Board noted that general reserves were above the agreed range. To ensure transparency and alignment with our reserves policy, a portion of the surplus (circa £500,000) has been designated for strategic initiatives and future investment to strengthen programme delivery. This designation demonstrates our commitment to deploying reserves responsibly, while ensuring the charity remains financially sustainable.

The Trustees have authority, as set out in the Memorandum and Articles of Association, to invest any of HPA's funds that are not immediately required. In 2024–2025, HPA continued to implement its ethical investment policy. A series of short-term deposits were made generating an additional £79k (£23k in 2024) in interest income. These investments provide both a modest financial return and the flexibility to access funds quickly if required, particularly during periods of market volatility.

In addition, during the year HPA completed the purchase of a property, which is reflected in the accounts and classified as stock held at year end. The property was acquired as an investment with the intention of resale at a higher value. The proceeds from the eventual sale are expected to generate additional funds to support HPA's work in-country. This investment in property is consistent with HPA's ethical investment policy. The purchase was made to generate a financial return through resale, with proceeds to be reinvested in HPA's programmes. In line with our policy, the property does not involve any association with industries or activities that conflict with our values (such as tobacco, arms, or environmentally harmful enterprises). The investment was assessed as low-risk, mission-compatible, and designed solely to strengthen our ability to fund our work in-country

Going Concern

The financial statements have been prepared on a going concern basis, which the Trustees consider appropriate for the following reasons:

The Trustees have prepared cashflow forecasts covering a period of at least 12 months from the date of approval of these financial statements (the “going concern period”). In doing so, they considered the inherent risks to the organisation’s business model and assessed how these risks might affect HPA’s financial resources and its ability to continue operations throughout the period.

The planning process, including financial projections, has taken into account ongoing economic pressures, the cost-of-living crisis, and their potential impact on income streams and planned expenditure. In the event of income shortfalls, the Trustees expect to mitigate risks by reducing costs where possible. Should this not be sufficient, HPA’s general reserves policy provides for the use of reserves to cover unexpected fluctuations, enabling the organisation to adjust its cost base and continue delivering activities

On this basis, the Trustees have concluded that there are no material uncertainties that may cast significant doubt over HPA’s ability to continue as a going concern for at least 12 months from the date of approval of the financial statements. Accordingly, the financial statements have been prepared on a going concern basis.

Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and / or conflict'. Since 2021, in line with our aim to decentralise the organisation, we no longer have a UK office, instead having a Global Core Team. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices. We have part-time volunteers working from time to time.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay.
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ending 31 March 2025 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work and covering the essentials of what being a Trustee involves. Trustees are encouraged to visit programmes, and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting.

Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their Trustee role. They are covered up to £500,000 by a charity trustees management liability insurance policy.

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position. We have adequate financial resources and are well placed to manage the business risks.

Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Statement of Trustees responsibilities

Trustees

The trustees who served during the year and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role	Details
Anna Graham		Appointed 7 July 2017
Rory Erskine Morrison Honney		Appointed 10 December 2014
Anuj Kapilashrami		Appointed 28 June 2019
Oliver Benjamin Kemp[1&2]	Chair	Appointed 10 December 2014
Ravi Ram		Appointed 25 March 2022
Fahad Sayood[1]	Treasurer	Appointed 7 October 2022
Ruth Stern[1]	Vice Chair	Appointed 7 October 2011
Betty Ann Williams[1]		Appointed 13 December 2016

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group
Appointments and Resignation dates as stated on Companies House

Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
Suite 2, 23-24 Great James Street
London WC1N 3ES
United Kingdom

Auditors:

Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising

Natalie Sharples, Head of Policy and Campaigns

Sandra Tcheumeni Boschet, Head of Finance and Administration

Bangyuan Wang, Head of Programmes – Asia

Dr. Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' 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 the affairs of the charitable company and of its income and expenditure 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 the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them 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. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a Trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she/he ought to have taken as a trustee in order to make herself/himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 10 November 2025

Independent Auditor's report

To the members Of Health Limited T/A Health Poverty Action

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended **31 March 2025** which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- **give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;**
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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 there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have 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 company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where 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.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 34, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

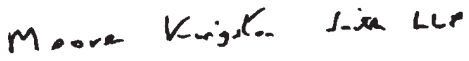
Our approach was as follows:

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

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

Use of our report

This report is made solely to the 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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Samir Chandoo
Senior Statutory Auditor

Date:

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2025

	Notes	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	9,306,268	9,306,268
Donations and legacies	2	304,589	-	304,589
Gift in Kind Income	2	-	273,927	273,927
Investments	2	103,164	359	103,523
Total incoming resources		**407,753**	**9,580,554**	**9,988,307**
RESOURCES EXPENDED				
Raising funds	3	507,758	-	507,758
Charitable activities	4	-	8,811,567	8,811,567
Total resources expended		**507,758**	**8,811,567**	**9,319,325**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**(100,005)**	**768,987**	**668,982**
Transfer between funds		-	-	-
Foreign exchange gains in year		22,110	68,257	90,367
NET MOVEMENT IN FUNDS FOR THE YEAR		**(77,895)**	**837,244**	**759,349**
Total funds brought forward at 1 April 2024		1,929,649	3,467,026	5,396,675
TOTAL FUNDS CARRIED FORWARD at 31 March 2025		**1,851,754**	**4,304,270**	**6,156,024**

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

All incoming resources and resources expended derive from continuing activities.

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2024

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	10,200,310	10,200,310
Donations and legacies	2	363,130	-	363,130
Gift in Kind Income	2	-	109,492	109,492
Investments	2	29,938	4,733	34,672
Total incoming resources		**393,068**	**10,314,536**	**10,707,604**
RESOURCES EXPENDED				
Raising funds	3	361,944	-	361,944
Charitable activities	4	-	10,679,584	10,679,584
Total resources expended		**361,944**	**10,679,584**	**11,041,529**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**31,124**	**(365,048)**	**(333,924)**
Transfer between funds		-	-	-
Foreign exchange gains in year		(32,925)	(60,990)	(93,916)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(1,801)**	**(426,039)**	**(427,840)**
Total funds brought forward at 1 April 2023		1,931,451	3,893,065	5,824,516
TOTAL FUNDS CARRIED FORWARD at 31 March 2024		**1,929,649**	**3,467,026**	**5,396,675**

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

All incoming resources and resources expended derive from continuing activities.

Balance sheet

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2025

	Notes	2025 £	2024 £
FIXED ASSETS			
CURRENT ASSETS			
Debtors	8	2,072,586	1,339,408
Stock		537,553	350,370
Cash at bank and in hand		2,227,070	3,401,631
Current Asset Investment		2,162,280	1,041,807
		6,999,488	**6,133,215**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(384,581)	(365,485)
NET CURRENT ASSETS		**6,614,907**	**5,767,731**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(458,883)	(371,056)
TOTAL ASSETS LESS LIABILITIES		**6,156,024**	**5,396,675**
TOTAL NET ASSETS		**6,156,024**	**5,396,675**
FUNDS			
Unrestricted funds	13	1,851,754	1,929,649
Restricted funds	13	4,304,270	3,467,026
		6,156,024	**5,396,675**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Kemp, Chair

Date: 10 November 2025

Company Registration number 01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2025

	2025 £
Net Cash Outflow from operating Activities	(247,979)
Returns on Investments and Servicing of Finance	
Bank interest received	103,523
Foreign exchange gain	(1,120,473)
(Decrease) / Increase in Cash	**(1,264,929)**

Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities	
Net incoming / (outgoing) resources	759,349
Decrease / (Increase) in debtors	(733,178)
(Increase) in stock	(187,183)
Increase in creditors	106,923
Interest received	(103,523)
Foreign exchange gain	(90,367)
Net cash (outflow) inflow from operating activities	**(247,979)**

Analysis of Net Cash Resources

	Opening Balance £	Flow £	Forex £	Closing Balance £
Cash	3,401,631	(1,264,929)	90,367	2,227,070

Location of Cash Resources	
HQ bank accounts	485,550
In-country bank accounts	1,741,519
	2,227,070

Notes

Notes forming part of the financial statements for year ended 31 March 2025

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The trustees consider that there are no material uncertainties about HPA 's ability to continue as a going concern for 12 months from the date of signing these financial statements. Our planning process, including financial projections, assume ongoing pressures on the economy, the cost of living and its potential impact on the various sources of income and planned expenditure. Under alternate scenario, we expect to match potential shortfalls of income with reduction in costs. But if this not possible, as detailed in our general reserve policy, we hold general reserves to provide cover for unexpected changes which will allow us to adjust our cost base and continue activities. The Trustees will continue to monitor this, and will take appropriate action to reflect any changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

l) Current Assets investments

Short term investments are made up of fixed term deposit accounts which have a maturity date between 90 days and 1 year.

j) Stock

Inventories are disclosed in the balance sheet as a current asset. The note to the financial statements includes a breakdown between GIK stock and property stock to provide transparency over the nature and composition of inventory held. Inventory comprises:

- Goods-in-Kind (GIK) Stock – donated goods held for resale or distribution, and
- Property Stock – property acquired specifically for the purpose of resale.

Property stock is not classified as investment property or non-current assets held for sale, as it does not meet the relevant criteria under FRS 102. It is instead recognised as inventory, as it was acquired with the intention of resale in the ordinary course of business.

Measurement

GIK Stock: Donated goods are recognised at their fair value at the date of donation where it is practicable to measure such value reliably. This is based on estimated resale value, adjusted for condition and saleability, where appropriate.

Property Stock: Property acquired for resale is initially recognised at cost, which includes the purchase price and any directly attributable costs necessary to bring the property to its present condition and location for sale. Subsequently, property stock is measured at the lower of cost and estimated selling price less costs to complete and sell.

k) Fixed Asset

Assets are depreciated on a straight-line basis over their estimated useful lives. Land is not depreciated. Donated assets meeting the threshold are recorded at fair value. Assets are removed from the register upon disposal, and any gain or loss is recognized in the accounts.

Assets with a unit cost of £50,000 or more and a useful life of more than one year are capitalised. Items below this threshold are expensed.

2. INCOME

	2025 £	2024 £
INCOME		
Restricted Funds		
Charitable activities		
Access to Health Fund	346,419	1,662,831
Department for International Development	2,755,206	3,847,774
European Commission	3,134	39,816
Global Fund	1,836,507	1,600,829
Irish Aid	-	80,882
Livelihoods and Food Security Fund	775,540	534,889
Other	953,579	737,565
UN bodies	1,641,742	1,202,316
World Food Programme	227,090	303,291
Trusts, foundations and individuals	287,078	73,333
GIZ	479,973	116,784
	9,306,268	**10,200,310**
Gift in Kind	273,927	109,492
	273,927	**109,492**
Total Restricted Funds	**9,580,195**	**10,309,803**
Unrestricted Funds		
Donations from individuals and other	233,015	319,678
Consultancy	1,440	29,608
UK and European trusts / foundations	70,134	13,844
Total Unrestricted Funds	**304,589**	**363,130**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	359	4,733
Unrestricted Funds	103,164	29,938
	103,523	**34,672**
TOTAL INCOME	**9,988,307**	**10,707,604**

3. RAISING FUNDS

	Direct	Support costs	Total 2025	Direct	Support costs	Total 2024
	£	£	£	£	£	£
Other costs	-	507,758	**507,758**	-	361,944	**361,944**
	-	507,758	**507,758**	-	361,944	**361,944**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct	Support costs	Total 2025	Direct	Support costs	Total 2024
	£	£	£	£	£	£
Costs of health projects	7,916,080	895,487	**8,811,567**	9,691,634	987,950	**10,679,584**
	7,916,080	895,487	**8,811,567**	9,691,634	987,950	**10,679,584**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

	Total 2025	Cost of raising funds 2025	Health projects 2025	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,067,489	280,179	787,310	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	335,756	227,579	108,177	Number of employees
	1,403,245	**507,758**	**895,487**	

	Total 2024	Cost of raising funds 2024	Health projects 2024	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,089,883	244,382	845,500	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	260,012	117,562	142,450	Number of employees
	1,349,895	**361,944**	**987,950**	

6. NET INCOME FOR THE YEAR is stated after charging

	2025 £	2024 £
Annual Audit		
Statutory audit	26,000	26,000
In respect of prior year		
In respect of consolidation		

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2025 £	2024 £
U.K. STAFF		
Wages and salaries	636,124	644,947
Redundancy cost	14,304	23,637
Social security costs	74,637	74,966
Pension costs	37,452	38,365
	762,517	781,914
OVERSEAS STAFF		
Wages and salaries	2,594,406	2,820,903
Pension costs	45,395	63,799
Severance costs	93,769	122,286
	2,733,570	3,006,989
TOTAL STAFF COSTS	**3,496,087**	**3,788,902**

Three employees received remuneration of between £60,000 - £69,000 in 2024-25 (2024: Four). Two employees received remuneration of between £70,000 - £80,000 in 2024-25 (2024: One). Pension cost for these employees was £15,692.

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia and Latin America Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £447,421 (2024: £411,118).

There was a total of £300 reimbursed to one trustee for travel costs during the year (2024: £575).

The average number of employees, analysed by function was:

	2025 Number	2024 Number
Charitable activities	309	381
Raising funds	5	4
	386	**386**

8. DEBTORS

	2025 £	2024 £
Other debtors in UK	66,379	28,325
Other overseas/project debtors	27,186	66,220
Accrued income – Gift Aid & Other	5,346	6,217
Accrued income – Grants	1,967,213	1,233,151
Prepayments	6,462	5,495
	2,072,586	**1,339,408**

All debtors, except prepayments of £6,462(2024: £5,495), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2025 £	2024 £
Project creditors	80,089	22,041
Other creditors	58,831	44,892
Field severance pay liability and pensions	174,038	230,594
Other taxes and social security	38,782	31,813
UK Accruals	32,840	36,143
	384,581	**365,485**

All creditors, except for the social security creditor £38,782 (2024 :£31,813), are financial instruments measured at present value.

Creditors includes pension liabilities of £174,038 (2024: £230,594).

10. CREDITORS: Amounts falling due after one year

	2025 £	2024 £
Field severance pay liability	458,883	371,056
	458,883	**371,056**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2025	2024
Committed to payments of:	**£**	**£**
Within One Year		
Other – office	-	-
Between One and Two Years		
Provision for dilapidation	-	-
Other – office	-	-
Between Two and Five Years		
Plant and machinery		
Other – office	-	-
Total	-	**-**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2025 £	Restricted Funds 2025 £
Fund balances at 31 March 2025 are represented by:		
Fixed Asset	-	-
Current assets	2,005,630	4,993,858
Current liabilities	(153,877)	(230,704)
Long Term Liabilities		(458,883)
Total Net Assets	**1,851,754**	**4,304,270**

14. STATEMENT OF FUNDS

	Funds at 2024 £	Income £	Expenditure (inc. Forex) £	Transfers £	Funds at 2024 £
Myanmar & China	2,154,255	6,688,231	(6,106,100)	–	2,736,385
Cambodia	(268,599)	190,021	(153,582)	–	(232,160)
Ethiopia	(221,887)	241,263	(271,440)	–	(252,063)
Guatemala	47,705	89,471	(141,845)	–	(4,669)
Kenya	(39,517)	328	(29,502)	–	(68,691)
Laos	116,327	710,482	(533,724)	–	293,085
Namibia	(275,021)	5,406	-	–	(269,615)
Nicaragua	59,161	-	(6,640)	–	52,521
Rwanda	8,174	580,225	(328,367)	–	260,032
Sierra Leone	(342,546)	-	-	–	(342,546)
Somaliland	609,565	230,169	(310,306)	–	529,428
Vietnam	308,341	348,716	(421,646)	–	235,411
Multi-Country Projects	801,099	134,865	(44,756)	–	891,207
Global Campaigns	159,600	87,450	(89,365)	–	157,685
Gift in Kind	350,370	273,927	(306,036)	–	318,261
Total restricted funds	**3,467,026**	**9,580,554**	**(8,743,310)**	**–**	**4,304,270**
Unrestricted funds	1,929,649	407,753	(485,648)	–	1,851,754
Total funds	**5,396,675**	**9,988,307**	**(9,228,958)**	**–**	**6,156,024**

	Funds at 2023 £	Income £	Expenditure £	Transfers £	Funds at 2024 £
Myanmar & China	2,184,762	6,348,880	(6,379,387)	–	2,154,255
Cambodia	(206,218)	79,884	(142,265)	–	(268,599)
Ethiopia	(213,720)	210,504	(218,671)	–	(221,887)
Guatemala	95,350	89,768	(137,413)	–	47,705
Kenya	(32,804)	45,041	(51,754)	–	(39,517)
Laos	293,320	300,245	(477,238)	–	116,327
Namibia	(243,763)	88	(31,346)	–	(275,021)
Nicaragua	68,192	-	(9,031)	–	59,161
Rwanda	130,756	215,351	(337,932)	–	8,174
Sierra Leone	(346,349)	14,323	(10,521)	–	(342,546)
Somaliland	(31,587)	2,195,081	(1,553,928)	–	609,565
Vietnam	393,554	499,086	(584,299)	–	308,341
Multi-Country Projects	890,281	128,239	(217,421)	–	801,099
Global Campaigns	170,194	78,555	(89,149)	–	159,600
Gift in Kind	741,097	109,492	(500,220)	–	350,370
Total restricted funds	**3,893,066**	**10,314,536**	**(10,740,576)**	**–**	**3,467,026**
Unrestricted funds	1,931,451	393,068	(394,870)	–	1,929,649
Total funds	**5,824,516**	**10,707,604**	**(11,135,445)**	**–**	**5,396,675**

Restricted funds balances are held to ensure that there are adequate funds to implement programme activities.

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds). Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons, eg because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. So we can't add them to general unrestricted reserves in the accounts. They are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

HPA and FYF continue to be a close strategic partnership. Both charities shared the same trustees, although none of the trustees have been appointed to the FYF board as representatives of HPA.

In past years, HPA provided management and support services to FYF at its UK headquarters (£51,060 in 2024).

However, due to the change in FYF size and resources, HPA agreed to provide these services free of charge, allowing FYF to make programmatic grants to support HPA works in countries.

These grants are restricted and used to fulfil the similar charitable activities both companies share.

In 2024-2025, a total of £30,189 was spend to support HPA work in Guatemala and Myanmar.

16. STATEMENT OF FUNDS

	2025 Receipts	2025 Expenditure	2024 Receipts	2024 Expenditure
Irish Department of Foreign Affairs and Trade				
CSF05-22 Kenya, Ethiopia	-	38,160	86,802	97,344
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	-	-	-	-
Department for International Development / Foreign, Commonwealth and Development Office				
FCDO Myanmar Humanitarian	2,755,206	2,255,643	1,778,790	1,804,889
European Commission				
EC Stop2 - Somaliland	3,134	-	25,493	96,229

Acknowledgements

We couldn't do this without the following:

Partners

CAMBODIA

Department of Mental Health and Substance Abuse

Department of Communicable Disease Control

National Authorities of Combating Drugs

National Institute of Public Health

ETHIOPIA

Ministry of Health

Somali Regional State Health Bureau

Afar Regional State Health Bureau

Ethiopian Public Health Institute

Burnet Institute

KENYA

Mandera County Government

Ministry of Health, Kenya

LAOS

Association for Rural Mobilisation and Improvement (ARMI)

Burnet Institute

CARE Laos

Centre for HIV/AIDS/STD (CHAS)

Centre for Malariology, Parasitology and Entomology (CMPE)

Community Health and Inclusion Association

FIND, the global alliance for diagnostics

Ministry of Health, Lao PDR

National Center for Laboratories and Epidemiology (NCLE)

National Tuberculosis Centre (NTC)

Population Education Development Association

University of Health Sciences (UHS), Lao PDR

Veterinarians Without Borders (VWB) / Volunteers Engaged in Gender-Responsive Technical Solutions (VETS)

NAMIBIA

University of Namibia (UNAM)

National Tuberculosis and Leprosy Programme (NTLP)

Ministry of Health and Social Services (MOHSS)

RWANDA

GIZ

ENABEL

Ministry of Gender and Family Promotion

Gender Monitoring Office

Ministry of Labour and NAEB (National Agricultural Export Development Board)

SOMALILAND

Ministry of Health Development (MoHD)

Ministry of Employment, Social Affairs and Family (MESAF)

Ministry of National Planning and Development (MoNPD)

VIETNAM

National Institute of Malariology, Parasitology, and Entomology (NIMPE)

Ho Chi Minh city and Quy Nhon Institutes of Malariology, Parasitology, and Entomology (IMPEs)

Provincial Departments of Health (DoH) and Centers for Disease Control (CDCs) in the project provinces

Donors

CAMBODIA

FIND
GFATM
AIDS Health Foundation
SD Asia

ETHIOPIA

Medicor Foundation
EA Foundation
Irish Aid
Gavi, the Vaccine Alliance
The Waterloo Foundation
Ethiopian Humanitarian Fund
Hodge Foundation

GUATEMALA

Medicor
Gunvor

KENYA

Irish Aid

LAOS

Department of Foreign Affairs and Trade (DFAT), Australia
Gavi, the Vaccine Alliance
Global Affairs Canada
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (via UNOPS)
Global Health Advocacy Incubator (GHAI)

MYANMAR

UNOPS
The Global Fund

RWANDA

GIZ
ENABEL

SOMALILAND

World Food Programme

VIETNAM

UNOPS

And all of our anonymous donors and our supporters and allies – THANK YOU!

HEALTH POVERTY ACTION

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Registered charity no. 290535

HEALTH LIMITED

England & Wales - Charity number 290535

Accounts

Annual report and accounts

2023-2024

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Cover image: Mother and baby at the planting of a vegetable garden in Tuipox, Guatemala.

All photos © Health Poverty Action

Design & layout: www.causeffectdesign.co.uk

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Message from Director and Chair

From a prolonged dry season in Guatemala to floods in Ethiopia and Kenya, and landslides in Rwanda, it is increasingly evident that no region is immune to the escalating climate crisis. This year, our teams faced increased loss of lives and livelihoods, mass displacement, destruction of infrastructure and disease outbreaks. From water treatment in Ethiopia, dry gardening techniques in Guatemala, to providing emergency healthcare as part of the flood response in Kenya, we adapted to this sustained and growing threat.

Conflicts affected a number of places in which we work including Myanmar and Ethiopia. External debt crises continue to plague a range of countries including Laos, Ethiopia and Kenya, straining healthcare and other public budgets, hitting the poorest hardest. Rising inflation and cuts in donor funding, particularly in Somaliland and Myanmar, have exacerbated poverty and created further obstacles to health.

As ever, our teams continue to work alongside governments in these challenging contexts, to provide direct healthcare to excluded groups, support community volunteers to provide health information and access in remote places, champion the adoption of health services that meet the cultural needs of excluded people, and tackle entrenched inequities such as gender-based violence.

Alongside all our local and national advocacy we campaign for better global policies; including how better drug policies must be part of the solution to the climate emergency.

We never work alone but as part of a team, with the goal of robust, equitable state healthcare, shaped by and accessible to all those it serves.

Our sincere thanks to all of you who stand with us.

Oliver Benjamin Kemp
Chair of Trustees

Martin Drewry
Director

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Who we are

We see health differently. We do what's needed, not what's easiest, to stop health being denied. We work alongside ignored communities in ten countries worldwide who refuse to accept the injustices that deny people a healthy life.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. That's why our local team in Myanmar will trek for six weeks through the freezing mountains to run health training courses. It's why we join forces with communities in remote Somaliland villages, supporting people to demand better health facilities. Our approach partners us with some of the most remote and marginalised communities around the world.

And it's why we confront policy issues that are complex and sometimes controversial.

We are part of a global movement for health justice – the People's Health Movement – and work in close partnership with Find Your Feet, whom we support with grants, managing costs and finances.

Our legal purpose is:

To preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict.

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit following our vision and mission. The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit.

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Country updates

All our work is done in collaboration with governments, local communities and other partners towards the goal of robust, equitable state healthcare. Country contexts give a snapshot as relates to our work and are not intended to reflect any country as a whole.

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Guatemala

Context

Guatemala has become an upper middle-income country, yet retains vast disparities between the Indigenous Maya and the dominant non-indigenous populations. The Maya experience markedly poorer health and greater poverty. A lack of jobs has driven many to migrate to the United States, risking their lives and incurring huge debts to cross the border. Governance remains weak, with widespread corruption among state actors. Communities already vulnerable due to their remoteness, poverty, and indigenous majority now face additional challenges from an extended dry season as a result of the climate crisis.

Political update

A reformist candidate won the Presidency, leading to efforts to overturn his electoral victory. Mass protests and social mobilisation defended the election results, and he took office in January 2024. With only a handful of legislators in Congress, he faces significant challenges in reforming governance, the economy, and the historically weak state services. In April and May 2024, many of our communities were affected by forest fires. Combined with the longer, hotter dry season, this has damaged crops and led to food price inflation.

Discussing depression with pregnant women and mothers.

Our work

We work in seven districts with indigenous Maya K'iche' and Maya Mam women, mainly pregnant women and mothers, as well as traditional birth attendants and government health staff. We reduce maternal and new-born mortality and improve public health services, building relationships between state health services and indigenous communities. Adapting government services to provide culturally appropriate care is a cross-cutting theme in our work, and we are encouraged that many of our approaches are now being taken up by the government itself.

We were the only NGO invited to share our expertise with a range of Latin American governments at an international conference on how they can develop culturally appropriate approaches to rural maternal health.

Pregnant women in interactive group sessions, learning newborn care techniques.

We address malnutrition through demonstrative gardens for vegetables and indigenous medicinal plants at health clinics. Pregnant women, community authorities, and government staff learn how to grow and harvest nutritious food and plants, using natural fertiliser and insecticide and we provide people with seedlings to replicate this at home.

In response to the effects of climate change we provided oral rehydration fluids to community members engaged in firefighting; and shared basic dry gardening techniques which can be used when water is scarce.

Chinimabe medicinal plant garden.

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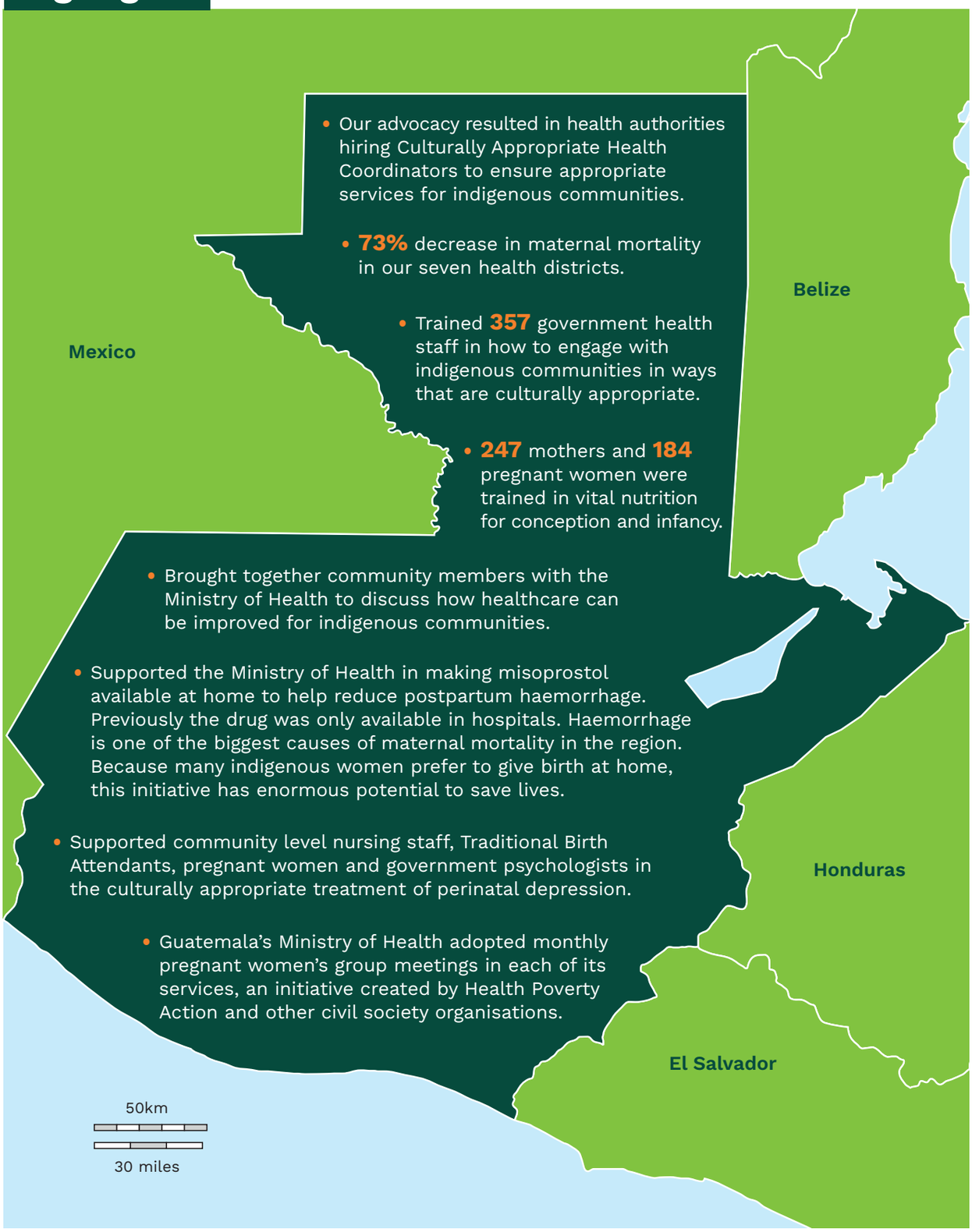
Highlights



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Gardening for better nutrition in Guatemala

Brenda Cabrera Escalante is 32 years old and expecting her second baby. She learned how to grow nutritious food through one of our demonstrable gardens and established her own vegetable garden.

“Health Poverty Action showed us how to plant seeds and seedlings... We usually just plant cornfields and potatoes.... I’d never seen how to plant these vegetables, and had never prepared a vegetable plot before this invitation. So for me, it’s my first time planting.

A vegetable garden is important, because it helps us have vegetables to hand, and it’s cheaper for us than buying. The most interesting thing was seeing how different vegetables are planted, and which ones are in seed, and which are seedlings. There were some that I’d never seen, such as hierbamora – I loved seeing that.

I have learned how to make organic fertilizer, and natural insecticides with materials used we already have in the home, such as firewood ash, animal fat soap and lime. HPA gave me seeds and seedlings. I’ve planted them in my home, close to my cornfield. Everything that I planted has come up, and I’m happy with them and taking good care of them!

Having a garden to hand helps me a lot, I don’t have to buy as much food, and it helps my family’s meals. My husband helps me take care of the vegetables, and the planting when I explained to him how to do it. Now he tells me that when we harvest what we planted, we’ll be buying more seeds...

"Now I’m always going to plant my vegetable garden; and next year, I’ll expand it, to make sure we have enough for the whole family. I’d recommend other women plant a garden for their own benefit; and that others join in with the different activities held in the health post, so they can learn too.”

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Namibia

Context

Namibia is the second most unequal country in the world,[1] with starkly different poverty rates and access to services across different groups. This is especially problematic for the marginalised San population. There are very high levels of unemployment. Namibia's huge land mass and low population density impedes access to health services. The legacy of apartheid systems of government remains, worsened by the COVID-19 pandemic. Rates of HIV/AIDS and tuberculosis are high among marginalised groups.

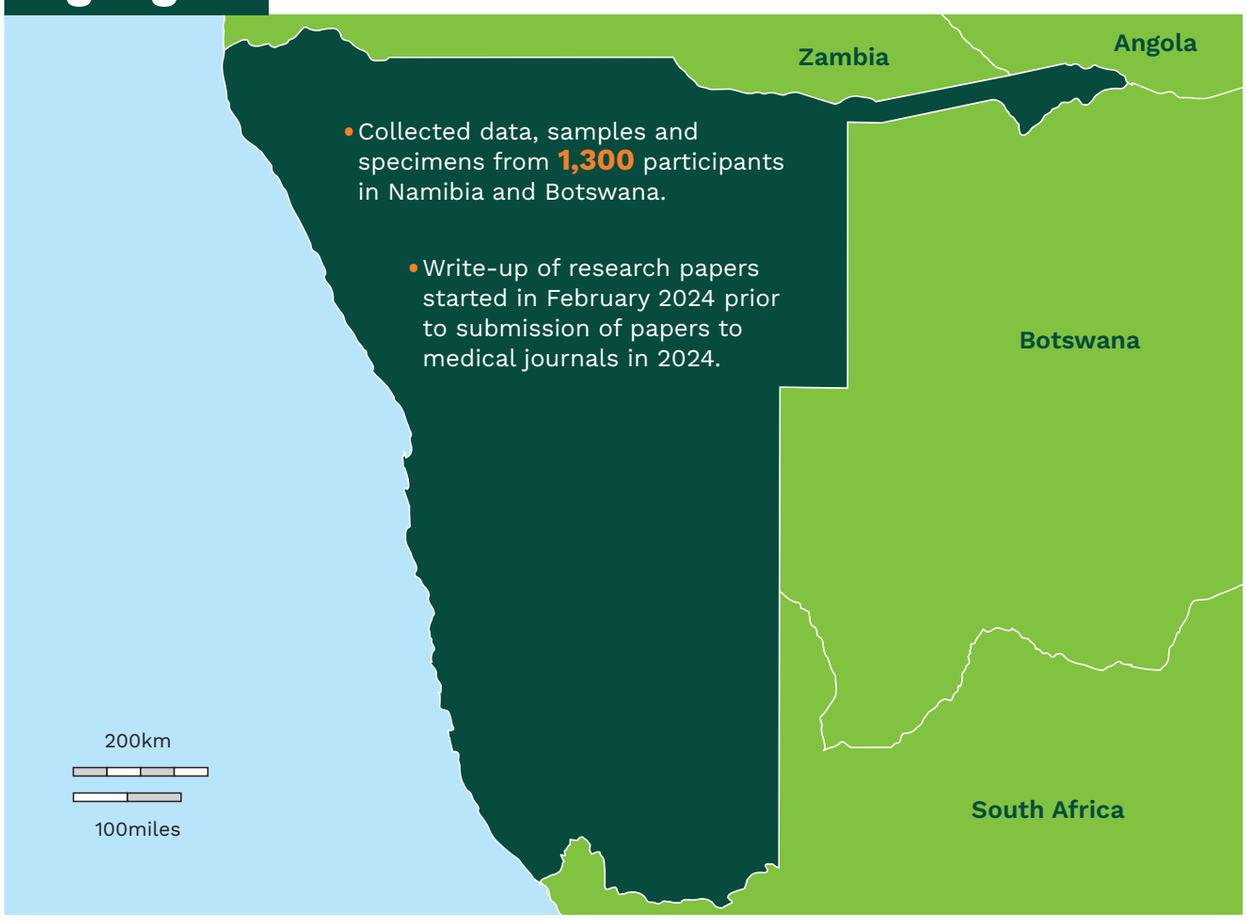
Political update

Inflation increased to a five-year high in 2022. The poorest suffer the harshest effects. The country is reliant on food imports and the after-effects of the COVID-19 pandemic increased risk of food insecurity. Despite its many challenges, Namibia is classified a high-middle income country by the World Bank and donors have recently scaled down funding to the health sector.

Our work

We partner in a research collaboration alongside several universities, which aims to improve understanding of the COVID-19 epidemic in Namibia and Botswana, including ways in which the virus was transmitted and how it interacts with other pathogens such as HIV and tuberculosis. We will use the research to improve the early diagnosis and effective management of tuberculosis cases.

Highlights



1. https://www.statista.com/statistics/264627/ranking-of-the-20-countries-with-the-biggest-inequality-in-income-distribution/

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Rwanda

Context

Rwanda's 1994 genocide devastated the country, destroyed its infrastructure and subjected millions of people to various forms of violence. Today violence against women is endemic. More than 41% of women have experienced physical and/or sexual violence from an intimate partner in their lifetime, whilst almost a quarter reported being subjected to it in 2021.[2] Many families use charcoal and wood burning cooking stoves, which increase indoor air pollution and deforestation, depleting Rwanda's natural resources. This results in higher carbon emissions, soil erosion, a decline in biodiversity, and carbon monoxide poisoning. This is especially dangerous for women and children who predominantly use the stoves.

Political update

Unpredictable rainfall patterns caused by climate change have significantly impacted our tea growers' cooperatives. The devastating effects of these climatic extremes were starkly illustrated in May 2023, when heavy rainfall triggered landslides and flooding.

Our work

We help survivors of gender-based violence in the Western Province access work. We provide hands-on training in practical workplace skills, entrepreneurship, business development, and work placements in the tea sector for 3,150 people, predominantly women. We support survivors of gender-based violence (who often face stigma) to successfully reintegrate into families and communities.

In the Eastern Province we promote the adoption of alternative cooking stoves to reduce the environmental and health risks associated with traditional stoves and enable people to save money on fuel.

Tea plucking training at Rutsiro tea factory.

"Before we intervened many people in the community faced numerous socio-economic challenges... they lacked financial security, a reliable source of income, and access to basic services, making it difficult for them to survive and plan for their future... Thanks to our work...most of the participants are now employed in tea plantations and tea cooperatives.

Cooperative Manager in Rusizi District

2. https://evaw-global-database.unwomen.org/en/countries/africa/rwanda#1

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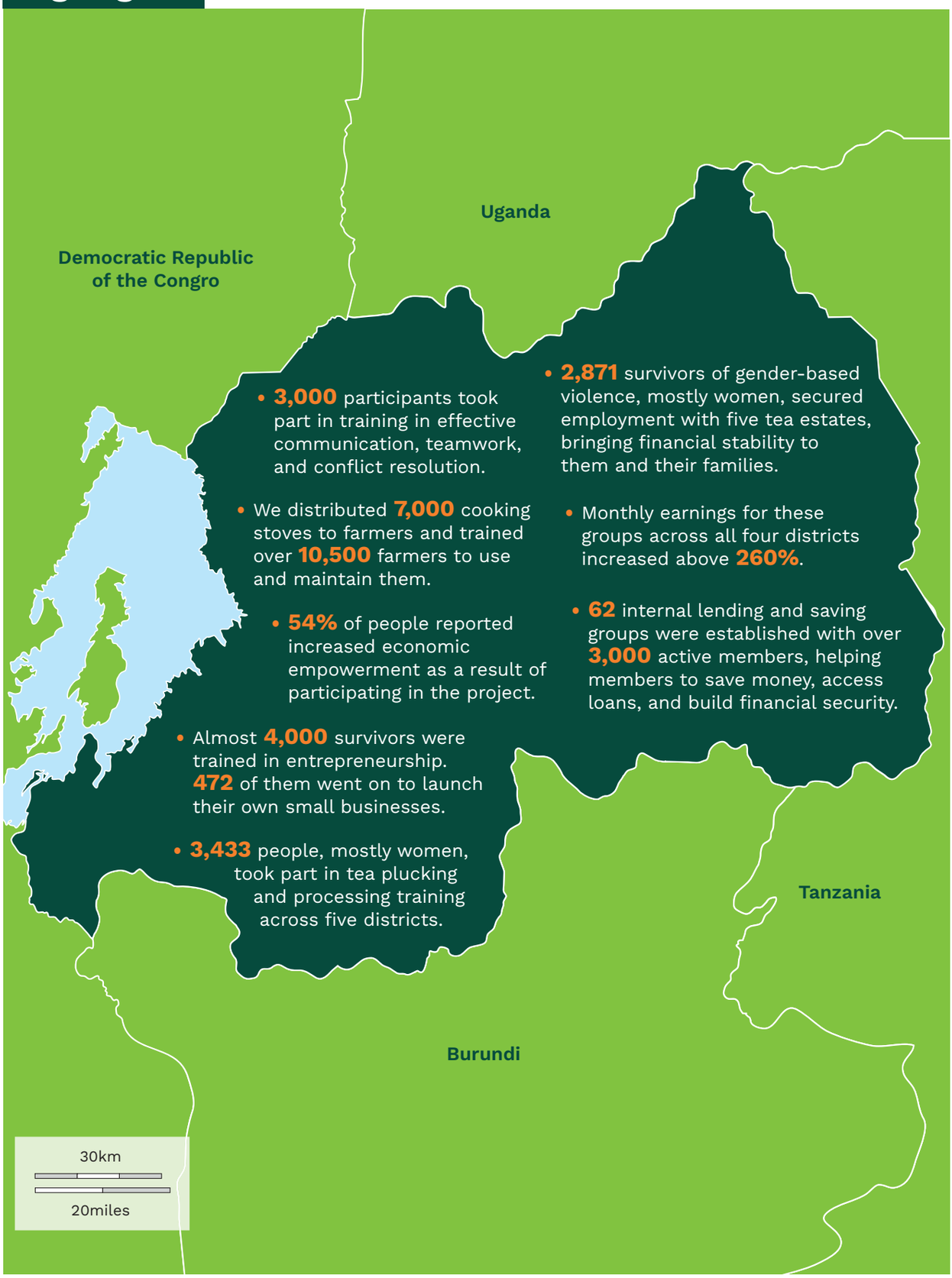
Highlights



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Cooking for less with eco-friendly stoves

In the village of Gashara, alternative cooking stoves have been of enormous benefit to people like **Seth Byringiro**. Seth previously struggled with the high cost of traditional cooking methods, spending around 1,000 Rwandan Francs (RWF) (59 pence) for a single meal. This was both burdensome and unsustainable for his household. The new stoves have transformed his daily life, now 1,000 RWF provides Seth and his wife with an entire week of meals.

Seth (right) pictured with HPA Rwanda Country Director Maurice Nizeyimana.

The new cook stoves.

The new stoves are also better for the environment as they require considerably less firewood. After noticing the benefits, Seth's neighbours borrowed a stove to cut back on their own cooking-related carbon emissions and save money.

Seth's experience reflects the wider community's desire to shift towards more cost-effective and sustainable cooking practices, demonstrating how interventions can improve both people's income and the environment.

"One of the most significant achievements this year that I am personally most proud of is the successful implementation and impact of the gender-based violence survivors Economic Empowerment Project. It has provided survivors with vital training in soft skills, financial literacy, and tea plucking, fundamentally changing their lives. Seeing more than 2,000 survivors secure tea plucking jobs and 472 people start their own businesses has been incredibly fulfilling. These accomplishments are not just statistics; they represent real, tangible improvements in the lives of survivors, offering them a path to financial independence and a renewed sense of purpose. I feel immense pride and satisfaction knowing that our efforts have helped empower people, giving them the tools and opportunities to rebuild their lives and gain economic stability. This achievement is a testament to the hard work, dedication, and resilience of the survivors and our team. It reinforces the importance of providing comprehensive support to survivors of gender-based violence and the transformative power of economic empowerment."

Solange Ineza, Project Manager

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Kenya

Context

Mandera County in which we work is rife with inequality and the impacts of patriarchy, including widespread female genital mutilation and poor sexual and reproductive health. Mandera city's literacy rate is only 3%, while the national average is 79.3%. Effects of the climate crisis include both drought and floods, exacerbated by inadequate social services, poor physical infrastructure, causing people to be displaced from their homes and become refugees.

Community conversation forum with the team in Mandera.

Political update

Recently the cost of living has skyrocketed. This combined with donor funding cuts has impacted our work. A drought forced many people to relocate in search of pasture for their livestock, slowing down project activities. At the same time, floods forced us to halt operations for nearly a month while the community dealt with the aftermath.

Our work

We work with a minority Somali pastoralist community on the Ethiopia/Kenya border to improve sexual and reproductive health, address issues of gender-based violence including female genital mutilation, ensure government services are culturally appropriate and accessible, and integrate feedback systems to put pastoralists at the forefront of influencing change for their health systems. We find ourselves increasingly forced to deal with the climate emergency; helping community members obtain essential items including mosquito nets, making our vehicle available during emergencies and providing health education when extreme weather makes providing direct health services impossible.

“This has been a challenging year as we experienced drought and floods in equal measure with Mandera at the epicentre. However the programme has managed to stand the test of time. The engagement of men on sexual and reproductive health and the conversion of perpetrators of FGM to community champions against the practice shows both our huge impact and community ownership. We are happy that we are slowly creating a united community where equity and equality are being realised.

Collins Ayoo, Country Director, Kenya

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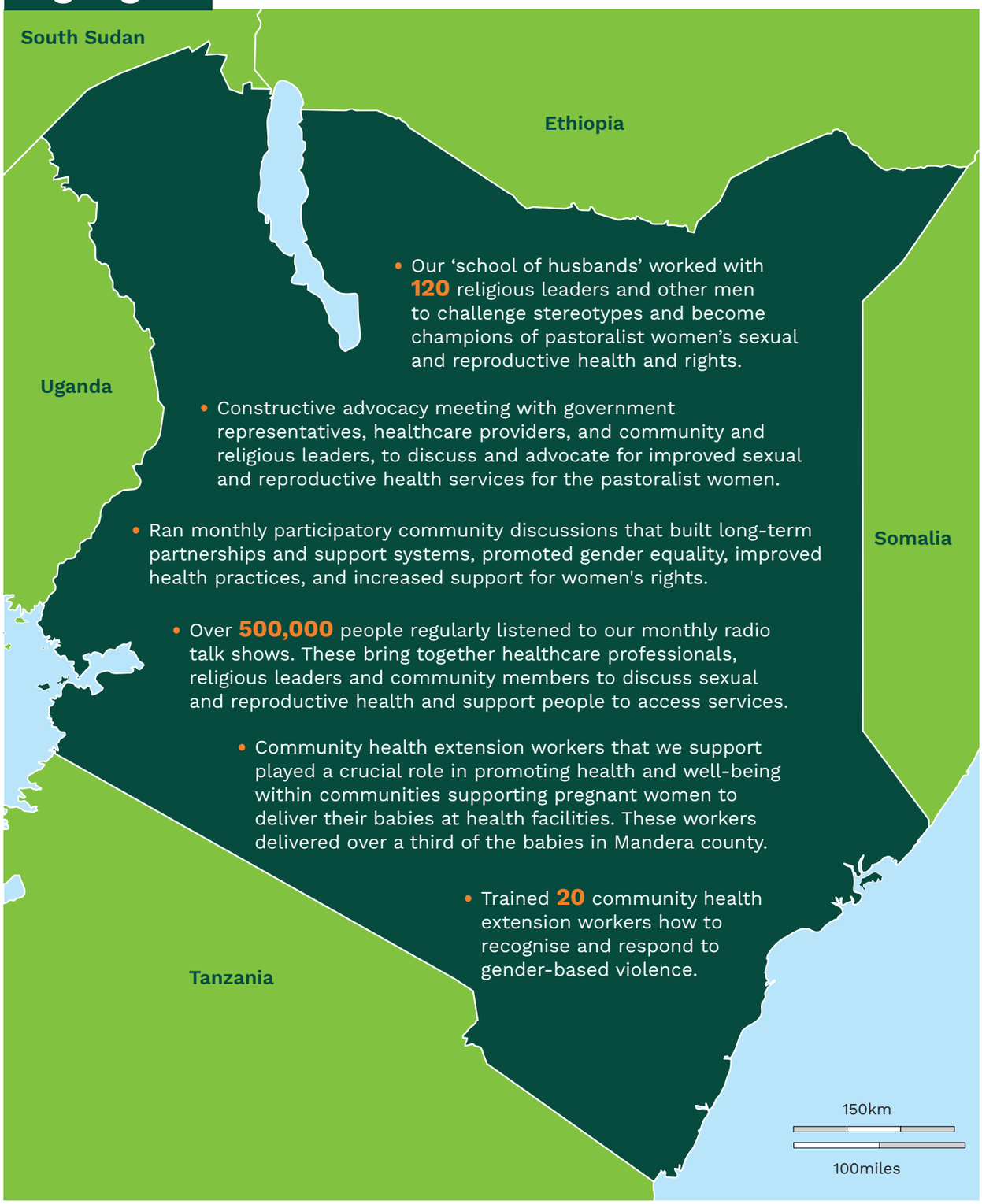
Highlights



- Our ‘school of husbands’ worked with **120** religious leaders and other men to challenge stereotypes and become champions of pastoralist women’s sexual and reproductive health and rights.
- Constructive advocacy meeting with government representatives, healthcare providers, and community and religious leaders, to discuss and advocate for improved sexual and reproductive health services for the pastoralist women.
- Ran monthly participatory community discussions that built long-term partnerships and support systems, promoted gender equality, improved health practices, and increased support for women's rights.
- Over **500,000** people regularly listened to our monthly radio talk shows. These bring together healthcare professionals, religious leaders and community members to discuss sexual and reproductive health and support people to access services.
- Community health extension workers that we support played a crucial role in promoting health and well-being within communities supporting pregnant women to deliver their babies at health facilities. These workers delivered over a third of the babies in Mandera county.
- Trained **20** community health extension workers how to recognise and respond to gender-based violence.

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Mama Fatuma: a leading light in community conversations on FGM

In the remote village of Jabi, Mandera County, the practice of female genital mutilation (FGM) had been deeply entrenched for generations. For years, **Mama Fatuma**, a respected elder earned her living as a traditional circumciser, performing the procedure on young girls. However, Fatima's perspective began to shift after attending a series of community conversation sessions organised by Health Poverty Action.

The sessions brought together village elders, religious leaders, women leaders and young people to provide a safe and inclusive platform to discuss FGM and other harmful practices. Mama Fatuma was initially hesitant to participate, as she had long believed that FGM was a necessary cultural tradition. However, she listened as women shared their traumatic experiences of undergoing FGM, and heard the pleas of parents who desperately wanted to protect their daughters. Deeply moved by these stories, Mama Fatuma made the courageous decision to abandon her role as a circumciser and contribute to the eradication of FGM in her community. She was enrolled into our training sessions. Equipped with newfound knowledge and empathy, Fatima began to lead her own sessions in Jabi and became one of Health Poverty Action's community conversation facilitators leading her own sessions with 20 people each month.

The community with Mama Fatuma in a community conversation meeting.

Mama Fatuma's transformation from a circumciser to a community conversation facilitator had a profound impact on the village. As she shared her story and the lessons she had learned, more and more community members began to reconsider their support for FGM. She said, 'Families have started to pledge their commitment to protecting their daughters, and the national government even introduced by-laws to discourage this practice. I am happy to be the leading light in this new transformation." Today, Mama Fatuma is widely respected in Jabi as a champion of women's rights and a driving force behind the decline of FGM in the region. Her story serves as a powerful testament to the transformative power of inclusive dialogue and the potential for individuals to enact meaningful change within their communities.

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Ethiopia

Context

The country continues to grapple with the aftermath of conflict, despite a cessation agreement in November 2022. High inflation and the climate crisis have intensified poverty and insecurity. Severe droughts in some regions led to poor harvests, high levels of food insecurity, malnutrition, and increased disease outbreaks, whilst other regions are beset by flooding. Pastoralist communities, heavily reliant on livestock, face rising costs for animal feed, medical care, and market access. In urban areas, the soaring expenses for housing, food, and healthcare have deepened poverty. Women and girls endure abuse and discrimination, with female genital mutilation remaining a widespread practice.

HPA field team celebrating World Health Day by providing healthcare services in Abala Woreda, Afar region, Ethiopia. Photo: Solomon Gamene

Mobile health team midwife, Hanna, providing services to a young child during world health day in Abala, Afar Region.

Political update

Headline inflation was 32 percent in 2023, almost three times the Government's target. Humanitarian needs remained high, triggered by the convergence of climate crisis and conflict. In November 2023 flooding affected an estimated 1.5 million people, displaced hundreds of thousands more and decimated livelihoods and infrastructure. Severe water shortages, malnutrition, food insecurity, and disease outbreaks – including measles, malaria, dengue fever, and Ethiopia's longest-ever cholera outbreak – combined with economic shocks, caused immense suffering and loss of life. Inter-communal violence escalated in various regions. The escalation of conflict in Sudan has led to an influx of people returning to or arriving as refugees, most requiring immediate assistance.

Linking survivors of gender-based violence to support networks

Eighteen-year-old **Anfa Macalin** from Barre district in the Somali region became pregnant following a violent rape. In line with the cultural beliefs about rape, her family shunned her to avoid bringing shame to the household.

Anfa sought refuge in her uncle's house in another district, where she gave birth. Health Poverty Action runs a community mechanism for reporting gender-based violence in which we support women and girl's groups to discuss and support survivors of violence, provide them with practical and emotional help and link them to other government services. Through this we learned of Anfa's situation and provided psychosocial and medical services for her and her baby. We also supported Anfa's reintegration into her community, connected her with government welfare and business support and helped her start a small shop where she sells water, tea, and coffee.

Amfa and her baby in a local shop in Dollo Bay woreda supported by Health Poverty Action. Photo: Dr. Basleal Yirgu

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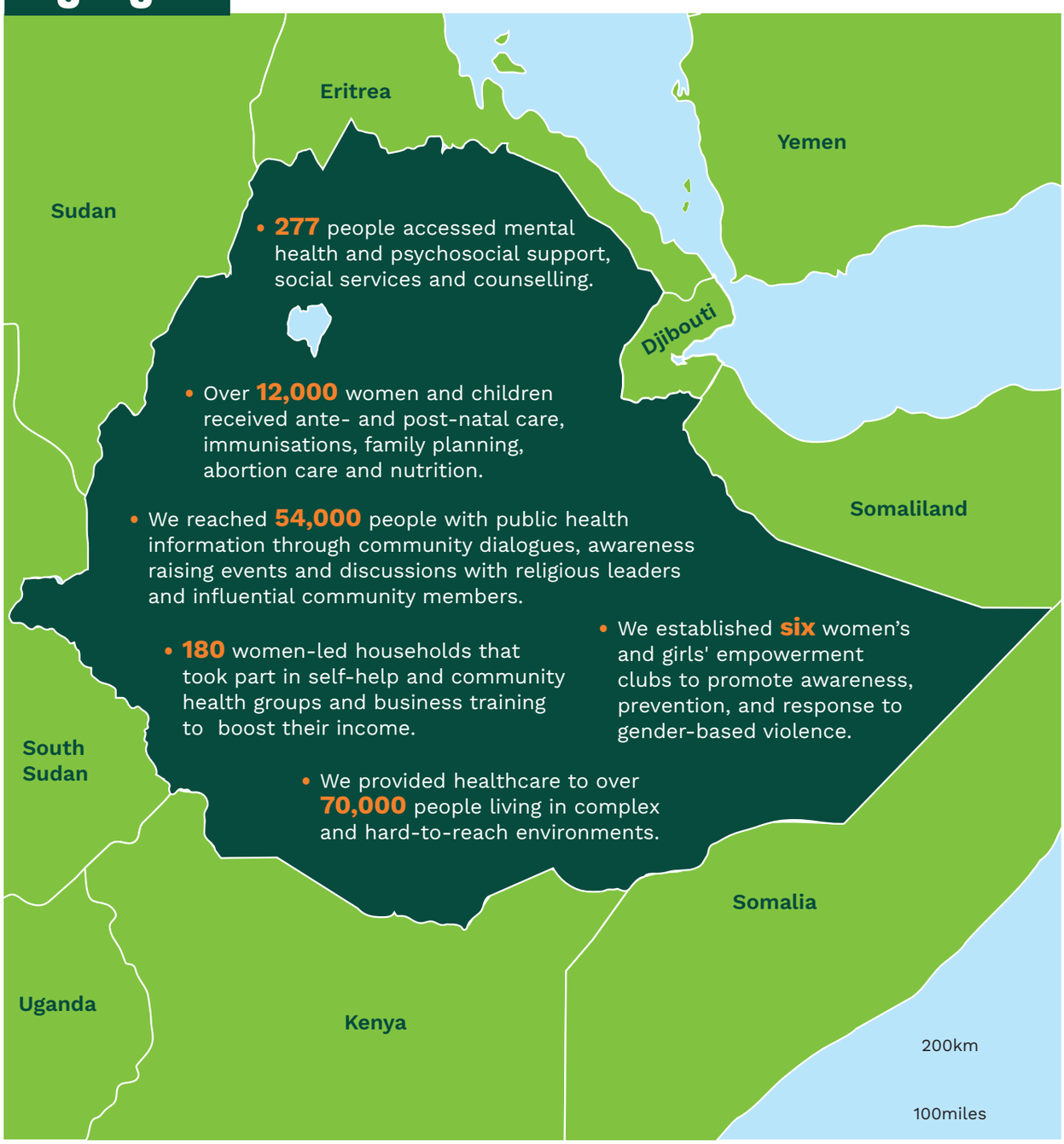
Our work

Improving healthcare for marginalised groups, such as pastoralists and people affected by conflict. This includes providing essential primary healthcare services, support to the government's ambulance service, educating people on maternal, sexual and reproductive health and gender-based violence. We run mobile health clinics to cater specifically to pastoralists. This year we piloted a community-based health insurance project to improve the income and sexual and reproductive health of women, and deployed mobile health and nutrition teams to provide physical and mental healthcare to 25,000 people displaced by conflict. We were also forced to respond to the climate crisis deploying rapid response teams, providing water treatment for flood affected communities and emergency health services. Our approach to collecting and implementing patient feedback in emergency response services has been recognized and widely promoted as best practice by the World Health Organization led health cluster.

Highlights



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Somaliland

Context

Somaliland is an autonomous territory which declared independence from Somalia in 1991. The territory suffers many challenges, notwithstanding its lack of recognition by the international community. It is home to a large number of people who are internally displaced as a result of conflict or the climate crisis. It is severely affected by drought and suffers high levels of gender-based violence, including the world's highest levels of female genital mutilation (FGM), with almost all women aged 15-49 having experienced it.[3]

Political update

RRising inflation and the cost of living crisis created further challenges this year. Meanwhile cuts to donor funding, in particular from the UK, have had a significant, detrimental impact on the already underfunded health system. Extreme weather events, changing rainfall patterns, and rising temperatures continue. The debate on the stalled draft law against female genital mutilation and protective policy frameworks for women – for which we have advocated – were re-ignited by the government as a result of our advocacy.

Our work

We have supported the government of Somaliland for many years playing a vital role alongside the Government in delivering and strengthening the country's health system. Our work is extensive and multifaceted, encompassing maternal and child health and nutrition, a widespread programme of community outreach to challenge attitudes tackling gender-based violence and female genital mutilation, and a multisectoral drought response programme. We have a particular focus on marginalised communities, including pastoralists and people who are internally displaced as a result of the conflict, working in a number of camps for people who are displaced ensuring they can access healthcare.

Women gather outside of a Abdal Health Centre.

3. https://euaa.europa.eu/country-guidance-somalia-2022/2114-female-genital-mutilation-or-cutting-fgmc#:~:text=A%20survey%20of%202020%20indicated,of%20women%20surveyed%20experiencing%20it.

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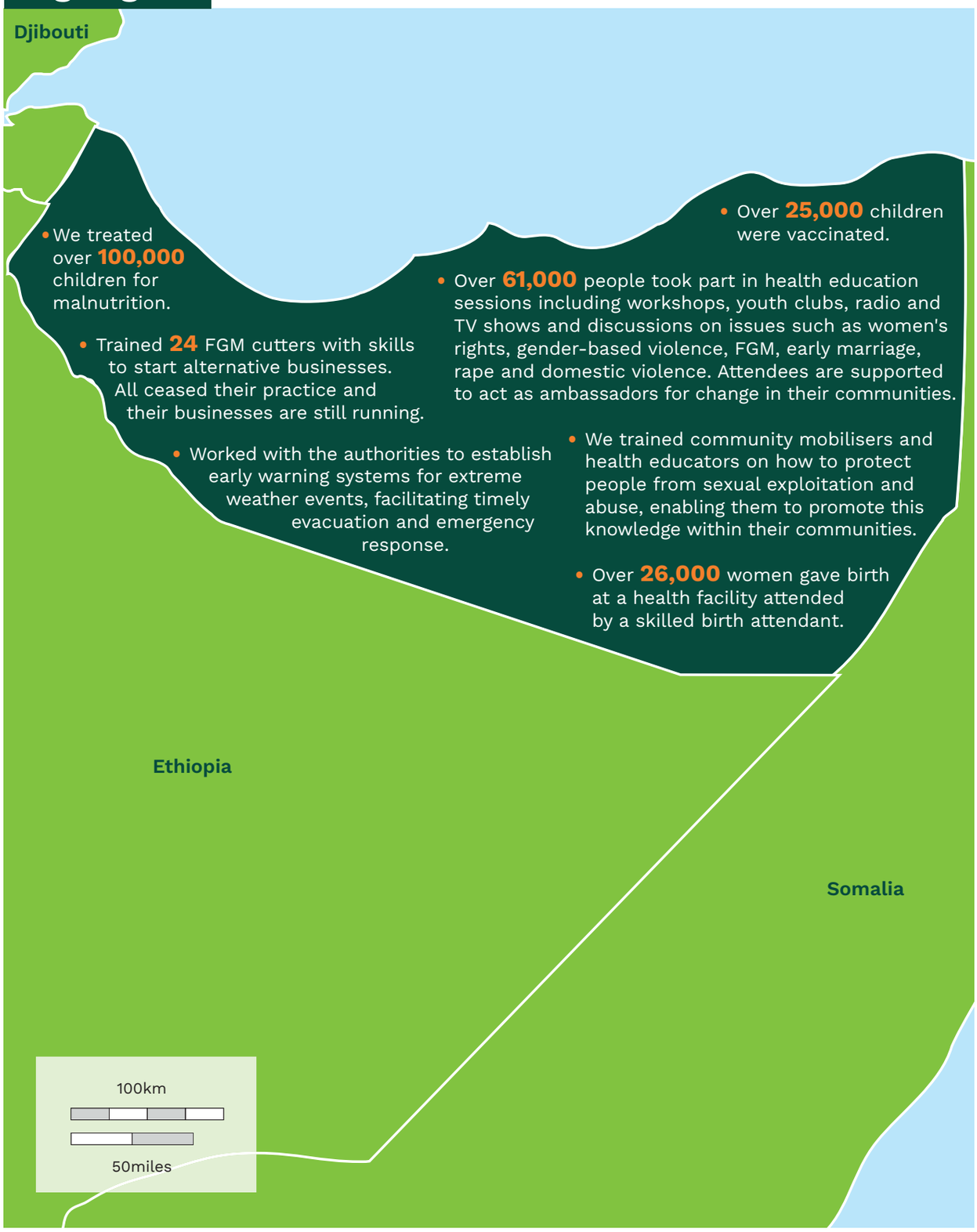
Highlights



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Myanmar

Context

Myanmar is home to 135 ethnic groups and the world's longest running civil war. In 2011 the country began to transition away from full military rule with hope of democratic reforms. However, a military coup in February 2021 returned Myanmar to military rule. All the Special Regions in which we work have been affected by on-going armed conflict for decades. Many people have been forced from their homes to camps or host communities. There are no government facilities or health staff in the area, only the ethnic health system. In seven regions of Myanmar the majority of people are unable to access clean water. Marginalised ethnic minority groups living in the forest often carry the greatest burden of poverty and disease and struggle to access healthcare. Young women and girls are frequently the victims of gender-based violence. People living in excluded communities including pregnant women, mothers, new-born babies and children under five years old are often denied access to healthcare. Access to nutrition is a severe problem for pregnant women and children under five years old.

Woman who raises chickens to meet her family's needs.

Political update

The communities we serve grapple with dual burdens of poverty and instability as a result of conflict. Inflation and rising living costs, disrupted livelihoods, displaced families and disrupted supply chains, make it difficult to transport goods and services to affected areas. Cuts to funding from donors have significantly impacted our work and the livelihoods of those in the areas we work leaving vulnerable populations without access to vital healthcare, exacerbating health disparities and increasing the risk of preventable diseases. Extreme weather has forced families to leave their homes, destroyed infrastructure, affected agricultural productivity, disrupted water supplies and sanitation facilities, increasing the risk of both water and vector borne diseases.

Our work

Our work to strengthen basic health services and support community health in this complex context is extensive, and spans decades. We train health workers, support health facilities with supplies and equipment, improve maternal and child health, provide immunisations, conduct health promotion and education sessions and provide outreach services to remote communities. Much of our work is through supporting community actors such as Village Health Committees to raise awareness in their communities. We have a particular focus on malaria and tuberculosis control services for migrants, and given the high prevalence of malaria in border areas, advocate with both the Chinese and Myanmar governments to promote cross-border collaboration. We conduct a range of actions to tackle gender-based violence, including health worker training, community awareness raising and supporting referrals for survivors. Particularly important is ensuring health services meet the needs of marginalised ethnic groups.

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A dedicated volunteer's commitment to community health

Bum Sin Village is a remote mountain village unreachable by government health staff. In need of healthcare, the village head requested support from Health Poverty Action, who trained and recruited **Ngor Ma Sar** as an Integrated Community Malaria Volunteer.

Before Ngor Ma Sar's appointment, the people of Bum Sin village faced challenges accessing medicine and health information due to its distance from health facilities. "Before, there was no one to share health knowledge with, and the pregnant mother did not know that she had to go to the hospital after the delivery bleeding, so she died at home. A pregnant mother also died because she could not give birth. Some mothers know that their children are sick, but they have no health awareness and don't know how to get medical treatment. There are some children who should not have died," the village head said.

Following her training, Ngor Ma Sar conducts health promotion sessions and provides basic health care services to the community, using medicine provided regularly by Health Poverty Action. In emergencies, she can refer patients to the hospital.

Ngor Ma Sar now plans to attend an auxiliary midwifery course run by the state health department so that she can provide even more support to her community.

"In the past, parents were afraid to vaccinate their children. If they inject, they are afraid that their children will not be able to walk using their legs because they don't have any health knowledge. Now giving health promotion session by Mrs. Ngor Ma Sar, we have understood, and all the parents are vaccinating their children."

Female villager

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Cambodia

Context

Cambodia previously endured many years of conflict and civil war. A low-middle income country, recent cost of living increases have thrust poor households deeper into poverty. Whilst Cambodia has made good progress in tackling HIV in recent years, one in every 200 people still live with the disease. Cambodia has a high level of hepatitis with nearly three in every 100 people living with chronic hepatitis B.

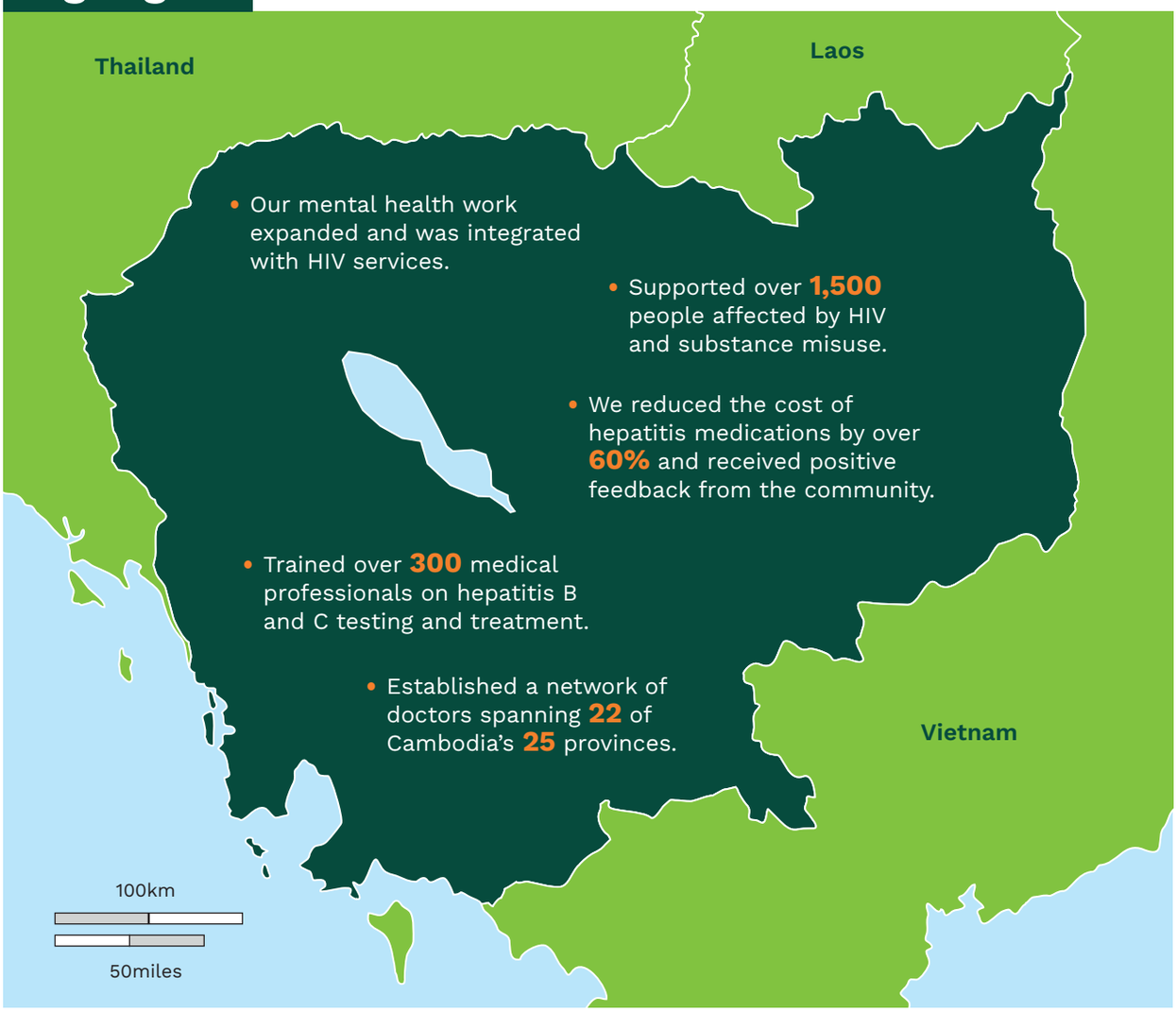
Political update

Cambodia has been politically stable in recent years, enabling additional developments and improvements. Despite this stability, the lack of any political opposition continues to affect processes of good governance, democracy and human rights.

Our work

We focus on harm reduction and mental health, expanding this year to integrate these with HIV services. We launched the Hepatitis Elimination Alliance to unite public and private sectors, medical and community organisations and NGOs to increase awareness of the disease and make treatment accessible and affordable.

Highlights



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Laos

Context

Whilst Laos has reduced poverty in recent years, poverty and inequality are still the major development challenges. Due to poverty, people often move for farming, hunting, logging in the forest. People who live near the forest in remote areas often find it especially hard to access health services and are at high risk of malaria infection. Whilst malaria affects around 10% of the population, the disease highlights stark inequalities: ethnic minorities and people living in remote areas are almost exclusively affected.

Political update

Lao PDR has significantly improved health indices, despite facing many challenges. However, current and growing future risks include climate change; heavy rain and flooding as a result of the climate emergency particularly affecting the remote areas in which we work. Lifestyle changes pose an increased threat of non-communicable diseases, such cardiovascular disease, stroke, cancer and diabetes, which today are responsible for 60% of deaths.

The economic situation in the country is challenging. Up to December 2023, income lagged behind inflation for more than 40% of households. In January 2024, 34% of high-income households reported reducing education spending, compared to 45% of low-income households.[4]

Our work

We collaborate with a vast network of community volunteers in rural and hard-to-reach areas to respond to the malaria endemic, and increase equal access to prevention, testing and treatment for malaria. Alongside comprehensive support to a network of community volunteers, we collaborate with expert centres, public health and healthcare staff, and support data-driven decision making mechanisms for health facilities. This year we also instigated a pilot to integrate home-based primary healthcare to mothers and children who are unable to access health facilities alongside our malaria work.

Integrating maternal health support with malaria monitoring

Malavanh Xaiysompong is the District Facilitator for malaria control-elimination and scaling up of community care in Sepone district. She said of the benefits of combining community-based malaria care with maternal and child health support:

"This is very important for the community of Sepone district, especially women, because they lack knowledge of how to protect themselves when pregnant and large proportions of women do not register their pregnancies.

Village health volunteers already visit families in their homes to monitor malaria cases, so this is the perfect time to also provide primary healthcare to people for whom it would otherwise be inaccessible. Volunteers help women understand warning signs in pregnancy, and after childbirth as well as informing men how to take care of their wives and children in the first critical 1,000 days of life. Intervening at this vital time gives people the opportunity to have healthy children in the future."

4. https://www.worldbank.org/en/news/press-release/2024/04/08/inflation-changes-work-patterns-in-laos-and-hits-poor-hardest

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Highlights

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Vietnam

Context

As a single-party ruled country, both national and international nongovernmental organisations are scrutinised closely by the government. Whilst considered a lower-middle income country, certain groups, particularly ethnic minorities, remain chronically poor. A high percentage of mobile and migrant populations including forest goers, field sleepers and cross-border migrants live in poverty with low levels of education and knowledge of how to protect themselves against diseases. Physical distance and hard-to-reach locations as well as language barriers prevent many people from accessing healthcare.

Political update

Heatwaves, heavy rains and flooding made it more difficult for us to reach people. Inflation and price fluctuations mainly due to food prices, gasoline and oil this year caused problems both for our work and for communities.

Our work

We work predominantly with marginalised mobile and migrant populations, often from minority groups who usually work deep in forest areas or cross borders to earn a living. A key focus is comprehensive support for community-based health workers who we train to provide an integrated package of services including malaria testing, follow-up treatment and communication in their communities, where formal health services are often absent. We have also developed a cross-border elimination program ready to pilot in the border areas of Vietnam and Laos. All these initiatives contribute to the goal of eliminating malaria in Vietnam by 2030.

Doing what is needed, not what is easiest

In the remote and rugged terrain of Ta Ba commune **Po Ly Po** is a dedicated malaria volunteer, in an area where healthcare is a scarce and precious commodity.

Malaria looms large over Ta Ba commune. The challenges Po faces are manifold. The steep and often dangerous roads and trails, the scarcity of resources, unpredictability of the weather, dozens of kilometres commuting and the ever-present risk of contracting the disease himself. But armed with Health Poverty Action's medical kit and a wealth of knowledge, he traverses the commune, educating villagers about the dangers of malaria and the importance of preventive measures, testing people for malaria and gathering data on malaria prevalence.

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Speaking out

In addition to our national-level advocacy our global campaigns tackle the root causes of global injustice, recognising that poverty and inequality are inherently political. This year we spearheaded ideas and reforms in the areas of drug policy and health justice, in particular through our global coalition on drug policy and environmental justice.

Highlights

- Our international coalition on drug policy and environmental justice grew and significantly expanded its reach. We secured funding to accelerate its work in advance of the CoP climate change conference in Brazil in 2025.
- The coalition on drug policy and environmental justice published the first ever collection of evidence outlining why drug policy is a barrier to climate justice. This has been used to advocate to environmental organisations all over the world.
- We ran a UK coalition of organisations advocating for the next UK government to focus on tackling inequity in its international policy.
- Our film highlighted the impact of vaccine injustice on gender-based violence in Kenya and we spoke on issues of global drug policy and decolonisation in a range of fora.

© Javie Huxley

Fundraising

Context

Funding cuts and increasing costs to implement projects has led to a heightened demand across the sector to secure additional funding. However, between the cost of living crisis in the UK (and globally), wars first in Ukraine and then in Gaza understandably dominating headlines, and frequent climate-related disasters, there has been greater need from already stretched funders and supporters.

Health Poverty Action's London Marathon afterparty.

For example, our trusts and foundation partners have said they have received record-high applications for funding. Many trusts are in spend-down or have closed or paused their application processes. This year has been an extremely competitive environment, making it more challenging to secure funding.

Thankfully, we have been able to rely upon a few new and returning donors, as well as continued and even increased support from our steadfast funders and supporters to improve people's health and challenge the causes of poverty. We have also restructured our team to invest more resources where we have had the most successes, which will hopefully show benefits in years to come. We have also continued our strategic partnership with Health Poverty Action USA to leverage additional funds, most notably for a maternal and children's health project in Guatemala.

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Go #TeamHPA, support from the sidelines.

Highlights

- Special thanks to the Medicor Foundation for their significant, multi-year, support towards our work in Ethiopia and Guatemala.
- We celebrated having our largest #TeamHPA in recent history for the London Marathon 2024, raising over £70,000!
- A new partnership with the Civil Service Sports Club saw an additional 20 people join our London Marathon team. Their support was invaluable in promoting spaces to their members and sponsoring an after party for our runners in central London.
- Additional community and event supporters participated in other challenge events, like the Prague Marathon, as well as hosted their own curry nights, bake sales and car boot sales to fundraise for Health Poverty Action.

We have continued to focus on written, digital and telephone appeals to existing supporters and have conducted appeals to the wider public through social media, online media, corporate partners' communication channels and various commercial print media, including British Medical Journal, New Internationalist magazine, Red Pepper magazine, WhatsOn magazine, and the Guardian and London Evening Standard newspapers.

In addition to our summer 'Cambodia in Motion' appeal focused on our work with communities in Cambodia to find innovative ways to address a range of issues, and our winter 'Cultivating Change' appeal, showcasing our work with communities in Rwanda to support survivors of gender-based violence, we also reached out to our donors to ask that they give regular (monthly) gifts and support an online emergency appeal around floods in East Africa.

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities. In the past year we have not employed professional fundraisers to bring new supporters on board with our work (such as digital, face-to-face or telephone fundraising). We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Team HPA at the 2024 London Marathon. Photo: Cheng Fang

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Financial review

In solidarity with health workers, activists and communities worldwide, we were able to continue our fight to improve health and challenge the causes of poverty. None of these would have been possible without the generosity of our supporters and we are extremely grateful.

Income

In 2024, we raised £10,707,604, £4,002,567 less than our income in 2023.

Restricted income from our charitable activities decreased by £2,817,298, mainly due to the completion of major projects such as the A2H programme in China/Myanmar, the EC Stop 2 project in Somaliland, FIND and Novartis. Lastly, the UNICEF HPD came to an end in September 2023.

Despite this decrease, we were successful in securing new projects such as humanitarian response funding from FCDO. Several top ups were received to respond to emerging needs in Kachin and Shan states. The Global Fund also extended its four programmes with HPA into a new grant cycle (2024-2026). A similar budget was made available for the LIFT project. Income for these will impact on 2024-2025 statements.

The level of gifts in kind significantly reduced this year, by 90%. This is mainly due to the conflict in Myanmar between the government and different armed groups. For example, UNICEF, A2H and the Global Fund malaria programme PR (Save the Children) could only procure and ship some of the medical and other supplies to us, as it is increasingly difficult to import into Myanmar and then ship to our programme areas.

Our unrestricted income, made up of donations from individual fundraising, consultancy work, the UK government and European trusts and foundations, decreased by £178,162 from the previous year. This is mainly due to a reduction in our trust and foundations income, with two higher-level donors not (re-)funding this year. However, we are re-engaged with them this year.

Further details on income can be found in Note 2 of the accounts.

Expenditure

Our total expenditure in 2024 was £11,041,529 (2023: £14,456,709). This significant reduction is in line with the completion of some of our major projects as stated in the income section. As per the Statement of Recommended Practice (FRS102), our expenditure during the year was apportioned as follows:

We spent £10,679,584 on charitable activities (2023: £14,167,482). This represents 97% of total spend and £361,944 (2023: £289,228) on raising funds (3% of total spend).

Charitable activities

Our total global programme expenditure in 2024 was £9,691,634 (2023: 12,966,209). Our achievements with this expenditure are set out within this report.

Support costs

In 2024, we spent £987,950 (2023: £1,201,273). These funds have been spent on management and administration support costs including finance, human resources, accounting system, legal and governance activities such as safeguarding, protection against fraud and audit costs. Our programme support costs are directly incurred to design and monitor our programmes. Such activities are crucial for delivering high quality programmes and ensuring that robust controls are in place to track how money is spent.

Risks, uncertainties and mitigation

The Trustees and the Senior Management Team regularly oversee major risks and how these are managed. Health Poverty Action views risk management as an integral part of planning, management, decision-making and learning. We identify and manage risks which could prevent us achieving our objectives.

In 2023-2024, the risks outlined on the table below were identified with actions to mitigate them.

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Risks	Management actions in 2023-24
Impact of aid cuts • Loss of funding	• Continue to build reserves and review cost model • Increase donor relationships • Investigate research partnerships • Continue to develop in house skills to meet the need for innovation
Brexit • Not possible to apply to EU calls for proposals as leading organisation (our portfolio of EU grants has reduced over the past few years)	• Actively seek possible partners as sub-recipients for EU funding • Diversify funding from other donors
Programming in complex environments • Risk of health, safety and security incidents. Fraud and dishonesty, including bribery and corruption.	• Continue to invest in programmes to strengthen the capacity of country offices and upgrade controls
Currency exchange losses • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project budgets)	• Anticipate exchange rate fluctuations and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting • New partnership with foreign exchange organisation to manage exchange rate fluctuation through possible hedging
Dependency on restricted income • Only 5% of income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistleblow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Or beneficiaries are unaware of how to/unable to report an issue. Risks legal action, negative publicity, financial and reputation loss	• Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. • Beneficiaries informed of reporting structures in all projects • Training conducted across the organisation including overseas staff

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For 2024-2025 and beyond, the key risks to HPA are a fall in income from donations or investment income, as well as a reduction in global financing for development over the next few years due to the impact of external factors, such as political instability in parts of the world. One key trend in 2025 will continue to be income diversity, the need to find various ways to raise funds, not simply relying on tried and tested (and often diminishing) channels.

The Board of Trustees and Senior Management Team have discussed short, medium and long-term action strategies, and in relation to this, identified the following as some of our key priorities:

- Seek new project funding. Seeking partnerships to diversify funding from other sources and in programme countries.
- Focus trust fundraising primarily on topping up project budgets so that they provide full cost recovery.
- Support the fundraising team to build strategically to increase the team's net contribution to core income over the longer term.
- Reducing core cost expenditure in the current year whenever possible.

Reserves policy

Our reserves policy enables management of general reserves to ensure we hold an appropriate level of accessible funds to mitigate against identified financial risks, while ensuring we are making strategic use of our funds. We currently hold £3.4M in restricted reserves, but the Trustees have no discretion to reallocate them for other use. These are given for a particular purpose.

We focus on general reserves, as these are the funds at the discretion of the Trustees. Funds are held to provide cover for unexpected changes in income and expenditure, allowing us to continue activities in the event of temporary or permanent loss of income. They also help in the event of incurring one-off costs that are not covered from donor funds.

General reserves also allow us to implement new strategic priorities or invest in new opportunities to achieve our goals.

Our reserves range is reviewed annually. In 2024, our target reserves range was £1-1.5 million. Our closing general reserves of £1.9 million are therefore above the target range.

Ahead of approving the 2024-2025 budget, the Board reviewed our current position to assess the level of general reserves appropriate for the charity to maintain, while encouraging management to explore further investment opportunities.

Investments

The trustees have the authority conferred by the Memorandum and Articles of Association to invest as they think fit any of HPA's money that is not immediately required.

In 2024-2025, HPA implemented its ethical investment policy. We made a series of short-term deposits as stated in the accounts, and as a result of this we raised £30,000 in interest with Flagstone investments.

In addition to this, much thought was put into investing into the property market. The Board of Trustees approved this new venture and next year's account will reflect this.

Financial Risk

Amounts due from donors mainly relate to major institutional donors, and the associated credit risk is therefore considered to be low. There are no external borrowings, and processes are in place to monitor cash flows in order to minimise liquidity risk.

Going Concern

The financial statements have been prepared on a going concern basis which the trustees consider to be appropriate for the following reasons:

- The Trustees have prepared cashflow forecasts for a period of at least 12 months from the date of approval of these financial statements (the going concern period), which considered the inherent risks to the organisation's business model and analysed how those risks might affect the charitable company's financial resources or ability to continue operations over the going concern period.
- Our planning process, including financial projections assume ongoing pressures on the economy, the cost of living and its potential impact on the various sources of income and planned expenditure. Under an alternate scenario, we expect to match potential shortfalls of income with reduction in costs. But if this not possible, as detailed in our general reserves policy, we hold general reserves to provide cover for unexpected changes which will allow us to adjust our cost base and continue activities.

Consequently, the Trustees have concluded that there are no material uncertainties that could cast significant doubt over HPA's ability to continue as a going concern for at least a year, from the date of approval of the financial statements, and therefore have prepared the financial statements on a going concern basis.

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Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and / or conflict'.

Since 2021, in line with our aim to decentralise the organisation, we no longer have a UK office, instead having a Global Core Team. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices. We have part-time volunteers working from time to time.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay.
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ending 31 March 2024 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election. In 2004 the Trustees agreed that no trustee should serve for more than eight years.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work and covering the essentials of what being a Trustee involves. Trustees are encouraged to visit programmes, and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting.

Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their Trustee role. They are covered up to £500,000 by a charity trustees management liability insurance policy.

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Statement of Trustees responsibilities

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position. We have adequate financial resources and are well placed to manage the business risks.

Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

The trustees who served during the year and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role	Details
Anna Graham		Appointed 7 July 2017
Rory Erskine Morrison Honney		Appointed 10 December 2014
Anuj Kapilashrami		Appointed 28 June 2019
Oliver Benjamin Kemp[1&2]	Chair	Appointed 10 December 2014
Ravi Ram		Appointed 25 March 2022
Fahad Sayood[1]	Treasurer	Appointed 7 October 2022
Ruth Stern[1]	Vice Chair	Appointed 7 October 2011
Betty Ann Williams[1]		Appointed 13 December 2016

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group
Appointments and Resignation dates as stated on Companies House

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Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
Suite 2, 23-24 Great James Street
London WC1N 3ES
United Kingdom

Auditors:

Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising

Natalie Sharples, Head of Policy and Campaigns

Sandra Tcheumeni Boschet, Head of Finance and Administration

Bangyuan Wang, Head of Programmes – Asia

Dr. Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' 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 the affairs of the charitable company and of its income and expenditure 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 the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them 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. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a Trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she/he ought to have taken as a trustee in order to make herself/himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 11 October 2024

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Independent Auditor's report

To the members Of Health Limited T/A Health Poverty Action

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

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 there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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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 strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have 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 company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where 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.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 34, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

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- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

Our approach was as follows:

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

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

Use of our report

This report is made solely to the 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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson
Senior Statutory Auditor

Date: 11 October 2024

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP

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Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2024

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	10,200,310	10,200,310
Donations and legacies	2	363,130	-	363,130
Gift in Kind Income	2	-	109,492	109,492
Investments	2	29,938	4,733	34,672
Total incoming resources		**393,068**	**10,314,536**	**10,707,604**
RESOURCES EXPENDED				
Raising funds	3	361,944	-	361,944
Charitable activities	4	-	10,679,584	10,679,584
Total resources expended		**361,944**	**10,679,584**	**11,041,529**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**31,124**	**(365,048)**	**(333,924)**
Transfer between funds		-	-	-
Foreign exchange gains in year		(32,925)	(60,990)	(93,916)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(1,801)**	**(426,039)**	**(427,840)**
Total funds brought forward at 1 April 2022		1,931,451	3,893,065	5,824,516
TOTAL FUNDS CARRIED FORWARD at 31 March 2024		**1,929,649**	**3,467,026**	**5,396,675**

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

All incoming resources and resources expended derive from continuing activities.

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Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2023

	Notes	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	13,017,608	13,017,608
Donations and legacies	2	541,392	-	541,392
Gift in Kind Income	2	-	1,139,824	1,139,824
Investments	2	1,669	9,678	11,347
Total incoming resources		**543,061**	**14,167,110**	**14,710,171**
RESOURCES EXPENDED				
Raising funds	3	289,228	-	289,228
Charitable activities	4	-	14,167,482	14,167,482
Total resources expended		**289,228**	**14,167,482**	**14,456,710**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**253,833**	**(372)**	**253,461**
Transfer between funds		-	-	-
Foreign exchange gains in year		137,292	72,066	209,358
NET MOVEMENT IN FUNDS FOR THE YEAR		**391,125**	**71,694**	**462,819**
Total funds brought forward at 1 April 2022		1,540,326	3,821,371	5,361,697
TOTAL FUNDS CARRIED FORWARD at 31 March 2023		**1,931,451**	**3,893,065**	**5,824,516**

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

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Balance sheet

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2024

	Notes	2024 £	2023 £
CURRENT ASSETS			
Debtors	8	1,339,408	1,826,682
Stock		350,370	741,098
Cash at bank and in hand		3,401,631	4,734,136
Current Asset Investment		1,041,807	-
		6,133,215	**7,301,916**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(365,485)	(1,199,253)
NET CURRENT ASSETS		**5,767,731**	**6,102,663**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(371,056)	(278,147)
TOTAL ASSETS LESS LIABILITIES		**5,396,675**	**5,824,516**
TOTAL NET ASSETS		**5,396,675**	**5,824,516**
FUNDS			
Unrestricted funds	13	1,929,649	1,931,451
Restricted funds	13	3,467,026	3,893,065
		5,396,675	**5,824,516**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Kemp, Chair Date: 11 October 2024

Company Registration number 01837621

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Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2024

	2024 £	2023 £
Net Cash Outflow from operating Activities	(202,744)	(619,225)
Returns on Investments and Servicing of Finance		
Bank interest received	34,672	11,347
Foreign exchange gain	(93,916)	209,358
(Decrease) / Increase in Cash	**(261,988)**	**(398,520)**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	(427,841)	462,819
Decrease / (Increase) in debtors	487,274	(1,409,310)
(Increase) in stock	390,728	(218,086)
Increase in creditors	(740,859)	766,057
Interest received	(5,961)	(11,347)
Foreign exchange gain	93,916	(209,358)
Net cash (outflow) inflow from operating activities	**(202,744)**	**(619,225)**
Cash In flow from investing activities		
Investment interest	(28,711)	-
Net Cash provided by investing activities	**(28,711)**	-
Analysis of Net Cash Resources		
Opening Balance	4,734,136	5,132,656
Flow	(290,698)	(398,520)
Closing Balance	**4,443,438**	**4,734,136**
Location of Cash Resources		
HQ bank accounts	1,126,549	1,428,605
In-country bank accounts	2,275,082	3,305,532
Current Asset Investment	1,041,807	
	4,443,438	**4,734,136**

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Notes

Notes forming part of the financial statements for year ended 31 March 2024

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The trustees consider that there are no material uncertainties about HPA 's ability to continue as a going concern for 12 months from the date of signing these financial statements. Our planning process, including financial projections, assume ongoing pressures on the economy, the cost of living and its potential impact on the various sources of income and planned expenditure. Under alternate scenario, we expect to match potential shortfalls of income with reduction in costs. But if this not possible, as detailed in our general reserve policy, we hold general reserves to provide cover for unexpected changes which will allow us to adjust our cost base and continue activities. The Trustees will continue to monitor this, and will take appropriate action to reflect any changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

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e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

l) Current Assets investments

Short term investments are made up of fixed term deposit accounts which have a maturity date between 90 days and 1 year.

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2. INCOME

	2024 £	2023 £
INCOME		
Restricted Funds		
Charitable activities		
Access to Health Fund	1,662,831	2,505,632
Department for International Development	3,847,774	2,616,969
Education Development Centre	-	24,608
European Commission	39,816	163,845
Global Fund	1,600,829	1,884,170
Irish Aid	80,882	85,879
Livelihoods and Food Security Fund	534,889	422,877
Other	737,565	1,624,390
UN bodies	1,202,316	2,721,427
World Food Programme	303,291	384,992
Trusts, foundations and individuals	73,333	162,826
GIZ	116,784	419,993
	10,200,310	**13,017,608**
Gift in Kind	109,492	1,139,824
	109,492	**1,139,824**
Total Restricted Funds	**10,309,803**	**14,157,432**
Unrestricted Funds		
Donations from individuals and other	319,678	421,649
Consultancy	29,608	25,984
UK and European trusts / foundations	13,844	93,759
Total Unrestricted Funds	**363,130**	**541,392**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	4,733	9,678
Unrestricted Funds	29,938	1,669
	34,672	**11,347**
TOTAL INCOME	**10,707,604**	**14,710,171**

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3. RAISING FUNDS

	Direct	Support costs	Total 2024	Direct	Support costs	Total 2023
	£	£	£	£	£	£
Other costs	-	361,944	**361,944**	-	289,228	**289,228**
	-	361,944	**361,944**	-	289,228	**289,228**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct	Support costs	Total 2024	Direct	Support costs	Total 2023
	£	£	£	£	£	£
Costs of health projects	9,691,634	987,950	**10,679,584**	12,966,209	1,201,273	**14,167,482**
	9,691,634	987,950	**10,679,584**	12,966,209	1,201,273	**14,167,482**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

	Total 2024	Cost of raising funds 2024	Health projects 2024	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,089,883	244,382	845,500	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	260,012	117,562	142,450	Number of employees
	1,349,895	**361,944**	**987,950**	

	Total 2023	Cost of raising funds 2023	Health projects 2023	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,162,708	267,387	895,322	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	327,792	21,841	305,951	Number of employees
	1,490,500	**289,228**	**1,201,273**	

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6. NET INCOME FOR THE YEAR is stated after charging

	2024 £	2023 £
Annual Audit		
Statutory audit	26,000	24,000
In respect of prior year		
In respect of consolidation		
Rentals in respect of operating leases;		
plant and machinery	-	383
other – office		
Inventory	350,370	741,097

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2024 £	2023 £
U.K. STAFF		
Wages and salaries	644,947	708,747
Redundancy cost	23,637	-
Social security costs	74,966	78,590
Pension costs	38,365	32,185
	781,914	819,522
OVERSEAS STAFF		
Wages and salaries	2,820,903	3,212,257
Pension costs	63,799	77,612
Severance costs	122,286	144,232
	3,006,989	3,434,101
TOTAL STAFF COSTS	**3,788,902**	**4,253,623**

Four employees received remuneration of between £60,000 - £69,000 in 2022-23 (2023: Two).
One employee received remuneration of between £70,000 - £80,000 in 2023-24 (2023: one).

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia and Latin America Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £411,118 (2023: £385,956).

There was a total of £575 reimbursed to two trustees for travel costs during the year (2023: £1,100).

The average number of employees, analysed by function was:

	2024 Number	2023 Number
Charitable activities	381	441
Raising funds	4	4
	386	**446**

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8. DEBTORS

	2024 £	2023 £
Other debtors in UK	28,325	9,875
Other overseas/project debtors	66,220	84,538
Accrued income – Gift Aid & Other	6,217	215,348
Accrued income – Grants	1,233,151	1,506,670
Prepayments	5,495	10,251
	1,339,408	**1,826,682**

All debtors, except prepayments of £5,495 (2023: £10,251), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2024 £	2023 £
Project creditors	22,041	572,589
Other creditors	44,892	169,020
Field severance pay liability and pensions	230,594	378,357
Other taxes and social security	31,813	27,176
UK Accruals	36,143	52,111
	365,485	**1,199,253**

All creditors, except for the social security creditor £31,813 (2023: £27,176), are financial instruments measured at present value.

Creditors includes pension liabilities of £230,594 (2023: £378,357).

10. CREDITORS: Amounts falling due after one year

	2024 £	2023 £
Field severance pay liability	371,056	278,147
	371,056	**278,147**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

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12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2024	2023
Committed to payments of:	**£**	**£**
Within One Year		
Other – office	-	-
Between One and Two Years		
Provision for dilapidation	-	-
Other – office	-	-
Between Two and Five Years		
Plant and machinery		
Other – office	-	343
Total	-	**343**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £
Fund balances at 31 March 2024 are represented by:						
Current assets	2,070,566	4,062,649	6,133,215	2,002,290	5,299,625	7,301,915
Current liabilities	(140,918)	(224,567)	(365,485)	(70,839)	(1,128,414)	(1,199,253)
Long Term Liabilities		(371,056)	(371,056)		(278,147)	(278,147)
Total Net Assets	**1,929,648**	**3,467,026**	**5,396,674**	**1,931,451**	**3,893,065**	**5,824,516**

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14. STATEMENT OF FUNDS

	Funds at 2023 £	Income £	Expenditure £	Transfers £	Funds at 2024 £
Myanmar & China	2,184,762	6,348,880	(6,379,387)	–	2,154,255
Cambodia	(206,218)	79,884	(142,265)	–	(268,599)
Ethiopia	(213,720)	210,504	(218,671)	–	(221,887)
Guatemala	95,350	89,768	(137,413)	–	47,705
Kenya	(32,804)	45,041	(51,754)	–	(39,517)
Laos	293,320	300,245	(477,238)	–	116,327
Namibia	(243,763)	88	(31,346)	–	(275,021)
Nicaragua	68,192	-	(9,031)	–	59,161
Rwanda	130,756	215,351	(337,932)	–	8,174
Sierra Leone	(346,349)	14,323	(10,521)	–	(342,546)
Somaliland	(31,587)	2,195,081	(1,553,928)	–	609,565
Vietnam	393,554	499,086	(584,299)	–	308,341
Multi-Country Projects	890,281	128,239	(217,421)	–	801,099
Global Campaigns	170,194	78,555	(89,149)	–	159,600
Gift in Kind	741,097	109,492	(500,220)	–	350,370
Total restricted funds	**3,893,066**	**10,314,536**	**(10,740,576)**	**–**	**3,467,026**
Unrestricted funds	1,931,451	393,068	(394,870)	–	1,929,649
Total funds	**5,824,516**	**10,707,604**	**(11,135,445)**	**–**	**5,396,675**

	Funds at 2022 £	Income £	Expenditure £	Transfers £	Funds at 2023 £
Myanmar & China	1,520,815	7,497,110	(6,833,164)	–	2,184,762
Cambodia	39,975	156,281	(402,474)	–	(206,218)
Ethiopia	(133,369)	202,240	(282,592)	–	(213,720)
Guatemala	99,354	119,114	(123,119)	–	95,350
Kenya	12,760	399,567	(445,131)	–	(32,804)
Laos	207,237	244,105	(158,022)	–	293,320
Namibia	(165,823)	24,608	(102,548)	–	(243,763)
Nicaragua	70,240	0	(2,048)	–	68,192
Rwanda	(74,171)	498,598	(293,671)	–	130,756
Sierra Leone	(310,468)	0	(35,881)	–	(346,349)
Somaliland	673,301	2,114,383	(2,819,271)	–	(31,587)
Vietnam	555,930	275,972	(438,347)	–	393,554
Multi-Country Projects	653,763	1,333,904	(1,097,385)	–	890,281
Global Campaigns	(277,981)	161,404	(140,024)	–	170,194
Gift in Kind	523,012	1,139,824	(921,738)	–	741,097
Total restricted funds	**3,394,576**	**14,167,110**	**(14,095,415)**	**–**	**3,893,066**
Unrestricted funds	1,540,326	543,061	(151,936)	–	1,931,451
Total funds	**5,361,697**	**14,710,171**	**(14,247,351)**	**–**	**5,824,516**

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Restricted funds balances are held to ensure that there are adequate funds to implement programme activities.

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds).

Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons, e.g. because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. We can't add them to general unrestricted reserves in the accounts. They are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

HPA and FYF continue to be a close strategic partnership. Both charities shared the same trustees, although none of the trustees have been appointed to the FYF board as representatives of HPA.

In past years, HPA provided management and support services to FYF at its UK headquarters (£48,179 in 2023). However, due to the change in FYF size and resources, HPA agreed to provide these services free of charge, allowing FYF to make programmatic grants to support HPA works in countries. These grants are restricted and used to fulfil the similar charitable activities both companies share.

In 2023-2024, a total of £51,060 was spend to support HPA work in Guatemala and Myanmar.

16. STATEMENT OF FUNDS

	2024 Receipts	2024 Expenditure	2023 Receipts	2023 Expenditure
Irish Department of Foreign Affairs and Trade				
CSF05-22 Kenya, Ethiopia	86,802	97,344	78,253	15,941
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	-	-	-	35,093
Department for International Development / Foreign, Commonwealth and Development Office				
UK Aid Direct: 9TGE-DHP5-JZ (with MRG) Kenya, Ethiopia, Myanmar, Cambodia	-	-	9,031.09	569
FCDO Myanmar Humanitarian	1,778,790	1,804,889	623,478	821,217
European Commission				
EC Stop2 - Somaliland	25,493	96,229	179,793.00	164,819.38

17. CURRENT ASSET INVESTMENTS

	2024	2023
Interest bearing deposits	1,041,807	-

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Acknowledgements

We couldn't do this without the following partners:

BOTSWANA

Victus Global Botswana Organisation (VGBO)

CAMBODIA

National Center for HIV/AIDS

Department of Mental Health and Substance Abuse SD Asia

ETHIOPIA

Ethiopia Humanitarian Fund (EHF),

Action for Social Development and Environmental Protection Organization (ASDEPO),

Ministry of Health Ethiopia,

Somali Regional Health Bureau

Afar Regional Health Bureau

GUATEMALA

Ministry of Health and Social Assistance

KENYA

Ministry of Health

Mandera City County Government

LAOS

Ministry of Public Health

Department of Communicable Disease Control (DCDC)

Center of Malariology, Parasitology and Entomology (CMPE)

Department of Hygiene and Health Promotion

Ministry of Foreign Affairs

Department of International Organization Management

Community Health and Inclusion Association

Population Education and Development Association

NAMIBIA

Ministry of Health and Social Services

University of Namibia (UNAM)

Research Center Borstel (RCB)

SOMALILAND

Ministry of Health Development (MoHD)

Ministry of Employment, Social and Family Affairs (MESAF)

Women Rehabilitation and Development Association (WORDA)

VIETNAM

National Institute of Malariology, Parasitology, and Entomology (NIMPE)

Ho Chi Minh city and Quy Nhon Institutes of Malariology, Parasitology, and Entomology (IMPEs)

Departments of Health, CDCs in the project provinces

The Waterloo Foundation

Medicor Foundation

Irish Aid

Imperial College of Science Technology and Medicine (Imperial)

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Government of Ireland

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And to all of our anonymous donors and all our supporters – THANK YOU!

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HEALTH POVERTY ACTION

Health Poverty Action: Health for all in a just world.

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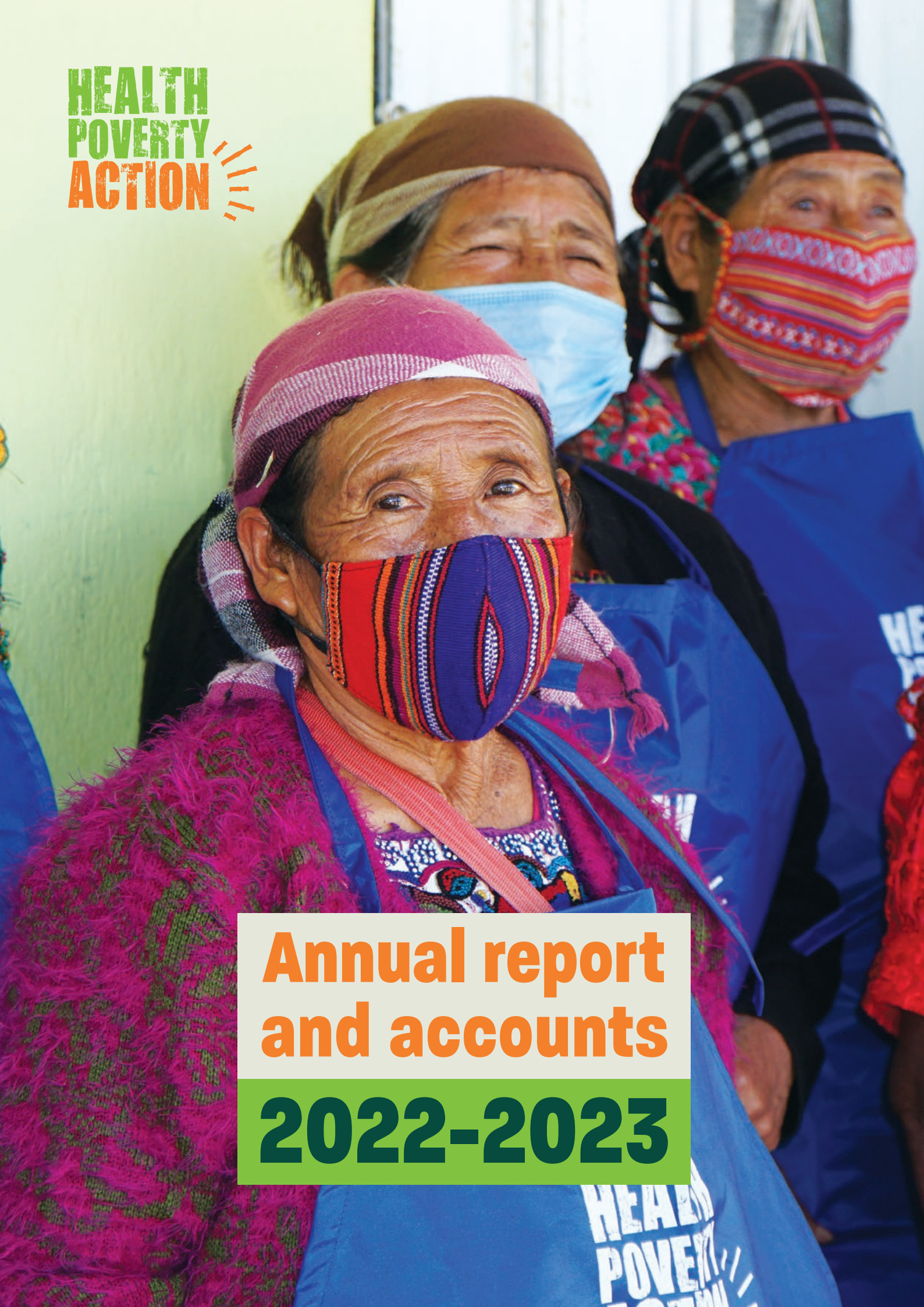
HEALTH LIMITED

England & Wales - Charity number 290535

Accounts

HEALTH POVERTY ACTION



Annual report and accounts

2022-2023

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Cover image: Traditional Birth Attendant in Guatemala
Design & layout: www.causeffectdesign.co.uk

All photos © Health Poverty Action

Message from Director and Chair

Like many, the rising cost of living sharply impacted our work this year. Inevitably the most marginalised – especially the communities we work with – bear the brunt. These communities, with our staff and volunteers working in solidarity, deal daily with the effects of the economic crisis and global instability, and the rapidly increasing consequences of climate change – all exacerbated by severe funding cuts, in particular by the UK government. The collective impact has devastated health systems, increased poverty and gender based violence and caused diseases such as malaria and tuberculosis to skyrocket.

We are therefore especially appreciative of those who have made different choices – who have chosen to act in solidarity with those at the cutting edge of global injustice, by donating financially and supporting the advocacy we do together.

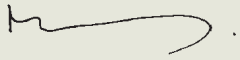
As injustice continues to destroy lives, we renewed our commitment to work not just to improve health care and tackle the effects of extreme poverty, but also to address why health systems are so weak and people are so poor in the first place. This year we launched the first ever international coalition on drug policy and climate justice. For the first time, this brings the message that reforming drug policy is key to tackling the climate emergency to a global audience.

We also responded to public health emergencies such as those brought about by extreme weather, supporting people made homeless, providing water and sanitation and advocating for change.

Internally, we have made changes to our structures and ways of working that we believe are not only more consistent with our values, but will also generate new opportunities. We have closed our UK head office (saving the costs of London premises), and replaced it with a global Core Team connecting remotely around the world. We are similarly diversifying the locations of our board. In particular, we are exploring ways of deepening our relationship with the global People's Health Movement (of which we are a part), so that our work can be more deeply rooted in its lived experience, and benefit from its networks, expertise and values.

In the next year we will continue to adapt, innovate and advocate to tackle the challenges that result from the inequities of the world we live in. An enormous thank you to all of you who stand with us.

Oliver Benjamin Kemp
Chair of Trustees



Martin Drewry
Director

Who we are

We see health differently. We do what's needed, not what's easiest, to stop health being denied. We work alongside ignored communities worldwide who refuse to accept the injustices that deny people a healthy life.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. That's why our local team in Myanmar will trek for six weeks through the freezing mountains to run health training courses. It's why we join forces with communities in remote Somaliland villages, supporting people to demand better health facilities. Our approach partners us with some of the most remote and marginalised communities around the world.

And it's why we confront policy issues that are complex and sometimes controversial.

We are part of a global movement for health justice – the People's Health Movement – and work in close partnership with Find Your Feet, whom we support with grants, managing costs and finances.

Our legal purpose is:

To preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict.

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit following our vision and mission. The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit.

Country updates

Note: country contexts refer to our work and are not intended to reflect any country as a whole.

Guatemala

Context

Inequality between the rural indigenous and the non-indigenous people in Guatemala is high, and has increased in recent years. Almost half of Guatemala's children are malnourished. A chronically underfunded public health service which systematically discriminates against indigenous people makes it inaccessible to many. While Traditional Birth Attendants play an important role in indigenous birthing practices, as they understand the needs of indigenous women, their lack of formal qualifications means they are often ignored by mainstream health services. As a result people sometimes die in childbirth rather than access mainstream care.

Most rural indigenous Maya practice subsistence farming, and are heavily dependent on maize and beans grown on their smallholdings. Climate change has disrupted rainfall patterns, particularly in the country's 'Dry Corridor' where we work.

Political update

Guatemala's National Public Policy on Traditional Birth Attendants, which we successfully advocated for, was implemented this year. The policy includes improving training for Traditional Birth Attendants and has led to health services beginning to train aspiring new ones. Despite recent government efforts to prioritise early childhood interventions, the stunting rate (a key marker of poor nutrition) remains high and could worsen further due to high inflation and the underlying sensitivity of harvests to climate change. Inflation has hovered between 8% and 10%. Most Guatemalans live precariously from week to week – including our staff. Reports of families eating twice rather than three times a day have increased, and cases of starvation in Maya communities have been recorded.

Reflections of a Traditional Birth Attendant

María Mildred Arely Amado de León has been a Traditional Birth Attendant for 10 years. For the last five, working with Health Poverty Action, her work has been authorised by the Ministry of Health and she has accessed training on topics such as safe delivery, ante- and postnatal care, vaccination, patient's rights, pregnancy danger signs and how to refer women to health services. She also has monthly meetings with health centre staff to support integration of traditional community-based services with those offered by the Ministry of Health.

"Health Poverty Action has helped enormously... It's the only institution which is concerned with us as Traditional Birth Attendants... As a result of its training, I've made some changes to how I work. Now I always use gloves and an apron or a gown. Before, I didn't understand how important those were, both for my own protection and that of my patients. I also actívate an Emergency Plan when I see any danger signs, or the pregnant woman is in trouble. I get her out of the home quickly and take her to hospital, for instance, when the placenta doesn't come... I had a case of a woman... who lost consciousness during labour. I managed to get her to hospital, and she and her baby are doing well."

Our work

Is targeted at improving the health of indigenous mothers and children by supporting state health services to meet the needs of indigenous communities. Alongside community health workers we improve women's knowledge of healthy maternity, and strengthen links between Traditional Birth Attendants and state health facilities. We help Traditional Birth Attendants to develop skills to address perinatal depression and improve nutrition through developing demonstrative gardens and promoting healthy eating.

Highlights

Namibia

Context

Namibia is the second most unequal country in the world,[i] with starkly different poverty rates across different groups. The legacy of apartheid systems of government remains extremely high, worsened by the COVID-19 pandemic. Rates of HIV/AIDS and tuberculosis are high among marginalised groups. A report released by Amnesty International in October 2021 states "Rampant discrimination against the indigenous San people in Namibia is denying them access to healthcare and leaving them vulnerable to deadly diseases such as tuberculosis (TB) and its multi-drug resistant strain, which is ravaging San communities in the Omaheke and Otjozondjupa regions".

Political update

Inflation increased to a five-year high in 2022, disproportionately affecting the most vulnerable. The country is reliant on commodity imports and spill-over of the COVID-19 pandemic raised food insecurity risks. Despite its many challenges, as Namibia is classified a 'high middle income' country by the World Bank, donors have recently scaled-down funding to the health sector.

Our work

This year we worked with health workers to increase people's ability to access to COVID-19 rapid tests. We were also involved in research examining the overlapping effect of tuberculosis and HIV on COVID-19 in Botswana and Namibia. The latter was intended to improve early diagnosis and effective management of cases in preparation for future outbreaks among marginalised communities.

The collision of three pandemics

Millions of people have died from tuberculosis (TB), HIV and Covid-19. Marginalised communities in countries with weakened health systems, are more likely to be infected and die from these diseases. Many of these deaths are unnecessary. They are due, in part, to a lack of knowledge about the specific experiences of these communities and how best to protect them.

We have been working alongside the University of Namibia, Victus Global Botswana Organisation, and research institute Forschungszentrum Borstel Leibniz Lungenzentrum to research the impact of Covid-19 in communities that have both high levels of poverty high rates of TB and HIV in Namibia and Botswana.

The study will improve our understanding of COVID-19 in the context of TB and HIV, in turn producing vital information on how to respond. The data will not only guide national responses for both countries' governments, but by developing skills and knowledge around diagnosis and testing, will increase the scientific and research capacity of both countries. We're excited to work alongside leading research institutions, facilitating this ground-breaking research and look forward to publishing the findings next year.

Research study Namibia

i. https://www.statista.com/statistics/264627/ranking-of-the-20-countries-with-the-biggest-inequality-in-income-distribution/

Highlights

- Trained **200** Community Health Workers and **40** community and traditional leaders on the importance of early identification and testing of COVID-19.
- The project trained **218** health extension workers from 13 out of the 14 regions in Namibia to give health education to communities with regards to symptoms of COVID-19, the importance of testing for COVID-19, the need for vaccination, to mobilise communities for mass testing and running of the PCR test after swabbing has been done by health professionals.
- A total of **45** community, traditional, church and political leaders from 13 regions received training on the importance of early testing for COVID-19 and sensitisation of communities on the availability of free tests, and the importance and efficacy of vaccinations.
- We supported a soup kitchen to feed tuberculosis patients, that in turn enables patients to regularly take medication that is vital for good treatment outcomes.
- Health Extension Workers that we trained on COVID-19 prevention health education reached a total of **61,500** people in 11 regions with health messages on COVID-19 as well as referring patients with symptoms of COVID-19.
- We provided **25,000** COVID-19 test kits to health facilities.
- Disseminated information about our research at several international conferences.
- **25,000** people learned their COVID-19 status through our work.
- Developed training manuals and tools on COVID-19 for health staff and volunteers in collaboration with the Ministry of Health and Social Services, National Health Training Institute and the Africa-CDC.

Rwanda

Context

Rwanda's 1994 genocide devastated the country, destroyed its infrastructure and subjected millions to various forms of violence. Today violence against women is endemic. More than 41% of women have experienced physical and/or sexual violence from an intimate partner in their lifetime, whilst almost a quarter reported being subjected to it in 2021.[ii]

Political update

As well as causing casualties, climate shocks such as floods and landslides affected food production and led to high energy, food, and fertiliser prices. Roads were impassable, and damage and collapse of the homes of some people involved in our project meant they were unable to participate.

Our work

We supported the creation of safe spaces where people who have experienced gender-based violence across seven districts of Rwanda can receive training, psychosocial healing and community reintegration. We facilitated relationships between survivors and those at risk of gender-based violence and tea estates. These individuals have received training to become professional tea pluckers and gain financial independence.

Developing new small businesses

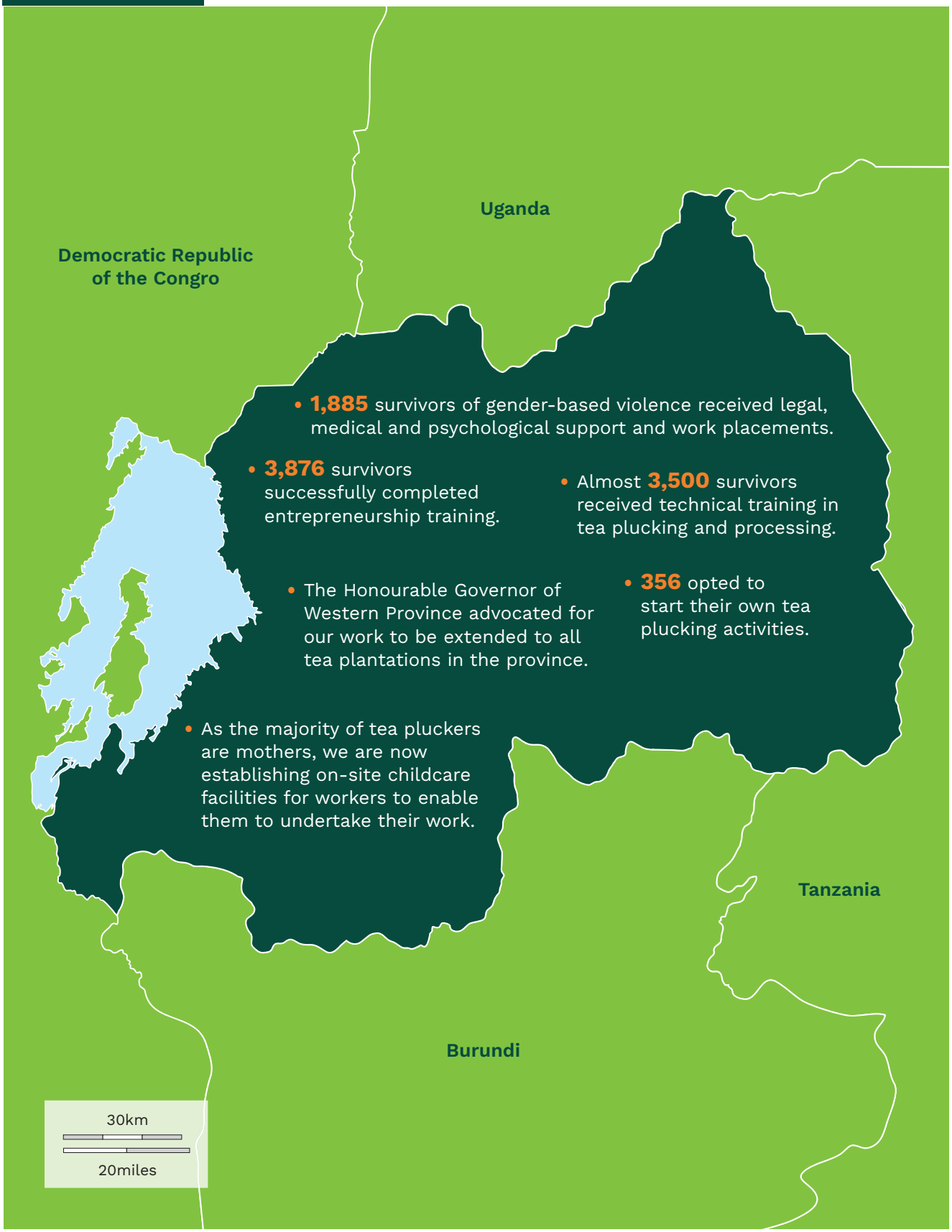
Beatrice Namubonye has three children. She is a survivor of gender-based violence and she and one of her children live with HIV/AIDS. She attended the 'Work Ready Now and Be Your Own Boss' training organised by ourselves and our partner the Rwanda Organisation for Development Initiative, as well as financial literacy training. She is also a member of a savings and loans group we established.

Following the entrepreneurship skills she gained, Beatrice started a small business of chicken rearing. Beatrice borrowed 10,000 Rwf (around 6.50 GBP) from her savings group to buy five chickens. After three months she sold the chickens for 32,500 Rwf (around 21 GBP) and reinvested all the money from that sale into buying 35 chicks. She hopes to increase her income again after four to five months. Beatrice is pleased with the skills she gained from the training, as well as the savings community which enabled her to borrow capital to develop a successful business. This has made her determined to improve her and her children's wellbeing.

"I will never quit my business; I will keep putting more effort to make my business grow. My dreams are to produce chicks and supply all the chicken farmers in Rusizi district and far beyond".

ii. https://evaw-global-database.unwomen.org/en/countries/africa/rwanda#1

Highlights


Uganda
Democratic Republic of the Congro
• 1,885 survivors of gender-based violence received legal, medical and psychological support and work placements.
• 3,876 survivors successfully completed entrepreneurship training.
• Almost 3,500 survivors received technical training in tea plucking and processing.
• The Honourable Governor of Western Province advocated for our work to be extended to all tea plantations in the province.
• 356 opted to start their own tea plucking activities.
• As the majority of tea pluckers are mothers, we are now establishing on-site childcare facilities for workers to enable them to undertake their work.
Tanzania
Burundi
30km
20miles

Kenya

Context

Whilst Kenya is classed a lower-middle income country, the country is highly unequal. In Mandara, where we work, the literacy rate is 3% compared with a national average of 79.3%. Inequality, poor sexual and reproductive health, patriarchy and violence against women, including female genital mutilation, are key challenges. 71% of women aged 15-49 in Mandera have no formal education, compared to 6% national average, and the number of children per woman is 7.7 compared to 3.4 of the national average. Climate change, combined with inadequate social services results in dispersed human settlements, internal displacements and refugees.

Political update

Climate change has greatly impacted our work this year, especially in Mandera, with drought forcing many people from their homes. Floods meant we had to stop activities for almost two weeks. It is now becoming clear that COVID-19 and extended lockdowns resulted in a significant increase in violence against women. The adverse weather conditions worsened the food situation, causing a sharp increase in food prices, high fuel prices, while rapid depreciation in the exchange rate has contributed to inflation.

Top: Radio talk show challenging misconceptions around COVID-19; Bottom: Outreach screening for COVID-19 in Mandera County.

Supporting COVID-19 testing

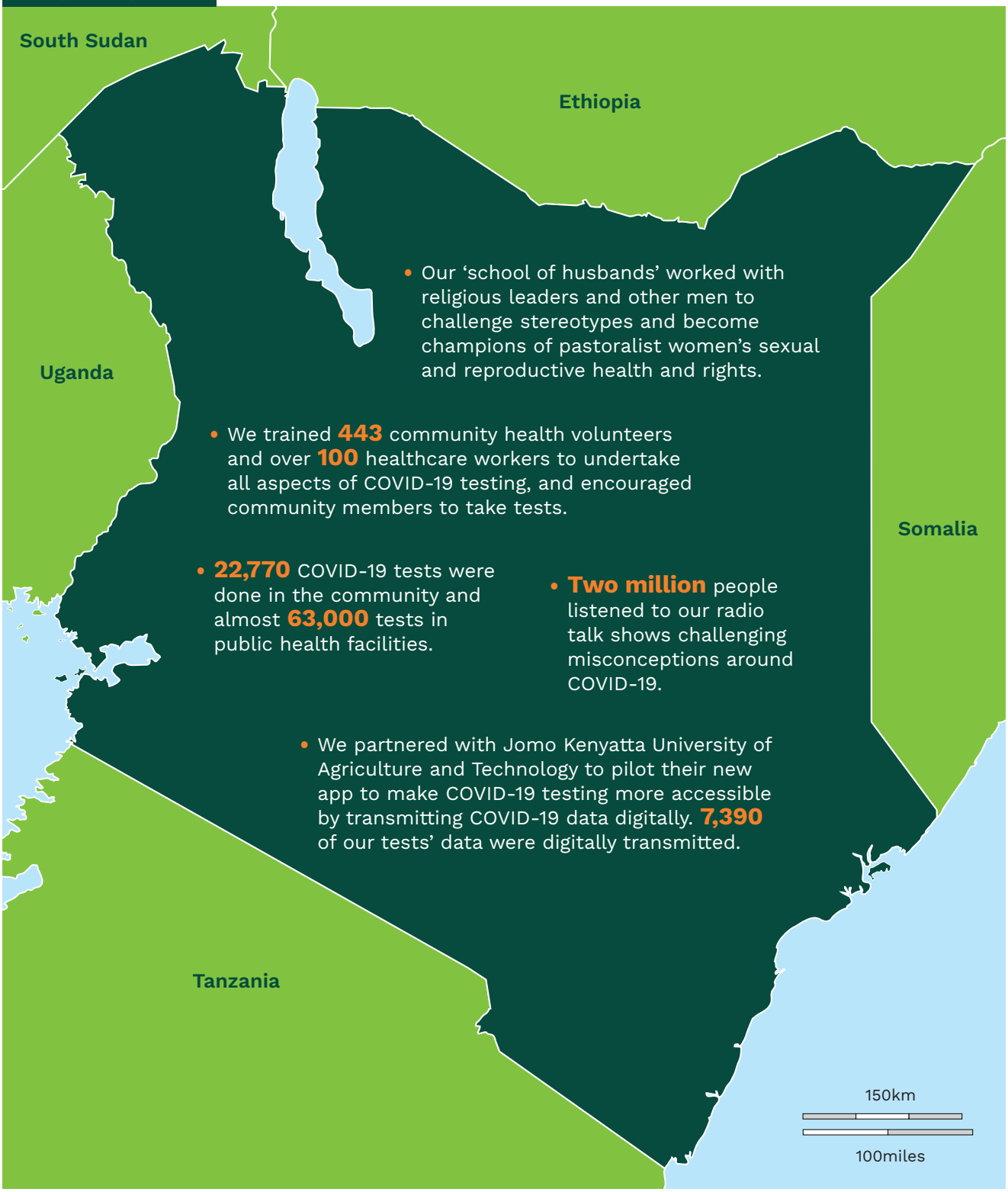
Mr. Hassan, a nurse in charge of Arabia sub-county hospital in Mandera is among the health care workers we trained in COVID-19 testing and referral.

"After training, I went back to the community in Arabia sub-county where I worked as a nurse to accelerate COVID-19 testing using the kits provided by Health Poverty Action. At first, people were not taking the tests, but with help of community and religious leaders, and community health volunteers who carried out sensitisation campaigns, the uptake of the rapid tests increased as people understood the importance of early detection and treatment. The availability and use of the test kits saved a lot of time and helped in timely diagnosis of patients. This helped in the prevention of COVID-19. Together with our trained community health volunteers, we continued to give education to people in the fight against the pandemic. We continued to give medications and counselled on signs and symptoms of the disease, educating them on social distancing, wearing masks, practising respiratory hygiene, and ensuring adequate ventilation by keeping windows and doors open."

Our work

We focus on engaging women, men, youth and religious leaders in improving sexual and reproductive health for pastoralist women and girls. This year we also worked to rapidly increase the ability of community health volunteers to undertake COVID-19 testing, provided test kits to all the facilities in Mandera County, and worked with the community to increase testing by challenging misinformation and hesitancy to access tests.

Highlights



Ethiopia

Context

A violent civil war beginning in November 2020 resulted in mass displacement. There are claims that extrajudicial killings, rape, sexual violence and starvation have all been used as weapons of war. Poor communities frequently experience humanitarian crises, which expose them to a lack of food and medical treatment, increasing the likelihood of malnutrition. Women and girls are subjected to abuse and discrimination, and female genital mutilation is a common practice.

Political update

In November 2022 a peace agreement was announced between the Ethiopian government and Tigrayan forces. Climate crises, including droughts, floods, and other extreme weather occurrences, have become more obvious in the pastoralist community areas where we work, creating public health emergencies. Scarce foreign currency reserves, high inflation, and instability characterised the country's socio-economic conditions.

Starting conversations about women's health

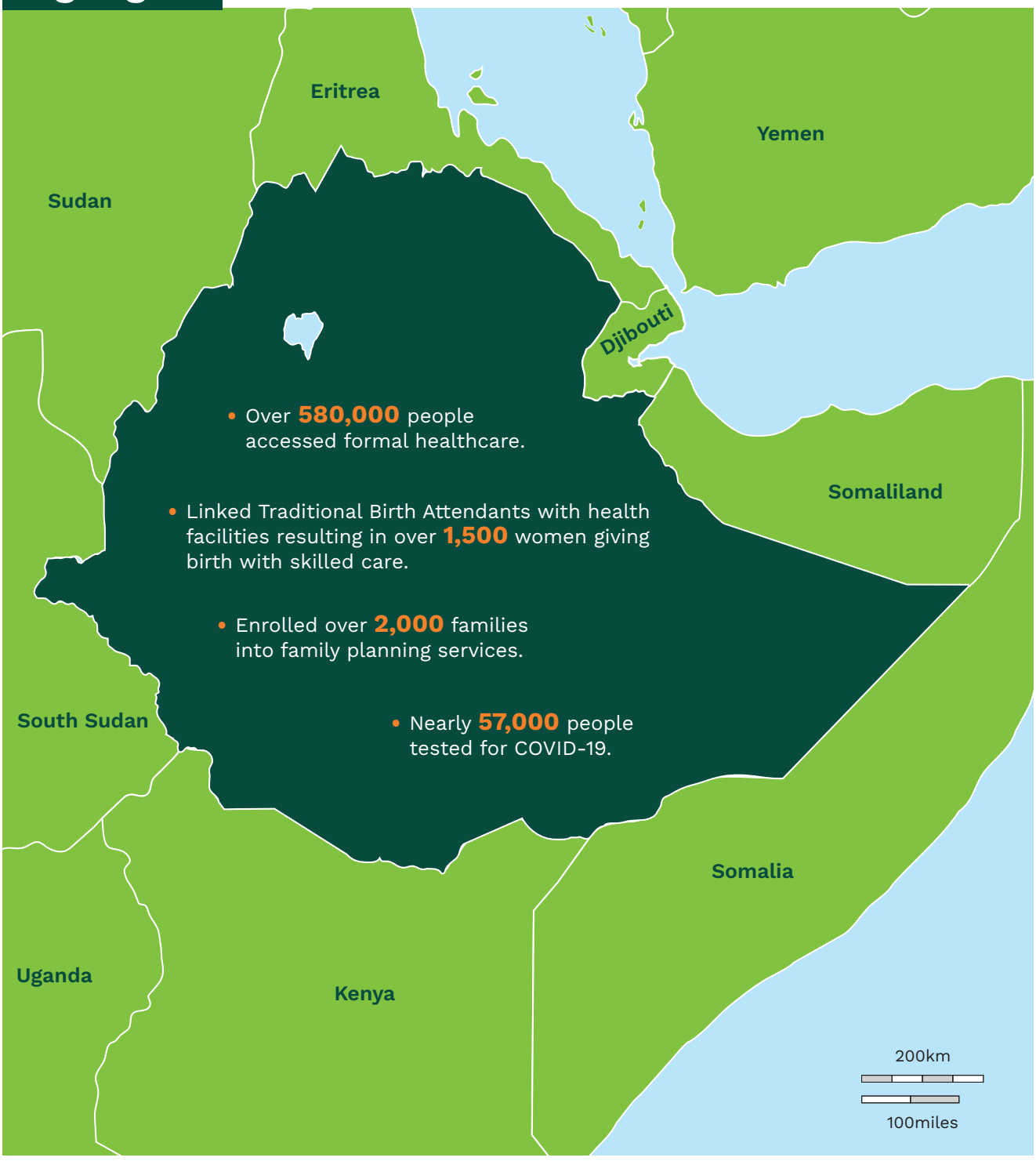
The community groups we establish encourage open dialogue about sexual and reproductive health and rights, and violence against women, including female genital mutilation. The groups involve both women and men. **Liban Farah Abdile** is a member of one of these groups. Liban said the group has influenced her attitude towards harmful practices, how to address violence, and encourage members of her community to utilise sexual health services. Liban feels that it is important to involve men in these discussions and through the community dialogue platform she feels women have been empowered to discuss such important issues with their male counterparts.

Afar, Ethiopia: Trained health workers conduct testing for hypertension and diabetes in a tent prepared for mass screening of local communities during the world hypertension day celebration. Health workers regularly conduct outreach and facility-based testing for high-risk target groups and enrol patients to the necessary treatment at primary healthcare setting.

Our work

We improve health care for marginalised groups, such as pastoralists and people affected by conflict. This includes linking Traditional Birth Attendants with health clinics, working with community health workers to educate people on maternal, sexual and reproductive health, and providing mobile health clinics for pastoralists. We reduced pressure on specialised care services by supporting GPs' training to identify and treat non-communicable diseases. These GPs can then go on to train other primary healthcare workers. We have helped 60 primary healthcare facilities to screen, diagnose, and treat non-communicable diseases, and spread preventative health education to communities. We also provided community outreach and created access to COVID-19 testing.

Highlights



Somaliland

Context

Somaliland is an autonomous territory which declared independence from Somalia in 1991. The territory suffers many challenges, notwithstanding its lack of recognition by the international community. It is home to a large number of people who are internally displaced as a result of conflict or the climate crisis. It is severely affected by drought and suffers high levels of gender-based violence, including the world's highest levels of female genital mutilation, with almost all women (15-49) having experienced it.[iii]

Political update

Rising inflation and cost of living crises created further challenges this year. Research has exposed that female genital mutilation increased during COVID-19 lockdowns.[iv] Meanwhile, cuts to donor funding have had a significant, detrimental impact on the already underfunded health system.

Our work

We have supported the Somaliland people for many years, playing a vital role in delivering and strengthening the country's health system. Our work is extensive and multifaceted, encompassing maternal and child health and nutrition, tackling gender-based violence and female genital mutilation, and a multisectoral drought response programme. We have a particular focus on marginalised communities including pastoralists and internally displaced people.

Identifying malnutrition in the community

At seven months of age **Abdirizak Awil Barre** appeared less than three months old. He had consecutive episodes of diarrhoea and vomiting with an elevated temperature and refusal to breastfeed. Abdirizak's family live in a camp for internally displaced people and rely on food donations. Fearing COVID-19 infection, Abdirizak's parents delayed seeking treatment for him for several weeks.

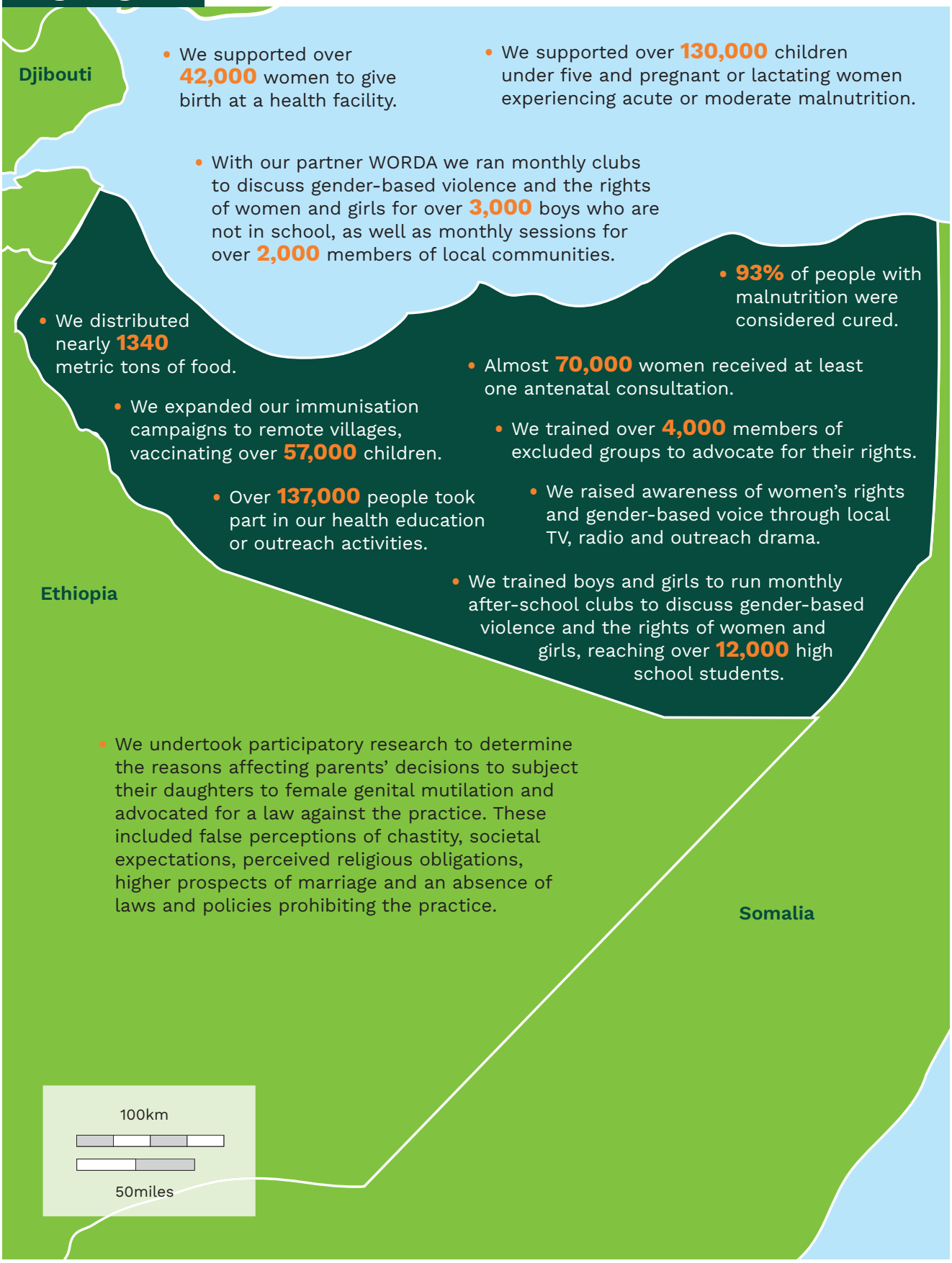
During one of her regular home visits to the camp Khandra, a social mobiliser we trained found Abdirizak being nursed by his mother Nimco and supported her to overcome her fears and take the baby to the nearest health facility. There Abdirizak was diagnosed with acute diarrhoea and dehydration. They quickly referred the baby to Burao Hospital Stabilisation Centre for further management and treatment, where he was diagnosed with severe, acute malnutrition. Medical staff immediately started him on rehydration treatment and medications. He was also given a therapeutic milk formula, to treat his malnutrition.

Abdirazak's condition soon began to improve until he reached a stable condition and was able to breastfeed again. The Stabilisation Centre provided Nimco with appropriate counselling on the weaning process. Nimco and her child were discharged from the facility and advised to attend Jame-adka Health Centre for a follow-up assessment. Nimco says:

"I am so grateful to the social mobiliser for visiting my house and advising me on what to do. I saw a big change in the condition of my child who has now recovered well and we thank Allah and the doctors who attended him promptly. I didn't pay even a single shilling and all services were free... I will tell my story to all my community to utilise the available service."

iii. https://euaa.europa.eu/country-guidance-somalia-2022/2114-female-genital-mutilation-or-cutting-fgmc#:~:text=A%20survey%20of%202020%20indicated,of%20women%20surveyed%20experiencing%20it
iv. https://www.independent.co.uk/news/fgm-somaliland-somalia-africa-experts-b2024699.html

Highlights


Djibouti
We supported over 42,000 women to give birth at a health facility.
We supported over 130,000 children under five and pregnant or lactating women experiencing acute or moderate malnutrition.
With our partner WORDA we ran monthly clubs to discuss gender-based violence and the rights of women and girls for over 3,000 boys who are not in school, as well as monthly sessions for over 2,000 members of local communities.
93% of people with malnutrition were considered cured.
We distributed nearly 1340 metric tons of food.
Almost 70,000 women received at least one antenatal consultation.
We expanded our immunisation campaigns to remote villages, vaccinating over 57,000 children.
We trained over 4,000 members of excluded groups to advocate for their rights.
Over 137,000 people took part in our health education or outreach activities.
We raised awareness of women's rights and gender-based voice through local TV, radio and outreach drama.
Ethiopia
We trained boys and girls to run monthly after-school clubs to discuss gender-based violence and the rights of women and girls, reaching over 12,000 high school students.
We undertook participatory research to determine the reasons affecting parents' decisions to subject their daughters to female genital mutilation and advocated for a law against the practice. These included false perceptions of chastity, societal expectations, perceived religious obligations, higher prospects of marriage and an absence of laws and policies prohibiting the practice.
Somalia
100km
50miles

Myanmar

Context

Myanmar is home to 135 ethnic groups and the world's longest running civil war. In 2011 the country began to transition away from full military rule with hope of democratic reforms. However, a military coup in February 2021 returned Myanmar to military rule. All the Special Regions along the China border in which we work have been affected by ongoing armed conflict for decades. Many people have been forced from their homes to camps or host communities. There are no government facilities or health staff in the area, only the ethnic health system. Access to nutritious food is a severe problem for pregnant women and children under age five. Many internally displaced people in conflict-affected areas cannot get enough food to survive.In seven regions of Myanmar the majority of people are unable to access clean water. Marginalised ethnic minority groups living in the forest often carry the greatest burden of poverty and disease and struggle to access health care. Young women and girls are frequently the victims of gender-based violence.

Political update

2022 still witnessed the effects of COVID-19 alongside increasing political instability and conflict, which presents a growing risk to vulnerable populations in Myanmar – particularly in poor and remote areas of Kachin and Shan states. Rising costs of essential goods and services has had a huge strain on services with inflation increasing people's vulnerability and health inequalities.

Our work

Our work to strengthen basic health services and support community health is extensive, and spans decades. We train health workers, support health facilities with supplies and equipment, conduct health promotion and education sessions and provide outreach services to remote communities. Key actions, from the health workers and volunteers we work alongside, this year included improving maternal and child health through increased vaccination and referring women and children for emergency care, and tackling gender-based violence, malnutrition, lack of clean water, malaria and tuberculosis.

Emergency care in Kachin State

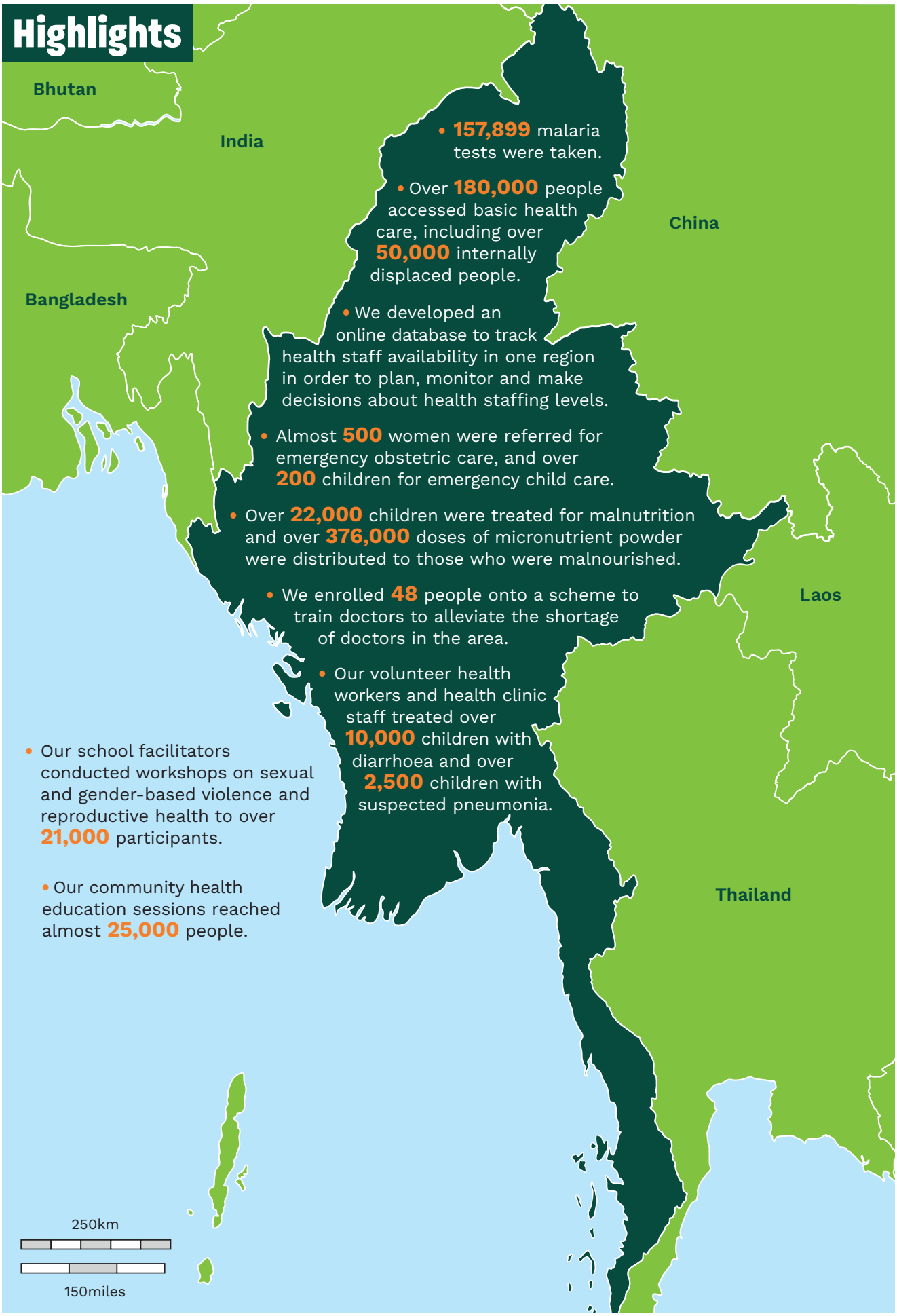
Working in remote areas is typical of Health Poverty Action's work, however, Khaung Lan Phu Township is among the most difficult to reach. This area is located in the far-north of Kachin state, mostly cut-off from the rest of Myanmar. Reaching the township often includes hours or even days of walking. The community-based health workers we have trained provide the only available healthcare services to people in this township.

Sayarma Nan Hee Khon Zi is a community auxiliary midwife volunteer trained by us. A pregnant woman called Da Khwan Hti Ram fell at 38 weeks of pregnancy and started bleeding vaginally. There was no midwife at the local hospital and no one was able to provide care for her. Sayarma rushed to the patient to examine her and called Health Poverty Action staff to decide on a course of action.

Together they decided to refer Hti Ram to hospital. However she and her relatives wanted to deliver her baby at home and her husband (a priest) performed a praying ceremony for his wife's health. Sayarma Nan Hee Khon Zi realised that Da Khwan's condition was worsening and she needed to be urgently referred to hospital in order to save her life and that of her baby. She negotiated for two days with the family to let her take Da Khwan to hospital. Eventually Sayarma was able to put her on a IV drip and together they walked for a whole day to reach the hospital.

Da Khwan successfully gave birth to a baby by emergency caesarean. Doctors said that if she had left it much later, both she and her baby would have died.

"I am very happy after knowing the patient successfully gave birth and has a healthy baby...I wouldn't swap the feeling of saving the lives of local people with anything, and I will try to save many lives of our local people with the skills I have learnt."


Highlights
Bhutan
India
Bangladesh
China
Laos
Thailand
• 157,899 malaria tests were taken.
• Over 180,000 people accessed basic health care, including over 50,000 internally displaced people.
• We developed an online database to track health staff availability in one region in order to plan, monitor and make decisions about health staffing levels.
• Almost 500 women were referred for emergency obstetric care, and over 200 children for emergency child care.
• Over 22,000 children were treated for malnutrition and over 376,000 doses of micronutrient powder were distributed to those who were malnourished.
• We enrolled 48 people onto a scheme to train doctors to alleviate the shortage of doctors in the area.
• Our volunteer health workers and health clinic staff treated over 10,000 children with diarrhoea and over 2,500 children with suspected pneumonia.
• Our school facilitators conducted workshops on sexual and gender-based violence and reproductive health to over 21,000 participants.
• Our community health education sessions reached almost 25,000 people.
250km
150miles

Laos

Context

Whilst Laos has reduced poverty in recent years, poverty and inequality are still the major development challenges. Due to poverty, people often move for farming, hunting, logging and cross borders to neighbouring countries. People who live near the forest in remote areas often find it especially hard to access health services and are at high risk of infectious diseases.

Political update

Laos is characterised by a one party system in which the ruling Lao's People Revolutionary Party dominates all aspects of politics. Over the past year, the economic situation in the country has become more challenging. Inflation is incredibly high; 27.8% higher in July than the same month in the previous year. More than half of the affected households have reduced their spending on healthcare and education. In 2022, about 7% of children from poor households dropped out of school.

Our work

We work with populations in rural and hard-to-reach areas to increase access to healthcare. This includes providing information about health services and disease danger signs. Village malaria workers, who we have trained, test villagers for malaria and refer severe cases to health centres, accompanying and caring for the patient throughout their whole recovery. We trained village malaria workers, mobile clinic workers and health centres on COVID-19.

Malaria awareness in the forest

Mr. Sommai Saiyathong is a Village Health Volunteer and Village Malaria Worker for Health Poverty Action in Savannakhet province. We trained him how to support people in his village, especially forest goers, to protect themselves against malaria, to recognise symptoms as well as treat one type of malaria himself. He said of the work:

"I really like it, because it helps the community [be] *able to handle and treat some illnesses by themselves... 55 families in this village, they trust in me, they count on me and they respect me. Therefore, everywhere I stay, I try my best to be able to be reached by phone, so that people can reach me in case that they need my help and I can come to serve them at the right time... I'm happy and proud to do this job and will continue being a village health volunteer as long as I have the power."*

Training village malaria workers on general knowledge, tests and treatment

Highlights

China
Vietnam
Myanmar
Thailand
Cambodia
• Trained staff to input COVID-19 data into a digital system which was crucial for tracking testing rates and spread of the disease.
• Provided 35,500 COVID-19 test kits to hospitals and health centres.
• Trained 400 village malaria workers in over 400 villages.
• Provided malaria personal protection packages to over 5,000 forest dwellers.
120km
80miles

Cambodia

Context

Cambodia previously endured many years of conflict and civil war. A low-middle income country, recent cost of living increases have thrust poor households deeper into poverty. Despite Cambodia making huge strides towards eliminating malaria in recent years, the disease still poses a risk for people living near forests in Northern regions. Cambodia has made very good progress in controlling HIV/AIDS through improved testing and treatment coverage, but prevention and control of communicable diseases such as Dengue fever and viral hepatitis lagged behind.

Political update

Cambodia has been politically stable in recent years, enabling additional developments and improvements. However, despite this stability the lack of any political opposition continues to affect processes of good governance, democracy and human rights.

Empowering Cambodia

Empower Cambodia is our pioneering social enterprise. It brings sustainable and affordable electricity to rural communities, whilst equipping villagers with new technical and entrepreneurial skills.

Villages on the Cambodia/ Lao border were previously living in darkness. Their only source of energy was from collecting wood from the nearby forest and using diesel engines to charge batteries. This was both environmentally damaging and a health risk.

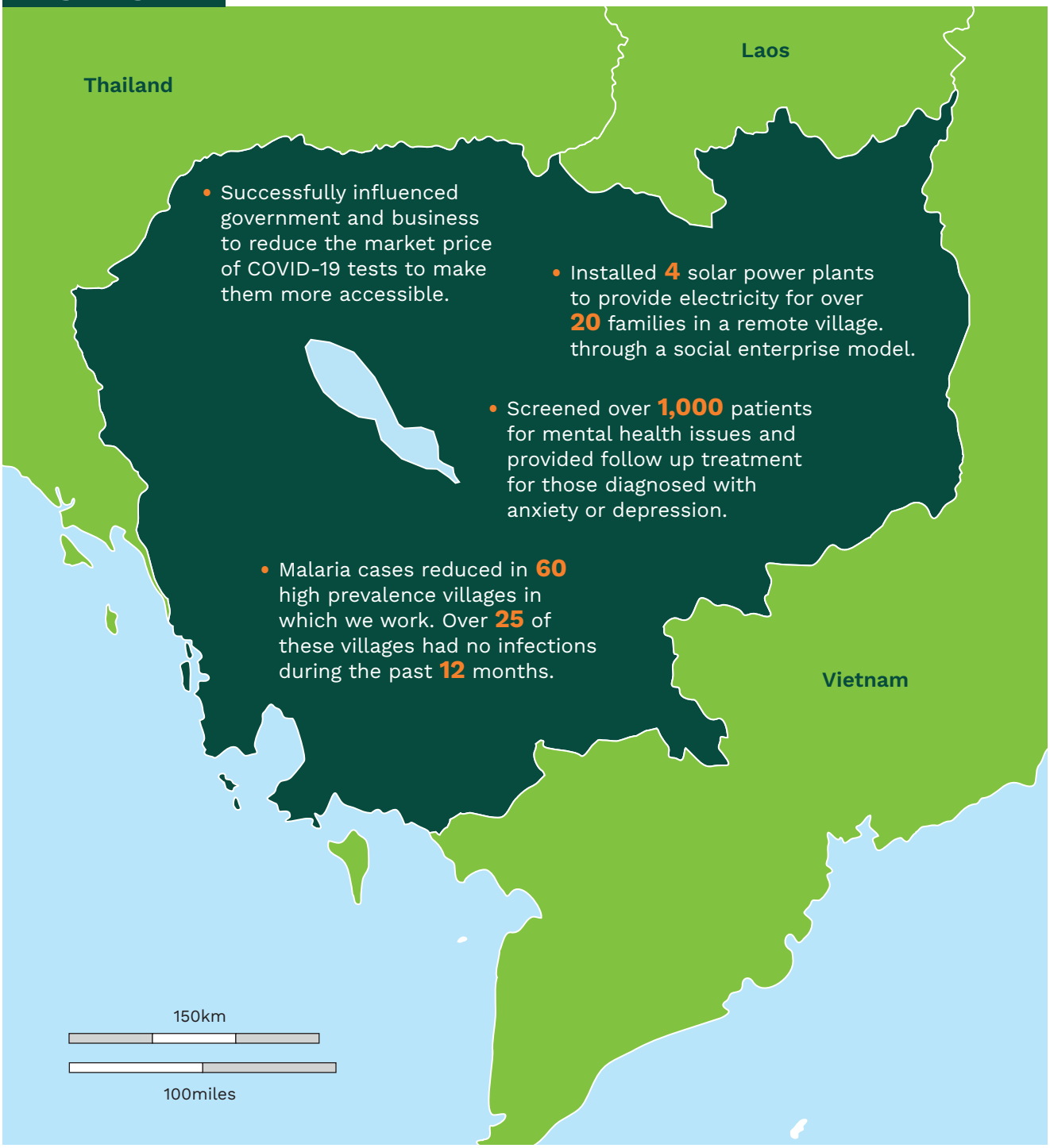
We worked with villagers to install a solar power station for the village. The villagers then pay electricity bills based on their usage, with a standard rate set by the government. When their payments cover the cost of construction, the whole facility will be transferred to the villagers to run. This innovative model is a sustainable way to promote clean energy and alleviate poverty.

The solar-powered lights provide safety for villagers who can now move freely in the dark, charge their phones, reduces the burden on women to fetch water and enables children to study at night. The use of diesel engines has drastically reduced, improving air quality.

Our work

We work with three marginalised groups: People living near the forest and vulnerable to malaria infection; people who use drugs and are living with HIV and; communities in remote areas without access to electricity. We support community health workers to provide health information via social media; promote the use of mosquito repellent; provide pioneering, integrated HIV, mental health and harm reduction services for people who use drugs. Alongside rural communities, we bring people together to invest in household solar energy and receive training about how to maintain panels. This provides sustainable and affordable power for families, which they will eventually own and be able to sell excess energy back to the national grid. We are also exploring partnerships to scale up viral hepatitis prevention and treatment across the country.

Highlights



Vietnam

Context

Whilst Vietnam is considered a lower middle-income country, certain groups – particularly ethnic minorities – remain chronically poor. A high percentage of mobile and migrant populations, including forest goers, field sleepers and cross-border migrants, live in poverty with low levels of education and knowledge of how to protect themselves against diseases. Physical distance and hard-to-reach locations as well as language barriers prevent many people from accessing healthcare.

Political update

Though Vietnam is making unprecedented achievements in social and economic development, the challenges that come long with rapid growth and development are enormous and act as a barrier to the sustainability of progress, including achievements in health. One of the Northern provinces experienced landslides this year and as a result it took up to a week for health staff to reach patients.

Our work

We work with community health workers who predominantly support marginalised mobile and migrant populations, providing information and screening for malaria and tuberculosis, treatment of malaria and integrating the above with testing for COVID-19, as well as research into malaria elimination.

Malaria testing in the community

Ho Van Than is a pharmacist by training and a former member of Health Poverty Action staff. After leaving his position, Than decided to volunteer with us as a malaria volunteer and educator in his commune. Than brings his knowledge of malaria and its prevention to support people in suspected hot spots, such as farmhouses, forests, and camps as well as high-risk populations. He educates people about the disease and tests for malaria parasites. As an indigenous person Than's use of his ethnic language is vital in enabling him to easily communicate with people. Every month Than coordinates with village health workers to carry out testing and monitoring, and disseminate malaria knowledge to thousands of people in Huong Hoa district. As such Than plays a vital role in the prevention and elimination of malaria in the area.

Highlights
China
• Almost 500 people with tuberculosis were detected and referred for treatment in Binh Thuan and Dak Lak provinces.
• Our mobile outreach teams tested over 100,000 suspected cases of malaria.
Laos
• Almost 55,000 people in at-risk communities participated in our malaria information sessions.
• We collaborated with the National Institute of Hygiene and Epidemiology and local health authorities to train 648 health staff on COVID-19.
Thailand
• We provided 25,000 COVID-19 tests.
• 107 malaria cases were actively detected and referred for follow-up treatment.
Cambodia
• In total we reached over 100,000 people with our work.
150km
100miles

Speaking out

In addition to our national-level advocacy, our global campaigns tackle the root causes of global injustice, recognising that poverty and inequality are inherently political. This year we spearheaded ideas and reforms in the areas of drug policy, vaccine justice and mental health and used our platform to make space for voices who have been excluded.

Highlights

- We launched the first ever global coalition on drug policy and environmental justice. Coalition members from Bolivia, Brazil, Colombia, Myanmar, the Netherlands and the UK came together to demand this vital issue be addressed by global policy makers.

DRUG POLICY REFORM & ENVIRONMENTAL JUSTICE
INTERNATIONAL COALITION

Our film explored the impact of vaccine delays on a community in Brazil

- Our film on vaccine justice in Brazil was shown to Heads of State at the UN and was shortlisted for the World Health Organisation's Health for All Film Festival Award.
- We brought Ghanaian cannabis farmers, drug policy reformers and anti-poverty campaigners together with government Ministers to demand the country's cannabis reforms reduce poverty.
- We signed a terms of reference with the Somaliland Ministry of Health to deliver a strategy for mental health, centring the voices of people with lived experience.

Debating drug reforms in Ghana

Fundraising

Context

We continued to feel the lasting impact of COVID-19, other world events (e.g., the war in Ukraine) and limitations arising from the cost of living crisis in the UK, where most of our fundraising efforts are currently based. Our fundraising income dropped by nearly a quarter.

We will continue to adapt to the shifting fundraising landscape, by continuing to develop our digital presence, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with and for. As part of this strategy, we supported the startup of Health Poverty Action USA – which just completed its second fiscal year of operations.

We are enormously grateful to all of our supporters, who have continued or even increased their support this year.

Highlights

- An increase in face-to-face activities and opportunities for in-person fundraising.
- Return of Choirs for Change, where local choirs sang carols, Christmas pop hits and folk songs in London tube and train stations.
- Special thanks to Mondrian Investment Partners for their generous contributions to Health Poverty Action over the years.
- Launch of our new regular giving programme – the Health Poverty Action Community offers a deeper insight into our work and opportunities to get involved.

Choirs for Change performing carols at a London tube station

Health Poverty Action marathon runners

- A new collaboration with the Civil Service Sports Club on the London Marathon.
- Emergency appeal for the drought in the Horn of Africa raised vital funds from both new and existing donors.
- Our Women's Empowerment Appeal launched in response to the attacks on women's rights happening around the globe.

Fundraising disclosures

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities. In the past year we have not employed professional fundraisers to bring new supporters on board with our work (such as digital, face-to-face or telephone fundraising). We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Financial review

In solidarity with health workers, activists and communities worldwide, we were able to continue our fight to improve health and challenge the causes of poverty. None of these would have been possible without the generosity of our supporters and we are extremely grateful.

Income

In 2023, we raised £14,710,171, £282,038 less than our income in 2022.

Restricted income from our charitable activities decreased by £633,235 mainly due to the completion of major projects such as SHINE in Somaliland and UKAID in Sierra Leone. Overall funding from the Global Fund decreased in Asia as malaria is now close to elimination, and we also felt the impact of government aid cuts with the Word Food Programme reducing funding in Somaliland.

The Livelihoods and Food Security Fund in Asia also had reduced income during the year, but we secured a new grant from the donor, which will be reflected in our income in 2023.

We were successful in securing new projects such as a humanitarian grant in Somaliland, the gender-based violence survivor's economic empowerment programme in Rwanda, and started a new phase of the Irish Aid project in Ethiopia and Kenya.

Gifts in kind returned to pre-pandemic level, with an increase of £280,390 in our stock.

Our unrestricted income, made up of donations from individual fundraising, consultancy work, the UK government and European trusts and foundations, increased by £66,086 from the previous year. Major shifts include the furlough scheme and most of our consultancy projects that came to an end, but also a generous donation from an anonymous donor, which contributed to the positive net effect of the income.

Further details on income can be found in Note 2 of the accounts.

Expenditure

Our total expenditure in 2023 was £14,456,709 (2022: £14,930,388). As per the Statement of Recommended Practice (FRS102), our expenditure during the year was apportioned as follows:

We spent £14,167,482 on charitable activities (2022: £14,432,998). This represents 98% of total spend and £289,228 (2022: £497,390) on raising funds (2% of total spend).

- **Charitable activities**

  Our total global programme expenditure in 2023 was £12,966,209. Our achievements with this expenditure are set out within this report.

- **Support costs**

  In 2023, we spent £1,201,273 (2022: £730,902). These funds have been spent on management and administration support costs including finance, human resources, accounting system, legal and governance activities such as safeguarding, protection against fraud and audit costs. Our programme support costs are directly incurred to design and monitor our programmes.

  Such activities are crucial for delivering high quality programmes and ensuring that robust controls are in place to track how money is spent.

Risks, uncertainties and mitigation

The Trustees and the Senior Management Team regularly oversee major risks and how these are managed. Health Poverty Action views risk management as an integral part of planning, management, decision-making and learning. We identify and manage risks which could prevent us achieving our objectives.

In 2022-2023, the risks outlined on the table below were identified with actions to mitigate them.

Risks	Management actions in 2022-23
Impact of aid cuts • Loss of funding	• Continue to build reserves and review cost model • Increase donor relationships • Investigate research partnerships • Continue to develop in house skills to meet the need for innovation
Brexit • Not possible to apply to EU calls for proposals as leading organisation (our portfolio of EU grants has reduced over the past few years)	• Actively seek possible partners as sub-recipients for EU funding • Diversify funding from other donors
Programming in complex environments • Risk of health, safety and security incidents. Fraud and dishonesty, including bribery and corruption.	• Continue to invest in programmes to strengthen the capacity of country offices and upgrade controls
Currency exchange losses • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project budgets)	• Anticipate exchange rate fluctuations and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting • New partnership with foreign exchange organisation to manage exchange rate fluctuation through possible hedging
Dependency on restricted income • Only 4% of income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistleblow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Or beneficiaries are unaware of how to/unable to report an issue. Risks legal action, negative publicity, financial and reputation loss	• Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all projects • Training conducted across the organisation including overseas staff

For 2023-2024 and beyond, the key risks to HPA are a fall in income from donations or investment income, as well as a reduction in global financing for development over the next few years due to the impact of external factors such as political instability in parts of the world. One key trend in 2024 will be income diversity, the need to find various ways to raise funds, not simply relying on tried and tested (and often diminishing) channels.

The Board of Trustees and Senior Management Team have discussed short, medium and long-term action strategies, and in relation to this, identified the following as some of our key priorities:

- Seek new project funding. Seeking partnerships to diversify funding from other sources and in programme countries.
- Focus trust fundraising primarily on topping up project budgets so that they provide full cost recovery.
- Support the fundraising team to build strategically to increase the team's net contribution to core income over the longer term.
- Reducing core cost expenditure in the current year whenever possible.

Reserves policy

Our reserves policy enables management of general reserves to ensure we hold an appropriate level of accessible funds to mitigate against identified financial risks, while ensuring we are making strategic use of our funds. We currently hold £4 million in restricted reserves, but the Trustees have no discretion to reallocate them for other use. These are given for a particular purpose.

We focus on general reserves, as these are the funds at the discretion of the Trustees. Funds are held to provide cover for unexpected changes in income and expenditure, allowing us to continue activities in the event of temporary or permanent loss of income. They also help in the event of incurring one-off costs that are not covered from donor funds.

General reserves also allow us to implement new strategic priorities or invest in new opportunities to achieve our goals.

Our reserves range is reviewed annually. In 2023, our target reserves range was £1-1.5 million. Our closing general reserves of £1.9 million are therefore above the target range.

Ahead of approving the 2024 budget, the Board reviewed our current position to assess the level of general reserves appropriate for the charity to maintain, while encouraging management to explore further investment opportunities.

- **Investments**

The trustees have the authority conferred by the Memorandum and articles of association to invest as they think fit any of HPA's money that is not immediately required.

In 2023-24, HPA will be looking at making investments in accordance with our ethical investment policy. At the moment, due to the market volatility, we decided that it will be prudent to place our reserves in an interest-bearing account with Flagstone Investments. This will enable us if required, to draw on some long-term reserves at short notice when markets are weak.

- **Financial Risk**

Amounts due from donors mainly relate to major institutional donors, and the associated credit risk is therefore considered to be low. There are no external borrowings, and processes are in place to monitor cash flows in order to minimise liquidity risk.

Going Concern

The financial statements have been prepared on a going concern basis which the trustees consider to be appropriate for the following reasons:

The Trustees have prepared cashflow forecasts for a period of at least 12 months from the date of approval of these financial statements (the going concern period), which considered the inherent risks to the organisation's business model and analysed how those risks might affect the charitable company's financial resources or ability to continue operations over the going concern period.

Our planning process, including financial projections assume ongoing pressures on the economy, the cost of living and its potential impact on the various sources of income and planned expenditure. Under an alternate scenario, we expect to match potential shortfalls of income with reduction in costs. But if this not possible, as detailed in our general reserves policy, we hold general reserves to provide cover for unexpected changes which will allow us to adjust our cost base and continue activities.

Consequently, the Trustees have concluded that there are no material uncertainties that could cast significant doubt over HPA's ability to continue as a going concern for at least a year, from the date of approval of the financial statements, and therefore have prepared the financial statements on a going concern basis.

Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'.

Since 2021, in line with our aim to decentralise the organisation, we no longer have a UK office, instead having a Global Core Team. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices. We have part time volunteers working from time to time.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay.
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ending 31 March 2023 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election. In 2004 the Trustees agreed that no trustee should serve for more than eight years. There are nine trustees as of March 2023.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work and covering the essentials of what being a trustee involves. Trustees are encouraged to visit programmes and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting. Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their Trustee role. They are covered up to £500,000 by a charity trustees management liability insurance policy.

Statement of Trustees responsibilities

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

The trustees who served during the year (2022-2023) and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role	Details
Mehmet Nadir Baylav[2]		Resigned 20 March 2023
Denis John Cavanagh[1]		Resigned 9 December 2022
Anna Graham		Appointed 7 July 2017
Rory Erskine Morrison Honney		Appointed 10 December 2014
Anuj Kapilashrami		Appointed 28 June 2019
Oliver Benjamin Kemp[1&2]	Chair	Appointed 10 December 2014
Ruth Stern[1]	Vice Chair	Appointed 7 October 2011
Betty Ann Williams[1]		Appointed 13 December 2016
Ravi Ram		Appointed 25 March 2022
Fahad Sayood	Treasurer	Appointed 7 October 2022

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group
Appointments and Resignation dates as stated on Companies House

Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
Suite 2, 23-24 Great James Street
London
WC1N 3ES
United Kingdom

Auditors:

Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising

Natalie Sharples, Head of Policy and Campaigns

Sandra Tcheumeni Boschet, Head of Finance and Administration

Bangyuan Wang, Head of Programmes – Asia

Dr. Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' 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 the affairs of the charitable company and of its income and expenditure 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 the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them 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. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a Trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she/he ought to have taken as a trustee in order to make herself/himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 21 November 2023

Independent Auditor's report

To the members Of Health Limited T/A Health Poverty Action

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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 there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have 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 company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where 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.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 33, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

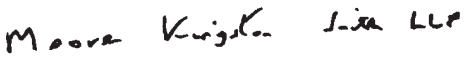
Our approach was as follows:

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

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

Use of our report

This report is made solely to the 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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Neil Finlayson
Senior Statutory Auditor

Date: 21 November 2023

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2023

	Notes	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	13,017,608	13,017,608
Donations and legacies	2	541,392	-	541,392
Gift in Kind Income	2	-	1,139,824	1,139,824
Investments	2	1,669	9,678	11,347
Total incoming resources		**543,061**	**14,167,110**	**14,710,171**
RESOURCES EXPENDED				
Raising funds	3	289,228	-	289,228
Charitable activities	4	-	14,167,482	14,167,482
Total resources expended		**289,228**	**14,167,482**	**14,456,710**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**253,833**	**(372)**	**253,461**
Transfer between funds		-	-	-
Foreign exchange gains in year		137,292	72,066	209,358
NET MOVEMENT IN FUNDS FOR THE YEAR		**391,125**	**71,694**	**462,819**
Total funds brought forward at 1 April 2022		1,540,326	3,821,371	5,361,697
TOTAL FUNDS CARRIED FORWARD at 31 March 2023		**1,931,451**	**3,893,065**	**5,824,516**

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

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	13,650,844	13,650,844
Donations and legacies	2	475,306	-	475,306
Gift in Kind Income	2	-	859,434	859,434
Investments	2	1,456	5,170	6,625
Total incoming resources		**476,761**	**14,515,448**	**14,992,209**
RESOURCES EXPENDED				
Raising funds	3	-	-	497,390
Charitable activities	4	497,390	14,432,998	14,432,998
Total resources expended		**497,390**	**14,432,998**	**14,930,388**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**(20,629)**	**82,449**	**61,821**
Transfer between funds		-	-	-
Foreign exchange gains in year		74,858	22,511	97,368
NET MOVEMENT IN FUNDS FOR THE YEAR		**54,229**	**104,960**	**159,189**
Total funds brought forward at 1 April 2022		1,486,097	3,716,411	5,202,508
TOTAL FUNDS CARRIED FORWARD at 31 March 2022		**1,540,326**	**3,821,371**	**5,361,697**

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

Balance sheet

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2022

	Notes	2023 £	2022 £
CURRENT ASSETS			
Debtors	8	1,826,682	417,372
Stock		741,098	523,012
Cash at bank and in hand		4,734,136	5,132,656
		7,301,916	**6,073,040**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(1,199,253)	(396,075)
NET CURRENT ASSETS		**6,102,663**	**5,676,965**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(278,147)	(315,268)
TOTAL ASSETS LESS LIABILITIES		**5,824,516**	**5,361,697**
TOTAL NET ASSETS		**5,824,516**	**5,361,697**
FUNDS			
Unrestricted funds	13	1,931,451	1,540,326
Restricted funds	13	3,893,065	3,821,371
		5,824,516	**5,361,697**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Kemp, Chair Date: 21 November 2023

Company Registration number 01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2023

	2023 £	2022 £
Net Cash Outflow from operating Activities	(619,225)	38,614
Returns on Investments and Servicing of Finance		
Bank interest received	11,347	6,625
Foreign exchange gain	209,358	97,368
(Decrease) / Increase in Cash	**(398,520)**	**142,607**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	462,819	159,189
Decrease / (Increase) in debtors	(1,409,310)	289,523
(Increase) in stock	(218,086)	430,632
Increase in creditors	766,057	(736,738)
Interest received	(11,347)	(6,625)
Foreign exchange gain	(209,358)	(97,368)
Net cash (outflow) inflow from operating activities	**(619,225)**	**38,614**
Analysis of Net Cash Resources		
Opening Balance	5,132,656	4,990,049
Flow	(398,520)	142,607
Closing Balance	**4,734,136**	**5,132,656**
Location of Cash Resources		
HQ bank accounts	1,428,605	2,294,025
In-country bank accounts	3,305,532	2,838,631
	4,734,136	**5,132,656**

Notes

Notes forming part of the financial statements for year ended 31 March 2023

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The trustees consider that there are no material uncertainties about HPA 's ability to continue as a going concern for 12 months from the date of signing these financial statements. Our planning process, including financial projections, assume ongoing pressures on the economy, the cost of living and its potential impact on the various sources of income and planned expenditure. Under alternate scenario, we expect to match potential shortfalls of income with reduction in costs. But if this not possible, as detailed in our general reserve policy, we hold general reserves to provide cover for unexpected changes which will allow us to adjust our cost base and continue activities. The Trustees will continue to monitor this, and will take appropriate action to reflect any changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. INCOME

	2023 £	2022 £
INCOME		
Restricted Funds		
Charitable activities		
3MDG	–	–
Access to Health Fund	2,505,632	1,075,602
Department for International Development	2,616,969	5,262,644
Education Development Centre	24,608	6,377
European Commission	163,845	158,547
Global Fund	1,884,170	2,101,310
Irish Aid	85,879	42,565
Livelihoods and Food Security Fund	422,877	554,671
Other	1,624,390	1,929,239
UN bodies	2,721,427	1,616,330
World Food Programme	384,992	728,970
Trusts, foundations and individuals	162,826	174,589
GIZ	419,993	-
	13,017,608	**13,650,844**
Gift in Kind	1,139,824	859,434
	1,139,824	**859,434**
Total Restricted Funds	**14,157,432**	**14,510,278**
Unrestricted Funds		
Donations from individuals and other	421,649	259,605
Consultancy	25,984	47,497
UK and European trusts / foundations	93,759	168,204
Total Unrestricted Funds	**541,392**	**475,306**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	9,678	5,170
Unrestricted Funds	1,669	1,456
	11,347	**6,625**
TOTAL INCOME	**14,710,171**	**14,992,209**

3. RAISING FUNDS

	Direct £	Support costs £	Total 2023 £	Direct £	Support costs £	Total 2022 £
Other costs	-	289,228	**289,228**	-	497,390	**497,390**
	-	289,228	**289,228**	-	497,390	**497,390**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct £	Support costs £	Total 2023 £	Direct £	Support costs £	Total 2022 £
Costs of health projects	12,966,209	1,201,273	**14,167,482**	13,702,096	730,902	**14,432,998**
	12,966,209	1,201,273	**14,167,482**	13,702,096	730,902	**14,432,998**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

Nature of cost	Total 2023 £	Cost of raising funds 2023 £	Health projects 2023 £	Basis of apportionment
Human resources	1,162,708	267,387	895,322	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	327,792	21,841	305,951	Number of employees
	1,490,500	**289,228**	**1,201,273**	

Nature of cost	Total 2022 £	Cost of raising funds 2022 £	Health projects 2022 £	Basis of apportionment
Human resources	1,000,618	428,541	572,078	Number of employees
Establishment costs	18,644	13,610	5,034	Number of employees
Office & Administration	209,030	55,239	153,791	Number of employees
	1,228,292	**497,390**	**730,902**	

6. NET INCOME FOR THE YEAR is stated after charging

	2023 £	2022 £
Annual Audit		
Statutory audit	24,000	22,530
In respect of prior year		
In respect of consolidation		
Rentals in respect of operating leases;		
plant and machinery	383	3,310
other – office		
Inventory	741,097	523,012

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2023 £	2022 £
U.K. STAFF		
Wages and salaries	708,747	589,975
Redundancy cost	-	-
Social security costs	78,590	62,322
Pension costs	32,185	25,807
	819,522	678,103
OVERSEAS STAFF		
Wages and salaries	3,212,257	2,992,371
Pension costs	77,612	39,462
Severance costs	144,232	134,520
	3,434,101	3,166,353
TOTAL STAFF COSTS	**4,253,623**	**3,844,457**

Two employees received remuneration of between £60,000 - £69,000 in 2022-23 (2022: None).
One employee received remuneration of between £70,000 - £80,000 in 2022-23 (2022: one).

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £385,956 (2022: £370,901). There were two reimbursements of £1,100 received by two Trustees during the year (2022: £414).

The average number of employees, analysed by function was:

	2023 Number	2022 Number
Charitable activities	441	379
Raising funds	4	4
	446	**382**

8. DEBTORS

	2023 £	2022 £
Other debtors in UK	9,875	5,385
Other overseas/project debtors	84,538	(3,789)
Accrued income – Gift Aid & Other	215,348	6,736
Accrued income – Grants	1,506,670	384,710
Prepayments	10,251	24,331
	1,826,682	**417,372**

All debtors, except prepayments of £10,251 (2022: £24,331), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2023 £	2022 £
Project creditors	572,589	19,253
Other creditors	169,020	9,562
Field severance pay liability and pensions	378,357	304,004
Other taxes and social security	27,176	40,437
UK Accruals	52,111	22,819
	1,199,253	**396,075**

All creditors, except for the social security creditor £27,176 (2022 :£20,715), are financial instruments measured at present value.

Creditors includes pension liabilities of £369,268.99 (2022: £403,067).

10. CREDITORS: Amounts falling due after one year

	2023 £	2022 £
Field severance pay liability	278,147	315,268
	278,147	**315,268**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2023	2022
Committed to payments of:	**£**	**£**
Within One Year		
Other – office	-	-
Between One and Two Years		
Provision for dilapidation	-	2,467
Other – office	-	-
Between Two and Five Years		
Plant and machinery		
Other – office	343	843
Total	**343**	**3,310**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Fund balances at 31 March 2023 are represented by:						
Current assets	2,002,290	5,299,625	7,301,915	1,590,325	4,482,715	6,073,040
Current liabilities	(70,839)	(1,128,414)	(1,199,253)	(49,999)	(346,076)	(396,075)
Long Term Liabilities		(278,147)	(278,147)		(315,268)	(315,268)
Total Net Assets	**1,931,451**	**3,893,065**	**5,824,516**	**1,540,326**	**3,821,371**	**5,361,697**

14. STATEMENT OF FUNDS

	Funds at 2022 £	Income £	Expenditure £	Transfers £	Funds at 2023 £
Myanmar & China	1,520,815	7,497,110	(6,833,164)	–	2,184,762
Cambodia	39,975	156,281	(402,474)	–	(206,218)
Ethiopia	(133,369)	202,240	(282,592)	–	(213,720)
Guatemala	99,354	119,114	(123,119)	–	95,350
Kenya	12,760	399,567	(445,131)	–	(32,804)
Laos	207,237	244,105	(158,022)	–	293,320
Namibia	(165,823)	24,608	(102,548)	–	(243,763)
Nicaragua	70,240	0	(2,048)	–	68,192
Rwanda	(74,171)	498,598	(293,671)	–	130,756
Sierra Leone	(310,468)	0	(35,881)	–	(346,349)
Somaliland	673,301	2,114,383	(2,819,271)	–	(31,587)
Vietnam	555,930	275,972	(438,347)	–	393,554
Multi-Country Projects	653,763	1,333,904	(1,097,385)	–	890,281
Global Campaigns	(277,981)	161,404	(140,024)	–	170,194
Gift in Kind	523,012	1,139,824	(921,738)	–	741,097
Total restricted funds	**3,394,576**	**14,167,110**	**(14,095,415)**	**–**	**3,893,066**
Unrestricted funds	1,540,326	543,061	(151,936)	–	1,931,451
Total funds	**5,361,697**	**14,710,171**	**(14,247,351)**	**–**	**5,824,516**

	Funds at 2021 £	Income £	Expenditure £	Transfers £	Funds at 2022 £
Myanmar & China	1,004,635	6,661,119	(6,144,939)	–	1,520,815
Cambodia	137,569	296,536	(394,129)	–	39,975
Ethiopia	28,778	2,814	(164,961)	–	(133,369)
Guatemala	216,478	5,261	(122,385)	–	99,354
Kenya	(23,633)	219,453	(183,060)	–	12,760
Laos	278,163	538,384	(609,311)	–	207,237
Namibia	(58,316)	0	(107,507)	–	(165,823)
Nicaragua	72,349	7	(2,117)	–	70,240
Rwanda	48,320	25,325	(147,816)	–	(74,171)
Sierra Leone	(187,163)	33,687	(156,992)	–	(310,468)
Somaliland	470,831	3,610,613	(3,408,144)	–	673,301
Vietnam	398,068	1,149,762	(991,900)	–	555,930
Multi-Country Projects	340,885	869,857	(556,979)	–	653,763
Global Campaigns	35,803	243,195	(130,183)	–	(148,815)
Gift in Kind	953,644	859,434	(1,290,066)	–	523,012
Total restricted funds	**3,716,411**	**14,515,448**	**(14,410,488)**	**–**	**3,394,576**
Unrestricted funds	1,486,097	476,761	(422,532)	–	1,540,326
Total funds	**5,202,508**	**14,992,209**	**(14,833,020)**	**–**	**5,361,697**

Restricted funds balances are held to ensure that there are adequate funds to implement programme activities.

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds).

Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons, e.g. because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. We can't add them to general unrestricted reserves in the accounts. They are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

HPA and FYF continue to be a close strategic partnership. Both charities shared the same trustees, although none of the trustees have been appointed to the FYF board as representatives of HPA.

However, due to the change in FYF size and resources, HPA agreed to provide these services free of charge, allowing FYF to make programmatic grants to support HPA works in countries.

In 2022-2023, a total of £48,179 was spent to support HPA work in Guatemala and Myanmar.

16. STATEMENT OF FUNDS

	2023 Receipts	2023 Expenditure	2022 Receipts	2022 Expenditure
Irish Department of Foreign Affairs and Trade				
CSF05-22 Kenya, Ethiopia	78,253	15,941		
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	-	35,093	42,565.00	70,535.29
Department for International Development / Foreign, Commonwealth and Development Office				
UK Aid Direct: 9TGE-DHP5-JZ (with MRG) Kenya, Ethiopia, Myanmar, Cambodia	9,031.09	569	114,048.58	35,193.60
FCDO Myanmar Humanitarian	623,478	821,217	2,052,666	2,001,970
FCDO Myanmar Humanitarian	-	-	-	-
HARP-RRF-006 COVID-19	-	-	(193,101)	17
UK Aid Match: 205210 – 254 Sierra Leone	-	-	54,188	49,684
Population Services International				
4289-HPA-01APR2016 Somaliland	-	-	257,903	264,303
BMB Mott MacDonald BV				
376106 – Lot 3 Somaliland	-	-	116,304	228,239
376106 – Lot 4 Somaliland	-	-	79,727	263,281
European Commission				
EC Stop2 - Somaliland	179,793.00	164,819.38	-	-

Acknowledgements

We couldn't do this without the following partners:

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Burnet Institute

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National Center for HIV/AIDS
Department of Mental Health and Substance Abuse
SD Asia (Cambodia)

ETHIOPIA
Ministry of Health
Ethiopian Public Health Institute
Somali Regional Health Bureau
Afar Regional Health Bureau
Addis Ababa City Administration Health Bureau
SNNPR Regional Health Bureau
Health Workers
(Mentors, NCD focal and facility heads)
Tropical Health and Education Trust (THET)

GUATEMALA
Ministry of Health and Social Assistance, Quetzaltenango
Ministry of Health and Social Assistance, Totonicapán

KENYA
Ministry of Health
Nairobi City County Government
Mandera City County Government
Jomo Kenyatta University of Agriculture and Technology

LAOS
Community Health and Inclusion Association
Population Education and Development Association

NAMIBIA
Ministry of Health and Social Services
University of Namibia
Mycobacteriology Group, Research Center Borstel

BOTSWANA
Victus Global

SOUTH AFRICA
University of Stellenbosch

RWANDA
Education Development Centr
Akazi Kanoze Access
Rwanda Organisation for Development Initiative

SOMALILAND
Ministry of Health and Development
Ministry of Employment, Social and Family Affairs
Women Rehabilitation and Development Association

VIETNAM
National Institute of Malariology, Parasitology and Entomology
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Provincial Lung Hospital of Dak Lak and Binh Thuan

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BUCHANAN PROGRAMME & GAVIN PICKETT

CLINTON HEALTH ACCESS INITIATIVE

Enabel

EDCTP

FIND Diagnosis for all

European Union

Foreign, Commonwealth & Development Office

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

GUNVOR

The Global Fund

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Rialtas na hÉireann
Government of Ireland

THE MERCURY PHOENIX TRUST

MEDICOR FOUNDATION LIECHTENSTEIN

NOVARTIS

THE SANDRA CHARITABLE TRUST

unicef

UNOPS

thewaterloofoundation

WFP

ACCESS TO HEALTH FUND

UKaid from the British people

SWEDEN

USAID FROM THE AMERICAN PEOPLE

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Managed by UNOPS

LIFT

Livelihoods and Food Security Fund

UKaid

EUROPEAN UNION

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Australian Aid

USAID

Canada

NEW ZEALAND FOREIGN AFFAIRS & TRADE Aid Programme

Irish Aid
Rialtas na hÉireann
Government of Ireland

Norwegian Ministry of Foreign Affairs

managed by UNOPS

And to all of our anonymous donors and all our supporters – THANK YOU!

HEALTH POVERTY ACTION

Health Poverty Action: Health for all in a just world.

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Registered charity no. 290535

HEALTH LIMITED

England & Wales - Charity number 290535

Accounts

HEALTH POVERTY ACTION

Annual report and accounts

2021-2022

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Thank you 47

Cover image: Women's economic empowerment group for survivors of gender based violence in Rwanda
Design & layout: www.causeffectdesign.co.uk

Message from Director and Chair

This has been a year of rising to the challenge of the stark inequalities of our world. Whilst the crisis in Ukraine occupied screens across the globe, the tragedies affecting the communities we work with received far less attention yet continued to devastate the lives of individuals and health systems.

The war between the government of Ethiopia and forces in Northern Tigray has resulted in human rights atrocities, killings, the blocking of humanitarian assistance and deliberate destruction of health facilities. An estimated 5.1 million people were displaced during 2021, the highest number ever recorded for a conflict. Despite a media blackout, some reports suggest that in Tigray, Afar and Amhara regions children under 5 are facing famine-like situations. The number of people who have died either directly or as result of starvation or lack of healthcare from the conflict is estimated at half a million.

Last year's military coup in Myanmar sparked mass protests, armed resistance and large-scale killings. This has created further poverty and had widespread impacts on the already weak health system, with our staff reporting shortages of supplies and health workers in many areas.

The climate emergency continues to wreak havoc on large swathes of Somalia, Ethiopia, and Kenya. The devastating droughts and consequent food crises this year caused the governments of Kenya and Somalia to declare national emergencies.

These crises are all in the context of both the ongoing pandemic and the global food crisis sparked by the Russian invasion of Ukraine, which is having particularly devastating effects on countries already facing food insecurity. Yet instead of stepping up to offer solidarity to all those affected, the British government has opted instead to drastically reduce the amount it spends on the world's poorest.[i] Funding for Ukraine has placed additional demands on an already drastically reduced and capped budget.[ii]

Whilst our hearts are with the people of Ukraine, we deplore that the government has not responded to the crises devastating other people and countries with equal vigour. The response will reinforce inequality, rather than working towards equity for all.

HPA's income fell by 24% compared to the previous year as income from institutional donors reduced. We have responded by redoubling our efforts to raise funds in a post COVID-19 world and thankfully our reserves remain at a healthy level of above 10% of budgeted income for the coming year. Despite these challenges we continue to have hope. Hope in the resistance shown by the communities we work with and the professionalism and dedication of our staff and volunteers, who have risen admirably to the obstacles they face.

i. FCDO provisional 2021 UK aid spending shows grim reality of aid cuts | IPPF
ii. Is UK aid facing another round of major cuts? – Save the Children UK

In spite of the widespread conflict affecting regions including Tigray, Amhara, Afar and other regions, we managed to reach an estimated 150,000 people with health services in Ethiopia, whilst our health education messages reached 1 million. The Ministry of Health further intends to honour our work on non-communicable disease by scaling it up to 3,000 primary health centres.

In Myanmar, we countered the challenges of the coup-weakened health system, reaching over 181,000 people with basic health care services, including taking over the running of a mobile hospital for COVID-19 patients. We also enabled 500 women and 211 children to receive emergency treatment when they needed it most, and vaccinated over 100,000 people from COVID-19.

We developed a new programme to provide health, nutrition, water and sanitation services to people affected by the drought in Somaliland, whilst working alongside the Ministry of Health to maintain and develop the lifesaving health service and provided nutrition services to 90,000 people. We were also proud to establish a unit for survivors of gender based violence and introduce a GPS system to our ambulance service to ensure that they are available to people in emergencies.

More widely we were delighted to continue to grow and innovate for people and issues most overlooked in our unequal world. Highlights this year include establishing a new integrated centre for people who use drugs in Cambodia, and a new programme to tackle perinatal depression in Guatemala.

Meanwhile our advocacy to address the root causes of inequality continues. We played a key role in encouraging the sector to step up and challenge the racism and neo-colonialism inherent in global health and launched a new campaign on vaccine justice. And as the movement to dismantle the prohibition of drugs continues to spread across the world, we mapped out the core principles for an approach to replace this that puts people and public health at the forefront.

We thank our staff, volunteers and funders for all their work. And we offer profound thanks to all our supporters, for your continued support in our struggle for a more equal world.

Oliver Benjamin Kemp
Chair of Trustees

Martin Drewry
Director

Strategic report

Charitable objects

Our purpose

Health Poverty Action's charitable purpose is enshrined in its objects 'to preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict'.

Our vision

A world in which the poorest and most marginalised enjoy their right to health.

Our mission

We act in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit following our vision and mission. The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit.

Objectives and activities

At Health Poverty Action, we work alongside ignored communities worldwide who refuse to accept the injustices that deny people a healthy life. In Guatemala, we stand with local midwives to fight the discrimination that stops Indigenous women giving birth in health centres. In the UK, we highlight how the legacy of colonialism has caused the devastating global health and inequality we see today.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. That's why our local team in Myanmar will trek for six weeks through the freezing mountains to run health training courses. It's why we join forces with communities in remote Somaliland villages, supporting people to demand better transport links to health facilities. Our approach partners us with some of the most remote and marginalised communities around the world.

And it's why we confront policy issues that are complex and sometimes controversial, like the fact that the so called 'war on drugs' has only made inequality – and health – worse. Taking on these barriers to health doesn't make our job easy. But, just like the communities we work with around the world, we won't accept the status quo if it takes away someone's chances of living a healthy life.

At Health Poverty Action we see health differently. We do what's needed, not what's easiest, to stop health being denied.

We draw strength from the knowledge that we are not alone, but part of a global movement for health justice – the People's Health Movement (PHM). The PHM is today's embodiment of the primary health care movement that achieved ground-breaking success at the UN Alma-Ata Conference in 1978. Such was the power of this moment that 40 years later the radical vision it set out continues to rally health workers and policymakers worldwide.

We currently work in 14 countries in Africa, Latin America, and Asia, in close partnership with Find Your Feet, whom we support with grants, managing costs and finances and who share their expertise in livelihoods, food and nutrition. We also campaign and lobby to influence policy locally, nationally and internationally, to challenge inequality and create conditions that support health in the long term. Meanwhile our fundraising team raises unrestricted funds to invest in developing further and increase our contribution to a more equal world.

Key highlights

Key beneficiary figures from 2021/22

GLOBAL

We published a ground-breaking publication mapping out how to regulate the global drugs trade to support people and public health.

Guatemala

A new pilot programme for perinatal depression and increased referrals from traditional birth attendants to health services by almost **250%**.

Sierra Leone

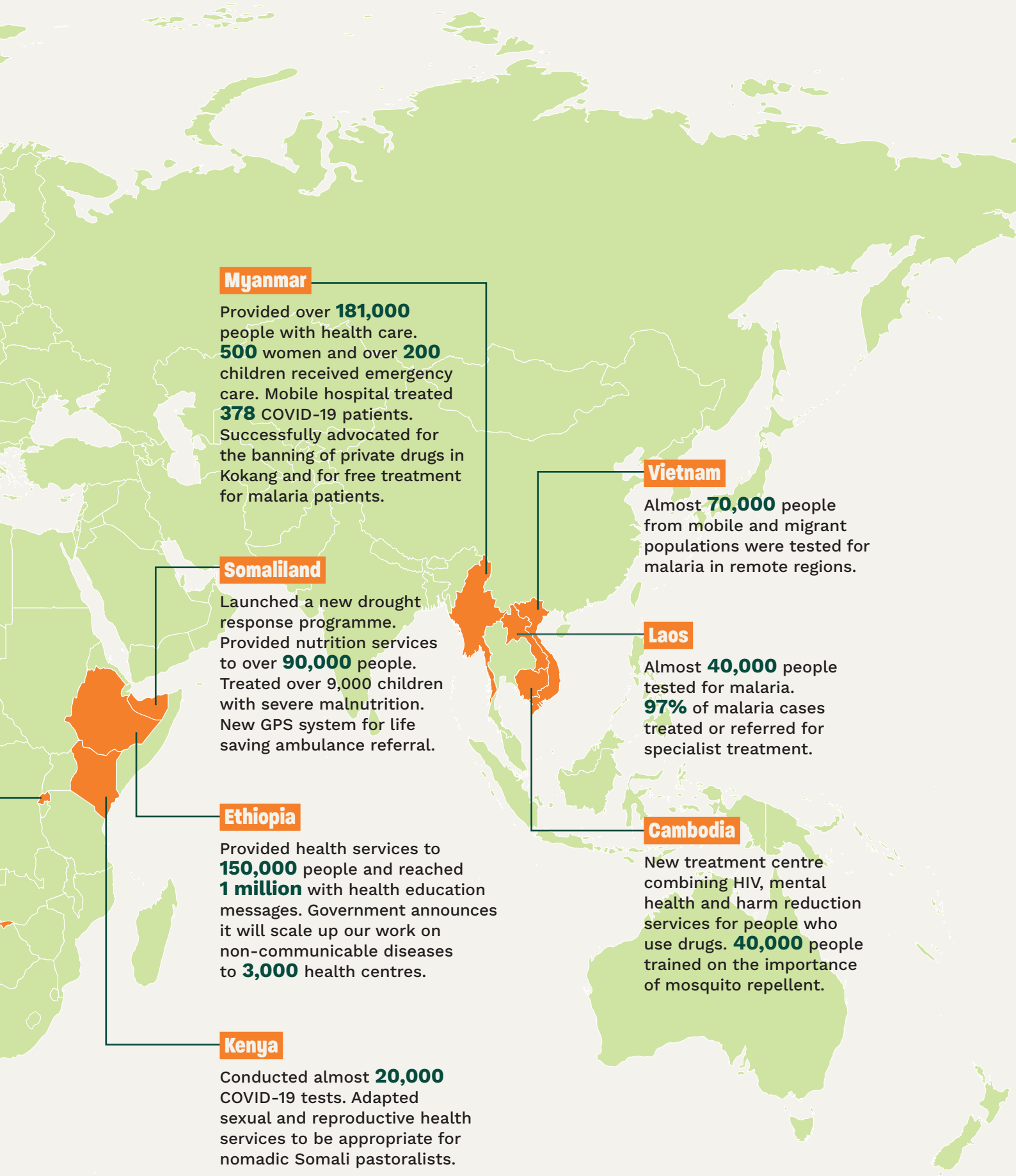
Nutrition support from community health workers given to **194** communities. Women and girls from **18** chiefdoms supported to tackle issues and disputes.

Rwanda

Cases of **254** survivors of gender-based violence have been referred to the prosecutor and **94** child survivors of rape returned to school.

Namibia

Tested over **20,000** people for COVID-19.



Myanmar

Provided over **181,000** people with health care. **500** women and over **200** children received emergency care. Mobile hospital treated **378** COVID-19 patients. Successfully advocated for the banning of private drugs in Kokang and for free treatment for malaria patients.

Somaliland

Launched a new drought response programme. Provided nutrition services to over **90,000** people. Treated over 9,000 children with severe malnutrition. New GPS system for life saving ambulance referral.

Ethiopia

Provided health services to **150,000** people and reached **1 million** with health education messages. Government announces it will scale up our work on non-communicable diseases to **3,000** health centres.

Kenya

Conducted almost **20,000** COVID-19 tests. Adapted sexual and reproductive health services to be appropriate for nomadic Somali pastoralists.

Vietnam

Almost **70,000** people from mobile and migrant populations were tested for malaria in remote regions.

Laos

Almost **40,000** people tested for malaria. **97%** of malaria cases treated or referred for specialist treatment.

Cambodia

New treatment centre combining HIV, mental health and harm reduction services for people who use drugs. **40,000** people trained on the importance of mosquito repellent.

Responding to the Coronavirus pandemic

Whilst many in the UK have returned to some sense of 'normal', across much of the majority world or Global South it is a different story. By March 31, 77% of people in the UK had received at least one vaccination dose. In contrast, the average proportion of people in the world's poorest countries was just 14%. As well as an individual crisis, the wider effects of the pandemic continue to reverberate on health and health systems across the world, including in the areas we work, placing an immense burden on already overstretched health systems and diverting resources from preventative and curative services.

For example in Kenya, as well as witnessing the socioeconomic impacts of lockdown on people's health, the closure of non-emergency services and transport restrictions has led to the scarcity, and in some cases unavailability, of condoms, contraceptive pills and other sexual and reproductive health commodities. Many health facilities have been forced to suspend family planning and antenatal care services, and to close delivery departments to make room for the pandemic response.

In Laos, the limited telephone and internet coverage amongst the remote communicates in which we work continues to pose challenges for the provision of services in times of quarantine.

Meanwhile in China and Myanmar the closure of ports has meant a lack of access to essential commodities and a stark increase in prices, while quarantine restrictions have resulted in severe staff shortages – currently 45 vacancies at the time of writing – placing an immense burden on remaining staff.

This is a challenge to which our teams continue to rise. This has included both strengthening the health systems to respond to the crises, as well as addressing public fear and mistrust of testing and vaccination which – as a result of years of discrimination and marginalisation – is rife amongst many of the communities we work with.

In **Cambodia** we trained 500 community health care providers living in remote areas to deliver rapid diagnostic tests and raise public awareness of their existence. As a result over 50,000 tests were conducted in the remote areas in which we work.

In Ethiopia we trained 56 health workers in COVID-19 awareness raising and testing, and provided personal protective equipment to 65 health clinics.

We prevented the wastage of vaccines in **Guatemala**, by providing 8 freezers for the Ministry of Health. This enabled them to take immediate delivery of vaccines which they would otherwise have been unable to use. We provided equipment, vaccination consent forms and data management tools, without which vaccination would have been delayed or suspended in rural communities. We supported the Ministry of Health to distribute information about the pandemic in the indigenous Maya language on radio stations, and worked with marginalised indigenous groups to promote testing and vaccination.

In **Kenya** we trained health workers on testing and supported community health workers to raise awareness of testing and refer clients in their communities. We addressed myths about the spread of the virus through interactive radio talk shows and embarked on a mass outreach campaign targeting pastoralists and people in remote areas. Almost 7,000 people were tested during this specific campaign and a total of 19,888 rapid tests were conducted overall.

We provided training and testing at several public health centres across Savannakhet province in **Laos.** We provided personal protective equipment to healthcare facilities and over 2,000 malaria volunteers in areas with a high malaria burden. We advocated for local health authorities to scale up the use of rapid diagnostic tests and implemented and monitored the testing.

In **Myanmar** we distributed medical supplies, trained over 2,000 health workers and supported vaccination drives and health education sessions with over 19,000 people. We supported partners to vaccinate over 100,000 people against COVID-19. In Kachin we developed a COVID-19 database for the local health department to ensure the effective tracking of tests, vaccinations, and treatment and took charge of a mobile cabin hospital donated by Tenchong county across the border in China from August 2021 to March 2022. Here we successfully treated and discharged 378 COVID-19 patients. We are proud that this work received commendation from local medical teams and government administrations in both Myanmar and the border areas of China.

In **Namibia**, we trained community health workers to provide care to the many Namibians who may not have sought care because of misinformation about the pandemic. We trained 158 community leaders to educate communities about the efficacy, availability and advantages of rapid testing and vaccination to enhance the uptake of vaccinations. Over 20,000 tests were conducted.

We integrated efforts to tackle COVID-19 with our work on gender based violence in **Rwanda,** advocating for local health centres to test project staff and patients free of charge. 198 survivors of gender based violence were vaccinated.

The pandemic has had a major impact on the delivery of essential health services in **Somaliland**. We coordinated efforts with the Ministry of Health across three regions to maintain access to health services. We set up handwashing points in all health facilities, distributed hand sanitisers, personal protective equipment and supplies. We worked with the regional health authority to provide training and free rapid diagnostic testing to health workers and tested over 23,000 people. To address the large proportion of the population reluctant to get the vaccine, we worked alongside the Ministry of Health with health workers and mobile teams to provide health education sessions to raise awareness. We conducted training for 47 community health committees and a further 54 community mobilizers from the Marodi-jeex and Sahil areas who shared information about the vaccine with their communities.

In response to the a shortage of rapid tests in **Vietnam** we distributed 113,000 tests to provincial hospitals and clinics.

Responding to the pandemic in the middle of a military coup

Roi Jar is an Auxiliary Midwife from a village in Waing Maw Township Myanmar. During the military coup many health staff left to join the civil disobedience movement, leaving only one health worker at her nearest health centre. The centre was therefore extremely overstretched and unable to conduct the vaccination and screening needed to deal with the ongoing pandemic. Ro Jar, supported by Health Poverty Action, volunteered to support her community by participating in promoting and distributing masks and information about the vaccine, as well as working as part of a team providing vaccinations.

"We did the vaccination with many sites for many villages, and we continued the activities day by day without weekends in some weeks. I also participated in screening for COVID-19 suspected cases in villages besides my village. We could do a lot of testing for many suspected cases by hard working... I can really say, 'Most people in our area have been vaccinated.'"

COVID-19 vaccination and screening in Myanmar.

Achievements, performance and impact

Maternal Health

Our work saves the lives of women and children. Much of this is through addressing inequalities in health systems, making healthcare appropriate and accessible to women who have been marginalised, whilst informing and empowering women with knowledge about their health. Women may be unable to access healthcare because services are unavailable, unaffordable, discriminatory to marginalised groups, or fail to meet their cultural needs. Often this requires bridging the gaps and facilitating communication between mainstream health services and traditional ones.

In **Ethiopia** we worked with twelve pastoralist women to identify how health services could better provide for their needs. Based on their feedback we refurbished three rural health centres in a culturally appropriate way to provide appropriate and accessible services for pastoralist women. We also trained over 100 primary health workers and 25 traditional birth attendants and ensured health centres were adequately equipped.

We improved health services in five indigenous districts in **Guatemala,** focusing on ensuring obstetric complications are referred swiftly for specialised care. This included improving health information systems to enable resources to be efficiently distributed, and identify pertinent health issues. We worked with almost 200 traditional birth attendants, women with no formal training who deliver or accompany pregnant women during delivery. We focused on preparation for birth, potential danger signs and encouraging them to refer women to health services in the case of emergencies. This year annual referrals from traditional birth attendants to Ministry of Health services rose from 248 to 665, an increase of almost 250%.

We also trained 452 rural health post staff to recognise and refer obstetric emergencies, and Ministry of Health staff in managing emergency post-partum haemorrhage, and encouraged health staff to use indigenous Maya languages to improve communication with pregnant women.

We further trained over 900 pregnant or new mothers themselves on ante and post-natal health. Perinatal depression is estimated to affect 20% of mothers, yet was previously invisible within mainstream health services. We were therefore proud to this year pilot a programme recognising and providing community interventions for perinatal depression.

In **Kenya** we trained 37 health workers to better understand Somali practices and norms, in order to treat nomadic pastoralist patients from Muslim Somali communities with respect and sensitivity to their culture and beliefs. We changed health centre protocols to ensure they accommodate these preferences, combining the best of mainstream medicine with safe and familiar Somali birthing practices and traditions. We trained a further 30 pastoralist women to support other pregnant women, accompanying them to ante- and post-natal appointments and providing counselling on breastfeeding, safe new-born care, and culturally acceptable family planning methods.

As a result of the ongoing armed conflict many of the people we work with in **Myanmar** have been displaced to camps for internally displaced people. There are no government facilities or health staff in the area. Poor links between health workers and traditional birth attendants means women are often not referred for specialist healthcare, and as a result high risk pregnancies and gender-based violence are often not detected. We worked with the health authorities to train more new midwives, community health workers and traditional birth attendants and provided supervision to community volunteers. We enabled the referral of women and children for emergency obstetric and paediatric care by providing food, transportation and related costs. This year 500 women were referred for emergency obstetric care and 211 children referred for emergency care. While providing ante and post-natal care and referring women for skilled delivery we also treated over 1,000 children under five suffering with diarrhoea and 2,554 with suspected pneumonia. In Kachin Special Region 2, we piloted an adolescent reproductive health training for associated teachers in schools. This work will be evaluated and updated before being incorporated into the Kachin local authority teacher training syllabus.

Saving lives through community health

Banana plantations are growing rapidly in Waing Maw township, Kachin State, Myanmar, attracting around 80,000 migrant workers including mothers, pregnant women and children.

The absence of a health facility leaves pregnant women in a precarious situation. Health Poverty Action supports and trains hundreds of community health workers who, in the absence of formal healthcare, provide lifesaving support in marginalised villages and plantations such as these.

One of these is Ms Khaung Naw, a 36 year-old community auxiliary midwife. She became a community midwife after receiving training from Health Poverty Action in conjunction with the Ministry of Health in 2014. She is also a member of a village women’s group that was formed five years ago by Health Poverty Action to save money for women in emergencies.

One day, Ms Khaung Naw was visiting Ms Khin Than, a pregnant woman in one of the banana plantations near her village. She realised Ms Than required urgent referral to hospital for a caesarean section. However, Ms Than’s family did not have the money to pay for transport to the hospital and had no choice but to request Ms Khaung Naw deliver the baby in the shelter where they live. Because of the training she received Ms Khaung Naw knew that was not an option.

After the team leader of the plantation was unable to provide any money, Ms Khaung Naw returned to her village and borrowed some from her women’s group. This enabled her to rent a car to drive Ms Than to Waing Maw township hospital. There the doctors performed an emergency caesarean section and safely delivered Ms Than’s baby.

Health Poverty Action later reimbursed Ms Khaung Naw who was able to refund the money to the village women’s group.

Midwife Miriam with patients at Gbanti Health Centre, Sierra Leone

In **Somaliland** we play a key role in delivering the country's health service in partnership with the Ministry of Health. This year our work included promoting sexual and reproductive health and improving access to ante and post-natal care and skilled delivery. We expanded emergency obstetrics and new-born care by training 40 midwives, introduced specialist care to two district hospitals and provided an ambulance so women experiencing obstetric emergencies can be transported swiftly for treatment. We also screened and treated malnutrition in pregnant and lactating women and children, provided immunisation and outpatient services. We provided integrated mobile health services for patients not served by mainstream services such as pastoralists. This year over 50,000 of the women we serve gave birth in health facilities an increase of 20% from the previous year.

In **Sierra Leone** we provided training in basic emergency obstetric care to 58 health workers.

Access to quality healthcare

Beyond maternal healthcare, we strengthen wider state health systems, in some cases playing a pivotal role alongside Ministries of Health in the overall provision and running of the country's health service. As with all of our work our vision is a world where marginalised groups have equal access to quality healthcare.

Thanks to the so-called 'war on drugs' people who use drugs are often persecuted, criminalised and denied healthcare. In **Cambodia** we run a ground-breaking service for people who use drugs, which combines drug testing with health care services and liaison with the local authorities to provide an amnesty for people who use drugs, enabling them to access healthcare, rather than persecution. This year we constructed a new treatment centre which combines HIV, mental health and harm reduction services. We trained five doctors and five nurses to deliver clinical services for over 1,000 patients living with

HIV.

This year a total of 150,000 people have accessed healthcare services in the facilities we support in **Ethiopia.** Our work has included supporting and training health workers on non-communicable diseases decentralisation, conducting community-based outreach services and campaigns and providing mobile clinics for nomadic pastoralists. Our unique mentorship programme also enables medical doctors to travel to other health clinics to share expertise and train nurses and other primary healthcare staff. More than 25,000 people were enrolled in treatment for non-communicable diseases such as diabetes, hypertension, asthma and epilepsy.

Through many years of work in collaboration with the local authorities we have established a basic health system on the **Myanmar** side of the China-Myanmar border. Following last year's military coup and strike of government health workers, the role of community health volunteers in providing basic health and disease control services for remote communities has become even more vital. This year we reached over 181,000 people with basic health care services. We advocated on behalf of community health volunteers who play a vital role in providing health services in remote areas, but did not have enough drugs and medical supplies. As a result of our advocacy efforts, the Ministry of Health committed to increase the provision of essential medicine to community health volunteers.

In **Somaliland** we play a pivotal role in the overall provision and running of the country's health service. Particular highlights this year include introducing the Zaad mobile payment system for health professionals' salaries – an electronic payment system which has eased the frequent problems faced by the Ministry of Health when paying salaries in cash. To improve efficiency and minimise delays, we installed a GPS system in our nine ambulances. This provides the call centre with live tracking of every ambulance in the area, allowing staff to assign an ambulance that is closest to the location of the emergency and manage backups in case of breaks down ensuing that people are able to be transported to hospital in medical emergencies.

Urgent ambulance referral and treatment in Somaliland

Two weeks after losing her baby to pre-eclampsia, Halima was readmitted to hospital with severe hypertension, oliguria, and anaemia. Her situation deteriorated rapidly and the doctor advised her immediate referral to Borama Regional Hospital for further evaluation and treatment.

There is only one ambulance covering the whole of Zeila district where Halima lives. The referral process can be long and challenging, particularly when the ambulance is in the garage for maintenance or in another area, as was the case in this instance. However, thanks to the information from our new GPS system our call centre operator Sharaq was able to locate another ambulance in Lughaya district 90 km away whose driver relocated to Zeila to quickly pick up Halima. Five hours later she arrived at Baroma Regional Hospital.

Here Halima had a range of tests and was diagnosed with acute renal failure, which required her to be under the care of a specialist physician. With her life at stake, the doctor at Borama Hospital ordered urgent dialysis. She needed three treatments of dialysis and other medical interventions during treatment.

With the exception of the abdominal ultrasound (which the Hospital Director offered to pay) all Halima's tests and treatment were free of charge. Had she been referred to a hospital which was not covered by our work, Halima would have been forced to pay or be denied treatment. So far Halima has received two treatments of dialysis and is currently recovering.

Call centre tracks ambulance referrals

Health knowledge and behaviour change

In **Cambodia** we conducted training into the use of mosquito repellent among 60 remote villages as part of efforts to reduce malaria. This year over 40,000 people took part and we distributed over 12,000 bottles of mosquito repellent.

In **Ethiopia** we raised awareness of non-communicable diseases, COVID-19 prevention and precautions, and basic health services through education materials and radio. 37 religious and community leaders we work with on FGM prevention advocated against this and other harmful practices. This year our messages reached one million people!

In **Guatemala** we worked with pregnant women to recognise pregnancy danger signs, the importance of ante-natal care, and the importance of nutrition from conception through the first thousand days of life. We emphasised care of the new-born, breastfeeding, signs of distress and linked mothers to health services for weight and height monitoring and early detection of malnutrition.

In **Kenya** we supported a women's group to share health education through theatre performances reaching over 5,000 members of the local communities.

In **Myanmar** we led 623 workshops with over 25,000 people including adolescents, migrant workers and women leaders. Topics included maternal and new-born health, breast feeding, sexual and reproductive health, immunisation, nutrition, personal hygiene, environmental

Preparing for safe birth

Beverly Vásquez is 16 years old and lives in Xacana Grande in Cabricán district Guatemala. Soon after marrying she fell pregnant, which was confirmed when she visited her nearest health post. Her pregnancy went well, and she continued to visit the health post for ante-natal check-ups. Here, Beverly was informed that Health Poverty Action held meetings for pregnant women and Beverly joined these meetings.

"They were good, because I didn't know anything about pregnancy. I learned what the danger signs were, like headaches and haemorrhage. I also learned about all this in the telephone calls [that HPA made to pregnant women after meetings were suspended due to COVID-19]. So what helped me was learning to identify danger signs, and be ready for them. They also told me to keep going for my ante-natal care visits every month. I was happy with the way they treated me."

When Beverly went into labour, her husband called a traditional birth attendant to come to their home. Beverly was too frightened to go in to hospital because of COVID-19. Beverly's baby was born safely, weighing 6lbs. However, Beverly also explained:

"To other pregnant women, I'd say to them, if they ever see a danger sign they shouldn't wait too long, they should get to the hospital."

sanitation, harm reduction and the prevention of communicable diseases. Our approach included lecturing, discussions and demonstrations, singing and roleplay. These health education sessions have enabled people to gain knowledge about their rights and adopt healthy behaviours, and ensure they have trust and confidence to seek and utilize health services.

In **Rwanda**, our work against gender-based violence includes challenging beliefs and practices that perpetuate it. This is done through home visits, the "Umugoroba w'Imiryango" forum, the popular Urunana radio soap opera (established by Health Poverty Action in 2004, and now its own organisation), and Radio Rwanda.

In **Somaliland,** community health committees and their district and regional health boards are critical components of the health system, encouraging pregnant women to attend ante-natal care, and challenge norms on gender-based violence. Community conversation is an innovative approach to discussing and resolving sensitive topics. We taught this approach to health workers, religious leaders, teachers, and community leaders and established groups in Burao and Aainabo districts and in camps for internally displaced people. Men and women were able to discuss gender-based violence, female genital mutilation, and social norms. We performed outreach dramas and broadcast messages on these topics through the popular Saxansaxo radio and television programmes. We also supported children to become peer educators to lead discussions in schools, establishing school clubs in seven secondary schools as well as 'boy's clubs' in three camps for internally displaced people. These clubs hold monthly discussions on gender-based violence, sexuality, masculinity, and human rights. Throughout the first year of the project's implementation, the children in the camps were able to reach around 480 of their peers.

In **Vietnam** we provided "Test-Treat-Track" malaria prevention training to 382 mobile and migrant groups. The trainees learnt skills in behaviour change when conducting communication events in communities. Village leaders supported and successfully provided 629 awareness sessions integrated to spread the key communication messages to at-risk populations of 17,580 local people.

Soweda Gedi Ali, Kenya

Soweda Gedi Ali from Mandera Town, Kenya attended our training on a range of topics including the use of contraceptives, the importance of attending health clinics and female genital mutilation. She uses her knowledge to improve health education in her local community. She and her fellow health workers spend three days each month visiting community members and providing them with information on topics such as the importance of safe birthing practices and avoiding female genital mutilation. She explained:

"The community has been very supportive including the Elders. The people in my village previously didn't have this information. Now they know and are willing to share the message with others."

We held media events in five provinces: Binh Phuoc, Gia Lai, Dak Nong, Quang Tri and Dak Lak. In Dak Nong, we supported the local CDC to hold eight communication classes on malaria prevention, with a total of 160 participants. In the other four provinces, we organised a communication contest of paintings and photographs about malaria prevention. The contests attracted hundreds of creative and impressive works of art.

Food and nutrition

We have been distributing food since 2020 in **Cambodia** to address a lack of food among poor and homeless people during the COVID-19 outbreak and lockdowns. This year we organised 52 food distributions, disseminating 2,600 food packs. We also provided over a thousand meals for people accessing our drug treatment centre.

In **Guatemala** we work with pregnant women and new mothers on nutrition during pregnancy and the importance of the first thousand days of life (conception to two years old) for a baby's development, emphasising how to provide nutritious meals using locally available food. We also supplied storage facilities for the government's nutritional supplement programmes.

Malnutrition is a major problem in **Laos** – especially for mothers and young children. Over the last four years in partnership with Fundación Pueblo para Pueblo, we have reached over 5,000 vulnerable households in 100 villages with a particular focus on children under five, women of childbearing age – including women from ethnic minorities, urban poor, migrants – and young people. We screened 85% of the children under five years old in the target villages for malnutrition and provided 95%, 98% and 98% respectively of the children aged between 6 and 59 months with immunisation visits, deworming and vitamin A.

In **Myanmar** we distributed food supplements to over 8,000 internally displaced people and those who have returned to their communities in conflict-affected areas. We provided supplements such as folic acid, iron and vitamin B1 to pregnant and post-natal women. And every six months we provided vitamin A to over 11,000 and deworming to over 20,000 children.

Improved nutrition through backyard gardening

Aminata is from Bombali district Sierra Leone. She became a single parent after losing her husband to COVID-19. Aminata and her child have benefited from the low-cost agricultural garden implemented by Health Poverty Action and are now both thriving.

"Now we can plant and eat what we grow with much more of a balanced diet through this project. I eat on time and my breast is always filled with milk with which my child is always happy to feed on."

In **Sierra Leone** we supported 173 community and state health workers to gain knowledge and skills to provide integrated health and nutrition services. We also provided food to a total of 156 undernourished children and their mothers, supported people to rear sheep, goats and poultry and worked with community members to establish low-cost vegetable gardens with high nutrient vegetables such as potato leaf, garden eggs, tomato and onions. This year 194 communities were visited by community health workers to assess and identify undernourished children and refer them to health services for treatment. Out of 488 children assessed, a total of 272 undernourished cases (56%) were identified and referred to appropriate health facilities for immediate care.

In **Somaliland** we integrate supplementary feeding programs into our health services. We monitor the growth of young children, provide deworming, basic counselling on nutrition and diagnose and treat anaemia, pneumonia, diarrhoea, and malaria. We do this through house to house visits, including in remote villages and camps for internally displaced people. This year we provided nutrition services to over 90,000 people. We also support community nutrition workers who provided sessions on nutrition, health and hygiene to 4,281 people. We trained 56 health workers on nutrition and a further 27 on infant and young child feeding. Over 9,000 children with severe acute malnutrition received treatment.

Water and sanitation

Many of the communities we work with are denied access to clean and safe water and sanitation facilities, a key threat to health and driver of disease.

We supplied a water storage tank to Santa María Chiquimula Health Centre in **Guatemala**, whose water supply is intermittent, and can now store water when supply is unavailable.

In **Myanmar** we provided 6,310 people with a new safe water supply for drinking, cooking and personal hygiene and accessible toilets and water purification systems for three rural health clinics. We reached 16,764 people with hygiene promotion sessions and trained 3,757 teachers and volunteers in sanitation and hygiene.

Drought affected communities in Somaliland queue for hours each day to get water.

In autumn 2021, a drought in **Somaliland** affected an estimated 800,000 people, forcing them to seek refuge in overcrowded settlements for internally displaced people. Over 1.2 million people lacked access to safe drinking water, posing a hygiene threat and exacerbating and the risk of disease. In response we launched a new programme to provide life-saving health, nutrition, water and sanitation services to drought-affected populations, including immunisation, nutrition screening, water trucking, and the distribution of cleaning materials. We also participated in a drought mission to assess and report on the scale of the drought, and delivered medical supplies and cleaning materials to surrounding health centres.

Disease prevention (excluding COVID-19)

In **Ethiopia** our work in decentralising care for non-communicable diseases to enable patients in rural areas to access care locally has been recognised by both national and regional authorities. The Ministry of Health has announced its plan to scale it up to 3,000 primary health centres. We also shared experiences and best practices in strengthening the service provision at the primary health care facility through visits from other partners working on non-communicable diseases.

In **Laos** we support the government's efforts to prevent and control malaria**.** This year we have distributed personal protection packages, which includes nets and insecticide, to reduce malaria transmission among migrants and people who live in forests. We provided refresher training to 400 Village Malaria Workers and provided them with regular supervision on how to test, treat and refer malaria, report community health activities and prevent stock-outs. On average, each malaria volunteer has tested approximately eight people each month, resulting in almost 40,000 malaria tests this year. 675 cases of malaria were with 97% of those treated or referred for specialist treatment. Local malaria workers developed awareness messages in the local ethnic languages, reaching 62,000 people. The malaria burden was reduced by 40% between 2018 and 2021.

Marginalised ethnic minority groups living in the forest and its fringes in **Myanmar** often carry the greatest burden of both poverty and disease. We work to make malaria and tuberculosis services accessible for migrants and other marginalised groups. This includes training and supervising malaria, tuberculosis and village health volunteers, improving health clinics and malaria stations, running outreach services, diagnosis and treatment and supporting local teams to manage malaria cases. We have also provided high risk communities with over 23,000 long-lasting insecticidal nets, developed and produced user-friendly and ethnically appropriate malaria information and conducted community health education to ensure that people take up services. We have reached more vulnerable groups with immunisation services, through provision of vaccines, support for vaccinators and providing cold chains. Almost 16,000 cases of suspected malaria received tests and 7,813 confirmed cases received antimalarial treatment. This work was featured on CCTV's Newsweek in China. 921 people with suspected tuberculosis were referred to tuberculosis centres with all those diagnosed receiving treatment. Over 5,000 infants were immunised with pentavalent vaccines, and against measles. Over 5,000 pregnant women were given a tetanus vaccination.

In Kokang we addressed the inequality and lack of standardisation in access to malaria treatment by successfully advocating to the local authorities to ban the sale of private malaria drugs. Instead, suspect malaria patients are referred to public clinics and malaria control centres free of charge.

In **Namibia** and **Ethiopia** our research into our '99DOTS' digital solution to bring tuberculosis monitoring to marginalised mobile and migrant patients even when they are on the move was published in a medical journal.

A day in the life of a malaria volunteer

"My name is Ro O Thao, I'm 25 years old and currently work as a malaria volunteer for Health Poverty Action in Chu Rcam commune, Vietnam.

Since being recruited by HPA as a volunteer, I am in charge of the Mobile Outreach Team in the commune. My job is to take blood samples from migrant groups daily for testing at farm houses, forests and seven villages to find malaria parasites. Along with testing, I also advise and communicate to improve communities' awareness about malaria prevention.

This area has many ethnic minorities so their life is quite hard. Forest conditions germinate many tropical diseases and especially in the rainy season, fever or malaria are common. Fortunately, with the HPA project, the malaria problem has been well controlled.

My typical day at work usually starts with visiting migrant households, having a short talk about malaria and taking blood samples. I also share methods to avoid malaria by wearing proper clothes and bringing nets along. Since the outbreak of COVID-19 epidemic, examination and detection of malaria cases became extremely tough. Nevertheless, the mobile outreach team is determined to travel to every single village farm to detect and treat malaria.

On October 12, a village health worker notified me that there was a person with symptoms of high fever, shivering and sweating... We prepared tools straight away, crossing hills and mountains, crossing a fast-flowing stream, river full of mud and slippery soil. Finally, as we were about to reach the place, the motorbike broke forcing us to walk for nearly 10 km to the destination. The patient had had a fever for 3-4 days and slept in the forest for more than 14 days. I gave him a test which was positive for malaria. After getting a confirmed result via microscope by commune health staff, the patient was prescribed malaria medications. We also tested the others in the family and living nearby in case they got infected. We then conducted a talk on malaria topics, aiming to increase their knowledge in malaria prevention.

In **Somaliland,** we worked with the Ministry of Health to deliver pentavalent vaccination to 24,785 children, an 11.7% increase this year.

In **Vietnam** we controlled malaria in mobile and migrant people, especially forest goers. We supported 330 village health workers and 39 mobile outreach teams who travel to very hard-to-reach areas on personal protection measures, health care seeking behaviour and malaria testing. Almost 70,000 mobile migrant population were tested for malaria. This enabled 49 malaria cases to be detected, treated and followed-up. In Dak Lak and Binh Thuan provinces we implemented community screening activities for early detection of tuberculosis, helping patients receive early treatment and reducing the burden of tuberculosis for the community. We provided training on tuberculosis knowledge and case detection for 33 health staff. 5,299 sputum specimens were collected and 536 tuberculosis infected cases were detected and referred for treatment.

Women's rights

As across the world, in many of the countries in which we work, women lack power and face discrimination, violence and harassment. Female genital mutilation is prevalent in a number of areas.

In **Ethiopia**, we trained 12 pastoralist women in leadership, research, and rights; supported 45 religious leaders to advocate for women's rights and against gender-based violence, including female genital mutilation; and provided 25 traditional birth attendants with counselling and support to speak up for women's health and strengthen referrals to health facilities.

We trained health workers at six health centres in the Totonicapán Department of **Guatemala** on gender-based violence, focussing on how health workers can support survivors to be referred to legal, social or psychological services.

Women's economic empowerment group for survivors of gender based violence, Rwanda.

We supplied 11 health facilities with screens to improve privacy for survivors of gender-based violence, and publicity materials to inform people how to report violations. The six health facilities now have a total of 136 trained staff and are increasingly sensitive in dealing with survivors.

In **Kenya** we work with mobile Somali pastoralists in Mandera East, an area with particularly poor sexual and reproductive health, to create culturally relevant services and challenge gender-based violence. We used feminist methods to facilitate community discussion on gender-based violence and female genital mutilation (FGM), encouraged religious leaders and other opinion formers to engage on these topics, and broadcasted radio shows to over 90,000 people to influence public opinion. We trained health workers to identify gender-based violence and integrate it into to a comprehensive package of health and legal services, as well as promote justice by making referrals to legal services and collecting evidence.

Young women and girls in **Myanmar** are frequently victims of gender-based violence, yet young people have largely been left out of discussions on the topic due to sensitivity and taboos. This year we supported 80 village health committees and two youth centres to raise awareness of sexual and reproductive rights and ran courses and education activities in schools with almost 10,000 teachers taking part. We also supported survivors of gender-based violence to be referred for counselling and other health services, and supported health facilities to provide clinical services for survivors of rape. As a result of our advocacy, the authority of Special Region 4 issued the “Marriage Registration Regulations” in 2021. The policy states that marriage must be voluntary and introduces a minimum age of 18 for women. This has the potential to increase gender equality, challenging traditional gender norms and protect women from the health risks of early marriage.

In **Rwanda** survivors of gender-based violence often face stigma and shame from their community and families. We addressed this by facilitating meetings with a range of people such as police, staff from the Rwanda Investigation Bureau, judges, health workers, gender-based violence committees, opinion leaders, friends and families of survivors, community health workers, and local authorities to foster understanding and coordinate services and support. We developed 44 women friendly spaces, where women can go to feel safer, access information and support, participate in activities and build support networks.

With our help over 210 survivors formed saving groups to provide financial support to each other and promote economic independence through activities such as agriculture and farming. Some of them cultivate fruits and vegetables, and rear small domestic animals. We also encourage survivors to access HIV tests and other health care. This year we visited 5,582 women in their homes. 254 cases of gender-based violence have been referred to the prosecutor for legal justice and over 400 referred for employment training. 94 child survivors of rape returned back to school.

We promoted women's involvement in decision making structures in **Sierra Leone.** Women and girls from 18 chiefdoms in Bombali and Karene district held monthly meetings at chiefdom level to bring forward issues and disputes from their various communities and discuss potential solutions. We supported six community led radio discussions on two local radio stations on issues such as the Education Health Initiative and gender laws, and supported local community radio stations to hold live debates on issues from the role of men in the home, to national level poverty and healthcare. We further supported groups of women to raise issues with district health authorities.

We established a new specialised unit for sexual and gender-based violence in Aainabo Hospital **Somaliland**. We also supported this service in Burao Hospital and Baahikoob, the referral centre for gender-based violence in the Togdheer region. Each centre provides clinical management for survivors, medical drugs such as post-exposure prophylaxis (PEP) for HIV, emergency contraception, mental health drugs for post-traumatic stress disorder and, psychosocial counselling for survivors. We trained 30 health workers to provide medical and psychosocial support, and counsellors, lawyers, police officers, NGO personnel, and staff from government ministries to coordinate response, reporting, and recording. We trained 30 high school teachers to identify and refer survivors to services and trained high school students trained as peer educators.

Health Poverty Action has advocated against female genital mutilation (FGM) in Somaliland for many years. This year we helped to fund the establishment of an FGM response unit at a health centre in Burao district. During the commemoration of the annual "Zero-tolerance Day," we conducted a workshop to increase awareness about the dangers of FGM and trained three health workers on the clinical management of FGM complications.

Speaking out

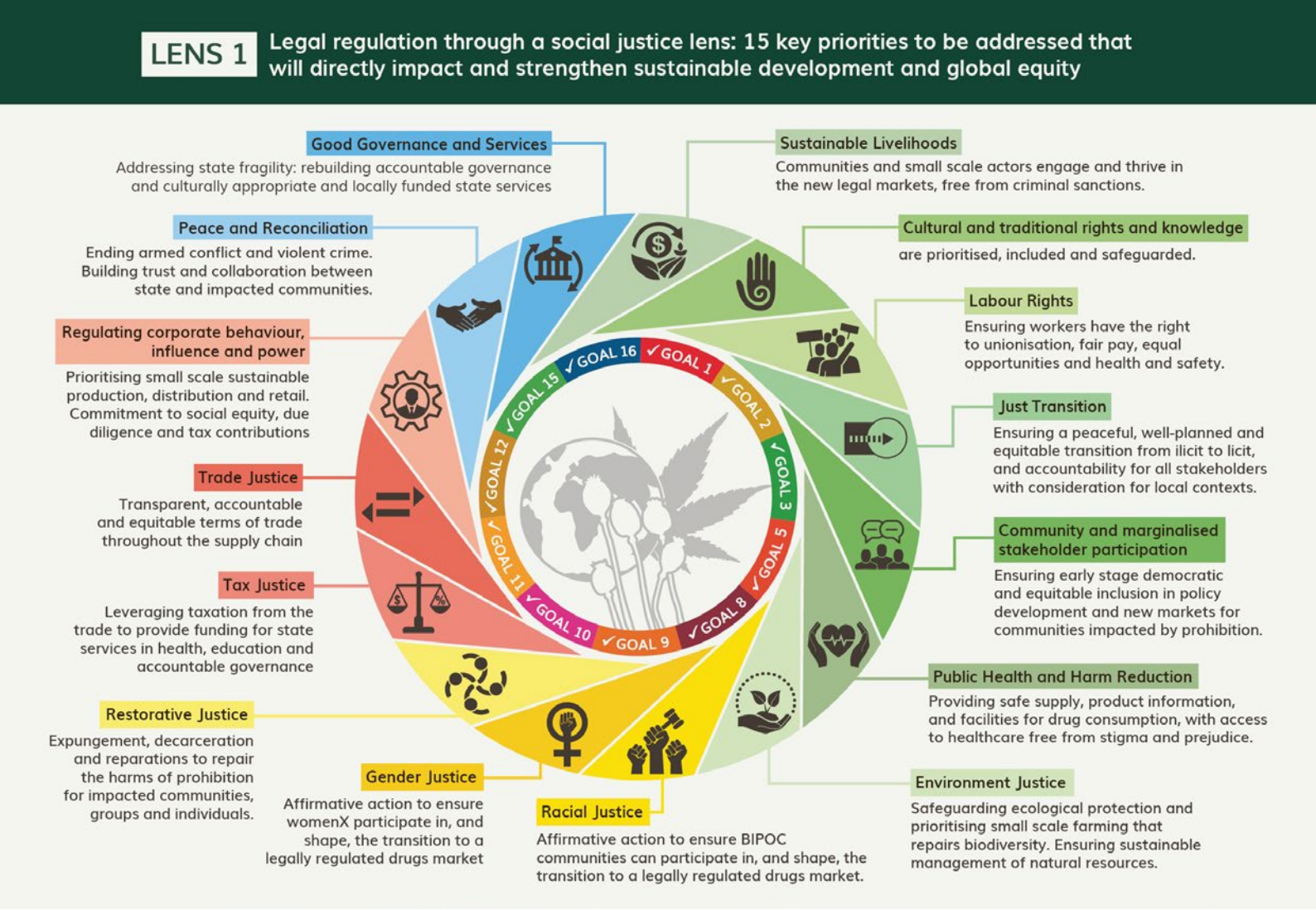
As well as supporting national-level advocacy our global policy and campaigns team works to influence international policies to challenge the power imbalances that deny people good health – often tackling issues that others can't, aren't or won't.

Building on our previous webinar series, 'A World With Drugs', we published two graphic visions, presenting possible divergent futures. The first is the opportunities for global equity if the illicit drug trade is legalised and regulated in a way that prioritises and champions social justice. The second is the oppressive consequences if corporations capture this process at the expense of those most affected. These have been used extensively, including at high-profile events such as the Commission on Narcotic Drugs and the Labour Party conference, as well as being translated into Spanish independently by our partners and used to influence the reforms of the Mexican government. We were also delighted to see it capture the attention and be cited by the influential Global Commission on Drugs – a high-profile organisation of former Heads of State and key global influencers.

We collaborated with the Cambodia programmes team to influence the UN's Commission on Narcotic Drugs. This included outlining the need for legal regulation focused on public health and social justice and highlighting the role that comprehensive and integrated harm reduction services – such as those we provide in Cambodia – can play in this.

Despite current attention on the climate emergency, drug policies' role in preventing climate action has received almost no attention to date. We decided it was time to dive into this arena this year, conveying to the public and the environmental sector that drug policy is a barrier to climate justice. Partnering with organisations of former law enforcement officials and students working on the intersection between drug policy, corruption and the environment, we produced a series of 12 short video interviews outlining the issue. We brought the message that #drugpolicyisclimatepolicy to organisations, activists and policymakers at the UN Climate Change Conference of the Parties (COP26).

We continue to coordinate a mental health steering committee to strengthen policy and practice on this issue across Health Poverty Action and work with colleagues in Somaliland towards a mental health strategy for the country.



15 core principles to deliver legal regulation for social justice

This year also brought us resources for a new area of work on vaccine justice, addressing the stark inequalities in access to COVID-19 vaccinations. We began this by supporting the global campaign for a TRIPS waiver in trade agreements that would ensure that that governments force pharmaceutical companies to share the vaccine 'recipe' with poorer countries. We also engaged in an emerging process of the World Health Organisation to develop a global treaty on how the world should prepare for future pandemics.

We played a pivotal role in the work of the Kampala Initiative, a community of activists and organisations from the Minority and Majority worlds aiming to decolonise global solidarity. This includes work on 'reimagining solidarity', a webinar series, online consultation and a pledge regarding the role of language in catalysing global power inequalities. The accompanying commitment is intended to influence practice and promote more ethical action in the sector and has received endorsements from 125 organisations and practitioners. As a result, we have been invited to speak at several high-profile events and conferences on this topic.

We launched our vaccine justice campaign

Fundraising

A note from the team

We continued to feel the impact of COVID-19 and the lockdown measures in the UK, where most of our fundraising efforts are currently based. Nearly a quarter of our anticipated fundraising income was affected – from trusts working with smaller budgets than they had pre-pandemic, corporations recovering and adapting to an uncertain future, and individuals facing tough decisions on how and whether they could continue to give.

We will continue to adapt to our quickly changing environment, developing our digital presence, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with and for. As part of this strategy, we opened an arm of our global operations in the United States – Health Poverty Action USA – which will allow us to access even more funds to support our mission.

We are enormously grateful to all of our supporters, who have continued or even increased their support this year.

Community and events

COVID-19 and government restrictions continued to limit in-person fundraising activities throughout much of the year. Some events were delayed, like the London Marathon, which moved to October from its regular spot in April; while other fundraising events were still prevented from happening, like our normally popular Choirs for Change in December, where local choirs typically sing carols in London tube and train stations.

We are endlessly grateful to our runners for sticking with #TeamHPA through the postponement of both the London Marathon and the Royal Parks Half Marathon. And we are particularly thankful to those who took part in the virtual events to boost their fundraising. We are also grateful for the choirs who sang socially distanced carols and created music videos when we couldn't meet in the tube and train stations in December.

Corporate partnerships

We are grateful for our continued corporate partnerships over the past year. Both those who maintained their steadfast support of Health Poverty Action throughout the pandemic, and those who needed a break in giving but returned as things calmed down. We appreciate our ongoing partnerships with Mondrian Investment Partners, Capital Group, as well as the Buchanan Programme and Gavin Pickett.

Health Poverty Action marathon runners

Supporters

Throughout this year, our committed supporters have enabled us to continue working with communities worldwide to improve people's health and challenge the causes of poverty.

On behalf of those communities, we offer our heartfelt gratitude to everyone who has left a gift in their will, supported us with regular gifts or made donations to our appeals.

As face-to-face activity has continued to be difficult, we have focused on developing our written and digital appeals to existing supporters and the wider public. In addition to our 'Privilege and Power' and 'Going Further' appeals, we also delivered a BBC Radio 4 appeal based around our maternal and child health work in Myanmar.

Trusts and Foundations

We are extremely grateful for the support we have received from Trusts and Foundations this year. This has enabled us to continue providing an effective response to the global COVID-19 pandemic, with protective equipment, hand sanitising facilities and vaccination roll-out.

In addition, our generous supporters have been enabling us to build the capacity of health workers and women's clubs in Sierra Leone, to improve health and nutrition in their local communities; improve services for victims of sexual and gender-based violence; and support internally displaced people (IDPs) in Myanmar with shelter, water, sanitation and livelihoods support. The support we have received is also ensuring vital health and nutrition care for pregnant women, new mothers and new-borns in the highlands of Guatemala; and helping to reduce the stigma associated with HIV/AIDS in Cambodia.

We would like to thank all of our supporters, including the Evan Cornish Foundation, Gunvor Foundation, The Mercury Phoenix Trust, Stanley Thomas Johnson Foundation and all of our anonymous donors.

Communications

This year, we shared two different appeals with our supporters. In our spring and summer 'Privilege and Power Appeal' we focused on our work tackling power imbalances that impact on health and poverty – from global economics and geopolitics to gender, racial and ethnic discrimination.

In the autumn and winter, we promoted our new messaging through our 'Going Further Appeal' – highlighting how HPA goes further literally to work with relatively remote and isolated communities and figuratively to address issues that are often overlooked in the 'international development' and 'health' sectors, such as the impact of colonialism and drug prohibition.

Image from our 'Going Further' appeal

Our new messaging, or at least a brief summary of it, is included below.

The hope of this messaging is to blend the different aspects of our work – from programmes to policy change – into one clear statement about the values that undergird our work.

We also had some exciting projects launched from the Policy & Campaigns team (mentioned above) which we've been able to utilise to grow our followers.

We see health differently. We do what's needed, not what's easiest, to stop health being denied. Because missing out on healthcare isn't inevitable. Neither is poverty.

These things are caused by discrimination, by racism, by companies, by governments.

They are caused by decisions made by people in power – and that means we can change them. So we work alongside ignored communities worldwide who refuse to accept the injustices that deny them a healthy life.

Fundraising disclosures

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities.

In the past year we have not employed professional fundraisers to bring new supporters on board with our work (such as digital, face-to-face or telephone fundraising).

We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Financial review

Overview

As the world gradually emerges from the impact of the pandemic, this year has not been without challenges.

However, in solidarity with health workers, activists and communities worldwide we were able to continue our fight to improve health and challenge the causes of poverty.

None of these would have been possible without the generosity of our supporters and we are extremely grateful.

Income

Overall income for the year fell by 24% (£14,992,209 compared to £19,836,724 in 2020-21). This decrease is largely attributed to the impact of the pandemic on the global economy, completion of several projects during the year and the UK government aid cuts.

While fundraising income streams such as community and events were affected by the various lockdowns, we noted an increase in giving from individuals, trusts and foundations (£475,306 compared to £403,282).

The income from charitable activities of £14,510,278 (compared to £19,421,832 in 2020-21) comes primarily from grants from international institutions, governments, trusts and foundations and represents 97% of the overall organisational income.

For further detail please refer to Note 2 of the accounts.

Expenditure

Unrestricted expenditure increased by £219,621 during the year (£497,390 compared to £277,769 in 2020-21). This is mainly due to activities returning to pre-pandemic level.

The decrease in expenditure on charitable activities by £6,010,776 is proportional to the decrease in income as highlighted in the income section above.

For further detail please refer to Notes 3-5 of the accounts.

Risks, uncertainties and mitigation

The Trustees, Finance team and the Senior Management Team regularly oversee major risks and how these are being managed. In 2021-22 the risks outlined on the table on the following page were identified with actions to mitigate them.

For 2021-22 and beyond, the key risks to HPA are a fall in income from donations or investment income but also the reduction in global financing for development over the next few years due to the slow recovery from COVID-19, the impact of external factors such as political instability in parts of the world, i.e. the war in Ukraine, cost of living crisis and Brexit.

The Board of Trustees and Senior Management Team have discussed short, medium and long-term action strategies, and in relation to this identified the following as some key priorities:

- Continued proactive efforts by the global team to seek new project funding.
- Focus on ensuring project budgets provide full cost recovery
- Support the fundraising team to minimise the impact of slow recovery from the pandemic compounded by cost-of-living crisis, while at the same time building strategically to increase the team's net contribution to core income.

Risks	Management actions in 2021-22
Brexit • Not possible to apply to EU calls for proposals as leading organisation • The number of EU contracts has reduced during the past few years, however the EU has a budget line for charitable organisations such as HPA to access, although level of success is still difficult to judge	• Application has been made to assess the funding available, success rate will be monitored • US office now in operation as part of diversification to expand income streams
COVID-19 pandemic • Projects suspended or even cancelled; Besides, lockdown causing delays in project implementation potentially leading to slow burn rate and more demand on unrestricted funds • Challenging fundraising environment	• Frequent reforecasting and restrategising to maximise funding opportunities • Consulting with internal and external advisors to keep abreast of developing opportunities • Reassess and reduce unnecessary expenditures (e.g., travel) and invest strategically • Social enterprise venture started in-country as part of planned COVID-19 mitigation strategy
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistle blow in the event of a safeguarding issue or in any other area of severe wrong doing such as theft, fraud and corruption. Or beneficiaries are unaware of how to/unable to report an issue. Risks legal action, negative publicity, financial and reputation loss	• Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all projects • Training conducted across the organisation including overseas staff

A new accounting system

This year marks the first year of the Iplicit Financial Software across HPA global Finance Teams.

The system has allowed for real time visibility of all countries' accounting processes and has consequently provided a unified and regularised accounting procedure. The system has allowed for transparency of all finance management and provided the means to further enhance financial processes across the board.

The versatility of the system meant that reports can be adapted to donor's requirements whilst maintaining compliance to FRS102.

We have significantly enhanced our internal control systems to cater for the needs of our colleagues working in remote areas and we are looking forward to further enhance the functionality of this system to support our full cost recovery plans.

Reserves policy

In order to ensure the long-term financial viability of the organisation, it is the Board's policy to maintain minimum unrestricted free reserves at 5-10% of budgeted income, which equates to £0.76m-£1.4m for the coming year. Reserves at this level will mitigate some of the financial risks faced by the organisation such as loss of income, donor clawbacks and cash flow sensitivity which have a huge impact on beneficiaries. During 2021-22, our unrestricted reserves increased by £54,229 to £1,540,326 (£1,486,097 in 2020-21).

As the economic impact of the higher cost of living unfolds, the current level of free reserves is at the higher end of the board policy and has therefore been deemed satisfactory.

The Board will review the reserves policy in the light of new strategic plans, while maintaining the objective to keep healthy reserves in the short and long terms.

COVID-19 and Going Concern

As disruptions caused by the coronavirus pandemic begin to ease in some parts of the world, a larger part of where HPA country offices are based are still experiencing significant challenges as a result of the emergence of different variants of COVID.

In 2021-22, HPA was able to take advantage of the UK Government's Job Retention Scheme (a total of £110,580 support was received), whilst most staff returned to full time operation in the winter of 2021.

Our fundraising income showed an improvement this year in comparison to last year and we are cautiously optimistic that this trend will continue given investment in social enterprise in Cambodia and expansion into the US.

We are focused on keeping unrestricted expenditures at the lowest level while ensuring full cost recovery on our programmes.

We are starting to rebuild capacity as activities return to pre-pandemic level. New staff have been recruited in the year to support core activities especially Fundraising and Policy and Campaign's work.

Whilst the pandemic has had an impact on our funding this last year, we are optimistic about the coming year, given the additional funding confirmation from UNICEF for the African programmes and Global Fund Award for Asia at the start of the new financial year.

The Trustees have assessed the financial projections and do not believe that there are material uncertainties that call into doubt HPA's ability to continue in operation for the foreseeable future.

Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'.

In keeping with the principle of devolved management, the number of staff in London has been kept small. We also have part time volunteers working from time to time. In 1999 we decentralised direct management of our programmes to four regional offices supporting locally recruited project managers. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay.
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ending 31 March 2022 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election. In 2004 the Trustees agreed that no trustee should serve for more than eight years. There are nine Trustees as of August 2022.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work and covering the essentials of what being a trustee involves. Trustees are encouraged to visit programmes and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting. Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their Trustee role.

Code of Governance

In response to the well-publicised negative incidents in the charity sector, such as those involving safeguarding, there has been a more thoughtful approach to governance. There is an exploration as to how governance can be made as effective as possible in order to further a charity's mission in line with the values that underpin it.

As part of this we have appreciated the contribution made by the new Charity Governance Code, the contents and priorities of which resonate with the approach we have been taking. Of the seven principles identified by the code, we are currently giving particular attention to three areas.

- We are continuing to develop our understanding of the values that drive our work, and exploring how these can best be enshrined within our practice. For example, how some ethical dilemmas should be handled, such as which funding sources to pursue.
- The second area is how to increase diversity, which is something that has concerned us for some time.
- The third area is openness and accountability and looking at what we can do to develop this further.

These priorities are being explored at governance level, but are not confined to that, with work also being done by both managers and staff.

Trustees Indemnity Insurance

Health Poverty Action has purchased a Charity Trustees Management Liability insurance policy on behalf of all the Trustees which covers legal liabilities up to an indemnity limit of £500,000. Trustees that retire or become former trustees are covered through a discovery period until the policy is next renewed. As we renew our policy annually, any trustee that does resign during that year would be covered for the remaining length of the annual contract.

Statement of Trustees responsibilities

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

The trustees who served during the year and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role
Mehmet Nadir Baylav[2]	
Denis John Cavanagh[1]	Treasurer
Anna Graham	
Rory Erskine Morrison Honney	
Anuj Kapilashrami	
Oliver Benjamin Kemp[1&2]	Chair
Ruth Stern[1]	Vice Chair
Betty Ann Williams[1]	
Ravi Ram	

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group

Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
152-160 City Road
London
EC1V 2NX
United Kingdom

Auditors:

Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising
Natalie Sharples, Head of Policy and Campaigns
Sandra Tcheumeni Boschet, Head of Finance and Administration
Bangyuan Wang, Head of Programmes – Asia,
Dr. Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' 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 the affairs of the charitable company and of its income and expenditure 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 the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them 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. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a Trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she/he ought to have taken as a trustee in order to make herself/himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 21 November 2022

Independent Auditor's report

To the members Of Health Limited T/A Health Poverty Action

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

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 there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have 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 company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where 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.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 29, 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

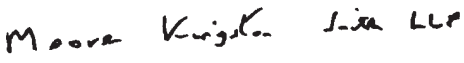
Our approach was as follows:

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

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

Use of our report

This report is made solely to the 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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Neil Finlayson
Senior Statutory Auditor

Date: 22 November 2022

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	13,650,844	13,650,844
Donations and legacies	2	475,306	-	475,306
Gift in Kind Income	2	-	859,434	859,434
Investments	2	1,456	5,170	6,625
Total incoming resources		**476,761**	**14,515,448**	**14,992,209**
RESOURCES EXPENDED				
Raising funds	3	-	-	497,390
Charitable activities	4	497,390	14,432,998	14,432,998
Total resources expended		**497,390**	**14,432,998**	**14,930,388**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**(20,629)**	**82,449**	**61,821**
Transfer between funds		-	-	-
Foreign exchange gains in year		74,858	22,511	97,368
NET MOVEMENT IN FUNDS FOR THE YEAR		**54,229**	**104,960**	**159,189**
Total funds brought forward at 1 April 2022		1,486,097	3,716,411	5,202,508
TOTAL FUNDS CARRIED FORWARD at 31 March 2022		**1,540,326**	**3,821,371**	**5,361,697**

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

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2021

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	–	17,708,908	17,708,908
Donations and legacies	2	403,282	–	403,282
Gift in Kind Income	2	–	1,712,924	1,712,924
Investments	2	109	11,501	11,610
Total incoming resources		**403,391**	**19,433,333**	**19,836,724**
RESOURCES EXPENDED				
Raising funds	3	277,769	–	277,769
Charitable activities	4	–	20,443,774	20,443,774
Total resources expended		**277,769**	**20,443,774**	**20,721,543**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**125,623**	**(1,010,441)**	**(884,819)**
Transfer between funds		–	–	–
Foreign exchange gains in year		(196,536)	(114,811)	(311,346)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(70,913)**	**(1,125,252)**	**(1,196,165)**
Total funds brought forward at 1 April 2020		1,557,010	4,841,663	6,398,673
TOTAL FUNDS CARRIED FORWARD at 31 March 2021		**1,486,097**	**3,716,411**	**5,202,508**

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

BALANCE SHEET

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2022

	Notes	2022 £	2021 £
CURRENT ASSETS			
Debtors	8	417,372	706,896
Stock		523,012	953,644
Cash at bank and in hand		5,132,656	4,990,049
		6,073,040	**6,650,589**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(396,075)	(1,345,213)
NET CURRENT ASSETS		**5,676,965**	**5,305,376**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(315,268)	(102,868)
TOTAL ASSETS LESS LIABILITIES		**5,361,697**	**5,202,508**
TOTAL NET ASSETS		**5,361,697**	**5,202,508**
FUNDS			
Unrestricted funds	13	1,540,326	1,486,097
Restricted funds	13	3,821,371	3,716,411
		5,361,697	**5,202,508**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Kemp, Chair Date: 21 November 2022

Company Registration number 01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2022

	2022 £	2021 £
Net Cash Outflow from operating Activities	38,614	123,223
Returns on Investments and Servicing of Finance		
Bank interest received	6,625	11,610
Foreign exchange gain	97,368	(311,346)
(Decrease) / Increase in Cash	**142,607**	**(176,513)**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	159,189	(1,196,165)
Decrease / (Increase) in debtors	289,523	723,690
(Increase) in stock	430,632	(221,166)
Increase in creditors	(736,738)	517,128
Interest received	(6,625)	(11,610)
Foreign exchange gain	(97,368)	311,346
Net cash (outflow) inflow from operating activities	**38,614**	**123,223**
Analysis of Net Cash Resources		
Opening Balance	4,990,049	5,166,562
Flow	142,607	(176,513)
Closing Balance	**5,132,656**	**4,990,049**
Location of Cash Resources		
HQ bank accounts	2,294,025	1,902,391
In-country bank accounts	2,838,631	3,087,658
	5,132,656	**4,990,049**

NOTES

Notes forming part of the financial statements for year ended 31 March 2022

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The trustees consider that there are no material uncertainties about HPA 's ability to continue as a going concern for 12 months from the date of signing these financial statements. Due consideration for the effects of the COVID-19 outbreak has been taken but the charity is largely sheltered from the financial impact of COVID-19 due to the high level of unrestricted funds at the year-end despite a £70k decrease from the previous year. Nonetheless, the charity has been able to take advantage of the Government's Job Retention Scheme in respect of relevant staff, whilst other aspects of the charity's activities have transitioned successfully to remote working. In making their going concern assessment, the trustees have considered the impacts of COVID-19, the charity's revised forecasts and projections for Income and Expenditure, as well as long term cash flow. These continue to be regularly monitored, and revised, by the Trustees with appropriate action being taken to reflect the changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. INCOME

	2022 £	2021 £
INCOME		
Restricted Funds		
Charitable activities		
3MDG	–	–
Access to Health Fund	1,075,602	3,098,643
Comic Relief	-	179,896.67
Department for International Development	5,262,644	6,129,288
Education Development Centre	6,377	15,920
European Commission	158,547	341,930
Global Fund	2,101,310	2,951,308
Irish Aid	42,565	108,516
Livelihoods and Food Security Fund	554,671	108,972
Myanmar Humanitarian Fund	-	198,000
Other	1,929,239	1,705,715
UN bodies	1,616,330	2,030,646
World Food Programme	728,970	769,325
Trusts, foundations and individuals	174,589	70,748
	13,650,844	**17,708,908**
Other trading activities		
Gift in Kind	859,434	1,712,924
	859,434	**1,712,924**
Total Restricted Funds	**14,510,278**	**19,421,832**
Unrestricted Funds		
Donations from individuals and other	259,605	262,034
Consultancy	47,497	80,115
UK and European trusts / foundations	168,204	61,134
Total Unrestricted Funds	**475,306**	**403,282**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	5,170	11,501
Unrestricted Funds	1,456	109
	6,625	**11,610**
TOTAL INCOME	**14,992,209**	**19,836,724**

3. RAISING FUNDS

	Direct £	Support costs £	Total 2022 £	Direct £	Support costs £	Total 2021 £
Other costs	-	497,390	**497,390**	-	277,769	**277,769**
	-	497,390	**497,390**	-	277,769	**277,769**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct £	Support costs £	Total 2022 £	Direct £	Support costs £	Total 2021 £
Costs of health projects	-	730,902	**730,902**	19,718,558	725,216	20,443,774
	-	730,902	**730,902**	19,718,558	725,216	**20,443,774**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

Nature of cost	Total 2022 £	Cost of raising funds 2022 £	Health projects 2022 £	Basis of apportionment
Human resources	1,000,618	428,541	572,078	Number of employees
Establishment costs	18,644	13,610	5,034	Number of employees
Office & Administration	209,030	55,239	153,791	Number of employees
	1,228,292	**497,390**	**730,902**	

Nature of cost	Total 2021 £	Cost of raising funds 2021 £	Health projects 2021 £	Basis of apportionment
Human resources	760,341	227,079	533,262	Number of employees
Establishment costs	37,562	9,503	28,059	Number of employees
Office & Administration	205,081	41,186	163,895	Number of employees
	1,002,985	**277,769**	**725,216**	

6. NET INCOME FOR THE YEAR is stated after charging

	2022 £	2021 £
Annual Audit		
Statutory audit	22,530	20,955
In respect of prior year		
In respect of consolidation		
Rentals in respect of operating leases;		
plant and machinery	3,310	4,508
other – office		56,062
Inventory	523,012	953,644

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2022 £	2021 £
U.K. STAFF		
Wages and salaries	589,975	859,230
Redundancy cost	-	-
Social security costs	62,322	76,565
Pension costs	25,807	47,385
	678,103	983,181
OVERSEAS STAFF		
Wages and salaries	2,992,371	2,348,305
Pension costs	39,462	70,758
Severance costs	134,520	149,251
	3,166,353	2,568,314
TOTAL STAFF COSTS	**3,844,457**	**3,551,494**

One employee received remuneration of between £60,000-£69,000 in 2021-22 (2021: one). Employer's pension cost relating to that individual was £3,360 (2021: £3,629).

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia and Latin America Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £370,901 (2021: £400,020). The Trustees neither received nor waived any emoluments during the year (2021: £Nil). There was one reimbursement of £414.45 received by a Trustee during the year (2021: Nil).

The average number of employees, analysed by function was:

	2022	2021
	Number	Number
Charitable activities	379	351
Raising funds	4	9
	382	**360**

8. DEBTORS

	2022	2021
	£	£
Other debtors in UK	5,385	8,661
Other overseas/project debtors	(3,789)	62,644
Accrued income – Gift Aid & Other	6,736	9,777
Accrued income – Grants	384,710	605,708
Prepayments	24,331	20,105
	417,372	**706,896**

All debtors, except prepayments of £24,331 (2021: £20,105), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2022	2021
	£	£
Project creditors	19,253	784,794
Other creditors	9,562	27,967
Field severance pay liability and pensions	304,004	403,067
Other taxes and social security	40,437	20,715
UK Accruals	22,819	108,670
	396,075	**1,345,213**

All creditors, except for the social security creditor £20,715 (2020: £25,911), are financial instruments measured at present value.

Creditors includes pension liabilities of £403,067 (2020: £282,550).

10. CREDITORS: Amounts falling due after one year

	2022	2021
	£	£
Field severance pay liability	315,268	102,868
	315,268	**102,868**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2022	2021
Committed to payments of:	**£**	**£**
Within One Year		
Other – office	-	17,436
Between One and Two Years		
Provision for dilapidation	2,467	23,018
Other – office	-	2,927
Between Two and Five Years		
Plant and machinery		-
Other – office	843	383
Total	**3,310**	**43,764**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Fund balances at 31 March 2022 are represented by:						
Current assets	1,590,325	4,482,715	6,073,040	1,534,779	5,115,810	6,650,589
Current liabilities	(49,999)	(346,076)	(396,075)	(48,682)	(1,296,531)	(1,345,213)
Long Term Liabilities		(315,268)	(315,268)	-	(102,868)	(102,868)
Total Net Assets	**1,540,326**	**3,821,371**	**5,361,697**	**1,486,097**	**3,716,411**	**5,202,508**

14. STATEMENT OF FUNDS

	Funds at 2021 £	Income £	Expenditure £	Transfers £	Funds at 2022 £
Myanmar & China	1,004,635	6,661,119	(6,144,939)	–	1,520,815
Cambodia	137,569	296,536	(394,129)	–	39,975
Ethiopia	28,778	2,814	(164,961)	–	(133,369)
Guatemala	216,478	5,261	(122,385)	–	99,354
Kenya	(23,633)	219,453	(183,060)	–	12,760
Laos	278,163	538,384	(609,311)	–	207,237
Namibia	(58,316)	0	(107,507)	–	(165,823)
Nicaragua	72,349	7	(2,117)	–	70,240
Rwanda	48,320	25,325	(147,816)	–	(74,171)
Sierra Leone	(187,163)	33,687	(156,992)	–	(310,468)
Somaliland	470,831	3,610,613	(3,408,144)	–	673,301
Vietnam	398,068	1,149,762	(991,900)	–	555,930
Multi-Country Projects	340,885	869,857	(556,979)	–	653,763
Global Campaigns	35,803	243,195	(130,183)	–	(277,981)
Gift in Kind	953,644	859,434	(1,290,066)	–	523,012
Total restricted funds	**3,716,411**	**14,515,448**	**(14,410,488)**	**–**	**3,394,576**
Unrestricted funds	1,486,097	476,761	(422,532)	–	1,540,326
Total funds	**5,202,508**	**14,992,209**	**(14,833,020)**	**–**	**5,361,697**

	Funds at 2020 £	Income £	Expenditure £	Transfers £	Funds at 2021 £
Myanmar & China	1,038,676	7,875,265	(7,909,306)	–	1,004,635
Cambodia	129,374	454,435	(446,240)	–	137,569
Ethiopia	146,262	70,825	(188,309)	–	28,778
Guatemala	164,482	284,182	(232,186)	–	216,478
Kenya	(13,248)	173,966	(184,351)	–	(23,633)
Laos	865,807	276,545	(864,188)	–	278,163
Namibia	(7,688)	225	(50,853)	–	(58,316)
Nicaragua	186,261	4,064	(117,976)	–	72,349
Rwanda	163,959	42,046	(157,685)	–	48,320
Sierra Leone	(172,493)	422,791	(437,461)	–	(187,163)
Somaliland	884,116	6,120,934	(6,534,219)	–	470,831
Vietnam	(16,646)	468,340	(53,627)	–	398,068
Multi-Country Projects	717,090	1,420,950	(1,797,155)	–	340,885
Global Campaigns	23,231	105,841	(93,270)	–	35,803
Gift in Kind	732,478	1,712,924	(1,491,757)	–	953,644
Total restricted funds	**4,841,663**	**19,433,333**	**(20,558,585)**	**–**	**3,716,411**
Unrestricted funds	1,557,010	403,391	(474,304)	–	1,486,097
Total funds	**6,398,673**	**19,836,724**	**(21,032,889)**	**–**	**5,202,508**

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds).

Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons, e.g. because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. We can't add them to general unrestricted reserves in the accounts. They are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

During 2021-22 HPA and FYF ended their linking partnership. However, HPA continues to provide management and support services to FYF at it's UK headquarters. Both charities shared the same trustees, although none of the trustees have been appointed to the FYF board as representatives of HPA.

In 2021-22, a total of £69,357 of HPA's UK staff cost was recharged to FYF (2020-21: £80,505). A further £446 (2020-21: £2,841) was charged as part of office costs.

16. STATEMENT OF FUNDS

	2022 Receipts	2022 Expenditure	2021 Receipts	2021 Expenditure
Irish Department of Foreign Affairs and Trade				
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	42,565.00	70,535.29	108,516.00	93,813.00
Department for International Development / Foreign, Commonwealth and Development Office				
HARP-DEL-017 Myanmar	-	-	1,392,944	1,976,665
UK Aid Direct: 9TGE-DHP5-JZ (with MRG) Kenya, Ethiopia, Myanmar, Cambodia	114,048.58	35,193.60	133,318	201,994
FCDO Myanmar Humanitarian	2,052,666	2,001,970	-	-
FCDO Myanmar Humanitarian	-	-	602,697	671,962
HARP-RRF-006 COVID-19	(193,101)	17	589,843	590,075
UK Aid Match: 205210 – 254 Sierra Leone	54,188	49,684	8,078	49,270
Girls Education Challenge – GEC-T				
6317 Rwanda	-	-	112,275	-
Population Services International				
4289-HPA-01APR2016 Somaliland	257,903	264,303	1,251,252	939,502
4476-HPA-01JULY2018 Somaliland	-	-	248,883	-
4313-HPA-01DEC2018 Somaliland	-	-	152,205	87,905
BMB Mott MacDonald BV				
376106 – Lot 3 Somaliland	116,304	228,239	1,215,689	1,398,264
376106 – Lot 4 Somaliland	79,727	263,281	1,337,595	1,501,593
Comic Relief				
2572521 Cambodia & Laos	-	-	154,997	461,811.00
2712084 Sierra Leone	-	-	55,128	17,492

WITH THANKS TO:

Irish Aid
Rialtas na hÉireann
Government of Ireland

UKaid
from the British people

European Union

Enabel

ECF
EVAN CORNISH FOUNDATION

FIND
Diagnosis for all

STANLEY THOMAS
JOHNSON
FOUNDATION

GUNVOR

THE MERCURY PHOENIX TRUST

unicef

WFP

The Global Fund

thewaterloofoundation

ACCESS TO HEALTH FUND

UKaid
from the British people

SWEDEN

USAID
FROM THE AMERICAN PEOPLE

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC

Managed by UNOPS

Livelihoods and Food Security Fund

LIFT

UKaid

EUROPEAN UNION

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC

Australian Aid

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NEW ZEALAND
FOREIGN AFFAIRS & TRADE
Aid Programme

Irish Aid
Rialtas na hÉireann
Government of Ireland

Norwegian Ministry
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HEALTH POVERTY ACTION

Health Poverty Action: Health for all in a just world.

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Registered charity no. 290535

HEALTH LIMITED

England & Wales - Charity number 290535

Accounts

Annual report and accounts 2020-2021

HEALTH POVERTY ACTION

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Thank you 47

Cover image: Community health worker handing out PPE during the COVID19 pandemic in Somaliland. © ??
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Message from Director and Chair

This year has come with unparalleled challenges! We have never faced such a difficult environment to operate in. COVID-19 has been centre stage at the global level and its impact has been felt throughout Health Poverty Action. We have adapted our delivery on the ground and navigated a complex fundraising environment that feels as though we are trying to fight a recession with significantly fewer options.

A year ago, we wrote that the human costs of COVID-19 were already unequal and likely to be disproportionately shouldered by the poor. Unfortunately, as this virus progresses the problem has been compounded by unequal access to vaccines. Whilst the rich world is quickly reducing case numbers and the UK breathes a sigh of relief, vaccine nationalism means that many people will be dying in their tens of thousands for months to come in poorer countries. Death tolls are mounting in poorer countries as we write this, and case numbers globally are at their highest since the start of the pandemic, with close to a million documented cases daily. Recently Indian hospitals were running out of oxygen and beds for patients.

In addition to COVID-19, international development charities and our beneficiaries are being affected by the reversal of the UK government's legally binding commitment to spend 0.7% of GDP on aid. We will continue to push back against these changes and adapt to the changing capacity we will have as a result to ensure we maximise our impact.

Whilst this perfect storm has raged, Health Poverty Action's work in some of the most marginalised communities on earth has continued unabated. We have continued to work closely with the Ministry of Health and Development in Somaliland at the central, regional, district and community levels to strengthen existing essential health systems structures with focus on maternal, newborn and child health and nutrition. We worked directly with communities to increase access and demand for existing health services as well as develop the capacity of community health workers so they can provide care to hard-to-reach communities. In addition, we were able to continue supporting survivors of gender-based violence and directly respond to the COVID-19 outbreak in our target communities in Somaliland.

We continue to work in collaboration with Find Your Feet. We remain steadfast in our combined efforts to fight for equal access to health care and livelihoods in some of the world's most marginalised communities and we look forward to continuing our relationship over the coming years.

The determination to adjust to uncertainty and find creative ways to keep our work going in an unparalleled year is remarkable. We thank Health Poverty Action staff, volunteers, partners, and everyone who has worked so hard to make Health Poverty Action 's work possible.

Oliver Benjamin Kemp
Chair of Trustees

Martin Drewry
Director

Strategic report

Charitable objects

Our purpose

Health Poverty Action's charitable purpose is enshrined in its objects 'to preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict'.

Our vision

A world in which the poorest and most marginalised enjoy their right to health.

Our mission

We act in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit following our vision and mission. The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit.

Objectives and activities

Our long-term Strategic Framework outlines our principles and identifies the values that drive our work: a justice-oriented approach, developing strong community roots, creating comprehensive and integrated health systems, and addressing the social determinants of health. It is a living document subject to ongoing informed reflection and is deliberately not a traditional Strategic Plan. This allows us to be flexible, and to continuously adapt our strategic direction to suit current circumstances. It is due to this flexibility that we have been able to review and adjust our priorities throughout the year to respond to the evolving impacts of the COVID-19 pandemic.

Health Poverty Action acts in solidarity with health workers, activists, and communities worldwide to improve health and challenge the causes of poverty. We work with communities to help them demand health justice and to challenge the power imbalances that currently deny them their rights.

We believe health is not just the absence of disease, but a combination of physical, mental, and social well-being. We draw strength from the knowledge that we are not alone, but part of a global movement for health justice – the People's Health Movement (PHM). The PHM is today's embodiment of the primary health care movement that achieved ground-breaking success at the UN Alma-Ata Conference in 1978.

Such was the power of this moment that 40 years later the radical vision it set out continues to rally health workers and policymakers worldwide.

The distinct philosophy underlying our work embodies the four key areas of the Alma-Ata principles:

Justice-oriented approach

We believe in health for all, without exclusion. We recognise that development organisations tend to cluster together in the same places, leaving large populations with almost no support at all. We make these people who are most neglected our highest priority, for example, those living in conflict.

We also recognise that health justice cannot be achieved without social and economic justice. These are inseparable – each being both a cause and a consequence of the other. This is a global scandal, which results in unnecessary suffering on a massive scale.

We have a moral duty to speak out, and through our policy work and campaigning, are a progressive voice for change. Not just through our own independent action, but also by exerting influence within and through the development sector as a whole.

Strong community roots

We emphasise the importance of policymakers and service providers being accountable to the communities they serve – and work with communities to make this a reality.

We support communities to actively participate in their healthcare – reclaiming power, demanding good health services, and taking community action together to improve their health.

Health care must be decentralised, easily accessible, and culturally appropriate, irrespective of people's ability to pay.

Applying the same principles to ourselves, we strive always to ensure our work is rooted in strong relationships in which we are accountable to those whose rights we serve. We don't just seek feedback but genuine dialogue and reflect on and challenge our organisational power dynamics.

Most of the communities we work with have learned through painful experiences just how dangerous it can be to trust outsiders. We, therefore, attach immense importance and respect to the trusting relationships and local understanding we have developed with them over many years. It is these relationships, perhaps more than anything else, that determines the quality and effectiveness of the work we do together.

Comprehensive and integrated health systems

Tackling one cause of poor health in isolation can give the appearance of improving health by reducing the incidence of a particular sickness, but for the world's poorest people this might do little more than change the cause of death. We take a comprehensive and integrated approach that addresses all the key determinants of health and saves lives.

We help develop comprehensive health systems, providing services that integrate not just within the health sector, but also with the work of other sectors. For example, we help to implement systems for food distribution through maternal health care centres to increase uptake of those services and access to other forms of health education.

We never set up parallel structures, but support governments to develop secure, sustainable, accountable and culturally appropriate comprehensive health care.

One element of our integrated approach has proven profoundly effective: strengthening both the supply and demand side of health care at the same time – supporting communities to demand and use high-quality services, while simultaneously helping service providers develop the capacity to deliver them.

Social determinants of health

The health sector alone can never deliver health justice. We work not only to strengthen health services but also to tackle the social determinants of health. These include education, water supply and hygiene, violence against women, food security and income generation. Health and poverty are inextricably linked – and we emphasise the need to reduce inequality at all levels.

It is often women and girls who suffer the most when health rights are denied, and we attach high priority to addressing gender inequality. We are also passionately committed to racial justice and emphasise the rights of indigenous people and other populations facing injustice and oppression on grounds of race, ethnicity or culture. Similarly, people with disabilities often face discrimination on top of challenges related to their disability, so we also strive to prioritise them in our work.

When emergencies and humanitarian crises arise, it is important to respond both quickly and appropriately. We build on our local relationships and understanding to provide support in crises, integrating it as far as possible with the longer-term development work. We also work with communities and service providers to ensure they are as equipped as possible to deal with emergencies before they happen.

On the ground

We currently work in 17 countries in Africa, Latin America, and Asia, in close partnership with Find Your Feet, who we support with grants, managing costs and finances. All of our programmes aim to improve the health and livelihoods of those we work with and for. Our work on the ground is therefore key to fulfilling our Strategic Framework.

Our programmes range from improving access to family planning services in Myanmar to engaging communities in difficult conversations around violence towards women through radio and community dramas in Kenya; from providing safe birth training to communities in Guatemala, to preventing the spread of malaria in Vietnam, Cambodia and Laos.

Traditional birth attendants in Guatemala learn about pregnancy warning signs

We measure our success in a number of ways, tailoring our approach to each programme and community. As you will see from our key highlights on pages 18-19, tracking numbers is very important to measure our impact. However, it is not the only way of judging impact. Often the best approach is to talk with the communities most deeply involved in the programmes and ask how our work together has impacted their lives. We constantly do this through community meetings, surveys, and direct feedback mechanisms such as comment boxes and feedback phone numbers. This method allows us to assess our impact while adapting and making improvements along the way. This year the impacts of the pandemic have been felt within the heart of the communities we work with, affecting their health, wellbeing, and livelihoods. We have adapted our programmes to respond to the changing need on the ground, playing our part in keeping communities safe, informed, and healthy.

Speaking out

Achieving health for all requires systems and policies to change. We campaign and lobby to influence policy both nationally and internationally, to challenge power imbalances and create conditions that support health in the long term. We confront traditional narratives on aid and development, which includes acknowledging the legacy of colonialism. This year we piloted a project to teach teenagers about the complex origins of global poverty in schools. We also recognise that the failed 'war on drugs' causes a vicious cycle of poverty and violence around the world, and advocate replacing this with a public health and evidence-based approach to drug policy. We are continuing to develop our policy and campaigns work addressing mental health rights, an exciting new area that will complement our country programmes and highlight our intersectional approach to health and social justice.

Raising funds

Our restricted programme funding is not enough to cover all the costs of our work, and so we seek to diversify our funding base. Raising unrestricted funds is crucial to supplement our restricted programme funding to increase our positive impact on health and social justice and invest in developing further. This year we focused on building our digital presence, running a successful Mental Health campaign that included virtual events like Choirs for Change and 12 days of giving.

Communications

Strong communication is important in all areas of our work. This year we made an exciting step forward with a messaging re-brand to better display our values and our successes. We can't wait to share it with you more over the next year! We also made some great strides in our press coverage this year, ensuring our progressive voice appeared in the mainstream media such as The Sun, The Mirror and the New Internationalist. We spoke out on the merging of the Department for International Development with the Foreign and Commonwealth Office and made the case for a legally regulated drugs market.

Responding to the Coronavirus pandemic

The ever-evolving coronavirus pandemic has presented unprecedented challenges for the work of Health Poverty Action this year. In March, strict nationwide lockdowns were ordered in most of the countries where we operate. Our staff worked from home intermittently throughout 2020 as local lockdowns were imposed in project areas until it was safe to return to the field. While these restrictions did initially delay project implementation, they have also encouraged innovation, with the pandemic challenging us to adapt to the changing environment on the ground.

With the support of our partners, Health Poverty Action was able to redirect funding towards the COVID-19 response efforts. Our approach differed in each country as we responded to the needs of local communities, from integrating COVID-19 preventative activities into existing health care systems, to raising community awareness through social media campaigns and radio talk shows. In **Kenya**, we successfully implemented a six-month rapid response to address the inadequate access to correct information regarding COVID-19 and directly target myths spreading within the community. Around 254,400 people listened to the radio talk shows and audience members engaged in interactive sessions where they could call in and ask questions directly to health officials. With support from UK Aid, HPA also distributed 6,420 bars of soap, 6,420 disposable face masks and 1,125 hand washing facilities in Mandera East to prevent the spread of COVID-19.

Our team in **Cambodia** acted in solidarity with the local health authority by working together to screen for suspected COVID-19 cases and strengthen the community referral system. We donated 15,600 masks and 150 litres of hand sanitiser to provincial health departments, communes and villages health centres to ensure health workers could work safely. We also developed social media material in partnership with a prominent social media influencer to promote basic hand hygiene and social distancing. The three educational videos received more than 17,000, 19,000 and 20,000 views on the HPA Cambodia Facebook page.

In the Special Regions of **Myanmar**, our team supported local health authorities to develop the 'Emergency Prevention and Control Action Plan' to eliminate the spread of COVID-19. We have adapted to support the changing needs of the community throughout the year, from setting up border checkpoints and running quarantine facilities to providing PPE to community members to ensure their safe participation in the general election. We have now shifted our focus to vaccinations, with 82,688 people receiving the COVID-19 vaccine to date.

Mama Kheira received locally made soap, a hand washing station, and face masks from Health Poverty Action to protect her and her community from COVID-19 in Mandera, Kenya.

Community crier broadcasting COVID-19 prevention messages to her community in Somaliland

With support and in partnership with GIZ, the Ministry of Health, Ministry of Information and Culture and the Ministry of Religious Affairs, we were able to implement a 3-month COVID-19 response project in Sahil region of **Somaliland** covering Sheikh and Berbera districts. A key part of our strategy was to broadcast standard COVID-19 preventive messages. TV and Radio spots were aired through Radio Hargeisa and Somaliland national TV and the COVID-19 key messages disseminated beyond Sahil region reaching the entire Somaliland population. These messages were aired on radio and TV for a total of 35 days, for 4 minutes slots in the morning and evening. In addition, 74,942 people were reached through house-to-house visits, complemented by mosque announcements and town criers. Out of the 74,942 people reached, 20,256 people were directly engaged through health facility awareness sessions. 10 of the most influential sheikhs were trainined to help with community sensitisation for COVID-19 prevention and 22 public handwashing facilities were installed in public places.

Health workers support their community to vote safely in Myanmar's general election during COVID-19

Myanmar's general election occurred in November 2020 amid a rising number of COVID-19 cases throughout the country. Health Poverty Action supported local health staff and volunteers in Chipwi township in Kachin to prevent the spread of disease among crowds of voters by providing protective equipment and setting up social distancing and handwashing protocols.

Health staff and volunteers ran 47 election sites to enforce pandemic preventative measures such as social distancing, hand washing and temperature testing. A Par Mee is an auxiliary midwife of Ban Li village where she participated in the general election health team. A Par Mee and other health workers performed COVID-19 prevention activities on the day of the election, helping to keep their community safe.

"We tried to make sure people were safe by social distancing, hand washing, and measuring people's temperature during the day. It was an important event for the country and for me as a citizen. We did well following COVID-19 prevention measures and I am happy because there were no positive cases in my village and township after the event".

A Par Mee and health volunteers keeping voters safe as they participate in Myanmar's general election.

Achievements, performance and impact

Maternal health

In remote communities where people are denied access to essential healthcare, it is often mothers, newborn babies and very young children who are most at risk of serious health problems. We work alongside local communities to address urgent issues such as the marginalisation of women, minority or indigenous groups. By supporting communities to strengthen their knowledge and infrastructure, we can help keep pregnant women and their babies safe during childbirth.

In **Guatemala**, our long-standing maternal healthcare programme has continued to strengthen connections between the government-run health centres and traditional birth attendants (TBAs). In the rural indigenous communities where we work, there are significant cultural and language barriers to accessing health services as well as a level of distrust based on mistreatment in the past. To help address this, we facilitated the training of 161 TBA's who are members of the community to help reduce the stigma and increase the uptake of health clinic visits for pregnant women, mothers, and children. Through monthly training, TBA's learnt to recognise the danger signs in pregnancy and how to make correct referrals to local hospitals.

In addition, we worked directly with 775 mothers-to-be on the importance of antenatal care visits and nutrition during pregnancy. These sessions help women to recognise the danger signs of pregnancy and combatted the fear associated with hospital births. Women now have the relevant information to make their own decisions about their pregnancy, with 766 women having an emergency birth plan and maternal deaths have reduced by 50% in the project area since 2018.

During COVID-19, Guatemala imposed a strict national curfew, meaning TBA's could not meet expectant mothers face-to-face. Health Poverty Action addressed the increased risk to pregnancies and began a series of personalised telephone calls to 631 pregnant women in Maya languages, with some women receiving up to five calls. The women expressed great appreciation to Health Poverty Action for reaching out and supporting them during a period of intense isolation and worry.

Khaung Naw (centre) is an auxillary midwife conducting postnatal outreach during the COVID-19 pandemic in Dain Gun Yan village, Myanmar.

In **Somaliland**, our programme continues to empower traditional birth attendants and community health workers to raise community awareness about healthy pregnancies, childhood nutrition and the importance of vaccinating children under five. We have successfully recorded the highest number of pregnant mothers accessing maternal health care with 79,784 pregnant mothers attending antenatal visits, and 45,070 mothers giving birth in health facilities with skilled birth attendants. This increase from previous years is in part due to Health Poverty Action's work strengthening community healthcare referral systems and access, as well as building awareness around healthy pregnancies. Health Poverty Action is also supporting women to access comprehensive and often lifesaving care during emergencies by providing ambulances so that women in remote settings can access regional hospitals. This year, a total of 4,511 referrals were made to the ambulance service, predominantly made up of pregnant women experiencing obstetric complications and children.

In **Myanmar**, we work with hard-to-reach communities in Kachin and Shan State who are often denied access to healthcare. Our team trained local health clinic staff and community health workers to develop their skills in delivering babies safely, providing better antenatal care and monitoring the health of children under five years old. This year, 2,637 pregnant women received four antenatal visits, and 7,756 pregnant women accessed safe delivery services by skilled birth attendants in health facilities and at home. To further monitor the health of both mum and baby, 7,146 mothers and 6,931 newborns received postnatal care and newborn care visits within two days of childbirth. The team also treated 12,174 children under five years old for diarrhoea and pneumonia.

Pregnancy during the COVID-19 pandemic in Guatemala

Jovita Pérez with one of her sons.

Jovita Rebeca Pérez y Pérez is a 23-year-old mother of two boys and is almost 9 months pregnant with her third baby. Initially, Jovita sought help from the local nurse due to headaches and reduced appetite. The nurse ran some tests and discovered that she was pregnant. This made Jovita and her husband very happy! Jovita explained how Health Poverty Action has helped her during her pregnancy:

"What has helped most during the pregnancy have been the telephone calls from Health Poverty Action. They gave me plenty of advice, like about my diet, with vegetables, hygiene, and so on.

They also told me to go to the Health Post for antenatal check-ups every month. The nurse there treated me well, and I had no problems with her.

When the pandemic began, I got really frightened, and wondered what would happen when I had my baby, because I might get COVID-19. Health Poverty Action explained during the phone calls all about it and now I am not so scared. At the Health Post there is hand sanitizer for COVID-19; and then wait your turn, so as there aren't too many people all bunched up together. Then they take my blood pressure and weight; and check if all is well with both mother and baby.

Now I'm planning to have my baby in the health centre here in my district, because it's safer in case of any dangers. My due date is 26 January, and we´re planning on my husband and my mother taking me. We have talked with a neighbour who has a car, who says he can take me when my pains start. Then the plan is to come back home after the birth so that my mother can come over and help me with my steam baths. That's what a new mother needs."

An ambulance provided by HEALTH Poverty Action arriving with a pregnant women at Aden Saleban Health Centre in Somaliland.

Access to quality healthcare

Everywhere we work, improving access to healthcare is a major priority. Every community is different so that often means adapting our approach to suit the needs of the people who live in a particular place – and working with communities to develop a variety of solutions that suit their unique difficulties. Where health centres are remote or hard to reach, Health Poverty Action provides mobile outreach health clinics, mentorship, and supportive supervision to health workers, in addition to ambulance services to transport local people to health facilities.

In **Ethiopia**, we have been working with decision-makers and community health workers to allow remote communities better access to basic health services through 'pop-up' mobile clinics. Over 318,719 people in hard-to-reach areas accessed mobile clinics in their communities and were screened for potentially life-threatening Non-Communicable Diseases (NCDs) such as diabetes, hypertension, and epilepsy. This year, we increased the access to screening and treatment for NCDs across seven regions by providing 58 blood pressure monitors and 56 glucometers with test strips to health facilities. In addition, two ambulances were supplied to the local health facilities, helping mothers and children access health services during medical emergencies. The ambulance service has been instrumental during the COVID-19 pandemic, allowing remote communities access to essential health centres.

In **Somaliland**, our work aims to improve culturally appropriate healthcare through building the capacity of maternal and reproductive health services. Health Poverty Action community health committees promote essential health-seeking behaviours with the number of women accessing maternal and reproductive health services increasing from 491,808 in 2019 to 524,372 in 2020. The successful promotion of safe family planning has led to 10,114 women of childbearing age utilising safe contraception methods – up more than double the number from last year.

A key element of our work involves strengthening existing health systems by providing local health centres with training, medical supplies, and equipment. Our team works directly with the Somali Health Authority through an integrative approach to strengthen the referral system between remote communities and larger centres and improve access for underserved communities. This year, 6,851 referrals were made from local health clinics to district hospitals to ensure patients received comprehensive care. Over 90% of these referrals were mothers with obstetric complications who were able to access emergency services at no cost.

In **Sierra Leone**, our work with community health workers (CHWs) serves as a 'link' between local health clinics and their remote villages in Bombali and Kerene districts. We supported 325 CHWs to enhance their skills and knowledge on malaria testing, treatment, and prevention and facilitated dialogue sessions within their communities to help increase awareness. Using an integrative approach, malaria services and information is now accessible through existing maternal, child and teenage pregnancy services with pregnant women and children 20% more likely to use bed nets to avoid being bitten by mosquitoes than before the project began. Feedback from community members shows that CHWs are instrumental in ensuring the village has relevant information. Our successful partnership with the communities in these districts has helped malaria prevalence decrease by over 23% across the project lifetime compared to an estimated 5% national increase during the same period.

Health knowledge and behaviour change

We work with community health workers to develop local committees dedicated to providing health training and education sessions. We aim to educate communities about hygiene and disease prevention through members of their own community, while also raising awareness of symptoms and warning signs. These education sessions are essential for discussing community health outcomes but also create a space for the community to learn about their rights and the government services available to them.

Accessing treatment for Non-Communicable Diseases (NCDs) in Ethiopia

Mr Dereje Gebrie having his blood pressure taken at the local health clinic

Mr Dereje Gebrie is an 82-year-old married man who has been hypertensive for the past eight years. He first received his diagnosis at Debark primary hospital which is a five hour journey from his home. Now, due to support from Health Poverty Action creating access to quality health services he can receive care in the district where he lives.

Mr Gebrie remembers the time before the project started: *"It was a very challenging time. I was expected to walk on foot for five hours because I couldn't afford the transportation cost. Due to this, I missed my appointments at the clinic and which in turn affected my health condition. When the project started, I was transferred to the local health centre which is closer to my village. It has been three years since I began having my follow up treatment in this health centre. I am happy and feel healthier now. My blood pressure is controlled (120/80 mmHg)."*

He also mentions how the project has built the capacity of the facility:

"I am happy to see the clinic in my village is well equipped with blood measuring machine and I would like to thank the project team and respective stakeholders who contribute. I would also like to appreciate the clinicians treating NCDs at the facility. They are caring, respectful, kind and friendly. I feel knowledgeable about my condition and how to prevent and control it and I am now referring those who are in my neighbourhood to get screened for these diseases."

In **Somaliland**, we collaborate with community health committees who help to bridge the gap between remote villages and local health facilities, ensuring their communities have access to health knowledge and resources. This year, Health Poverty Action supported these committees to conduct 50 outreach sessions in remote villages where community members worked together to identify issues impacting care in their own community and strategise ways to raise awareness. It was through these sessions that the importance of immunisation has become widely accepted in communities. We have continued to support 175 female health workers conduct home visits to pregnant mothers and help to dismantle fears surrounding hospital deliveries. Now, women are informed about the risks of complications during home births and can make informed decisions about their health and the health of their child.

In **Namibia**, we have been working with mobile populations who have some of the lowest treatment adherence rates for TB in the world. Multiple factors can contribute to lack of treatment including the distance people have to travel to reach health facilities, lack of knowledge, language barriers, and mistrust of health workers. Through an innovative mobile phone application 99DOT that calls patients each day before their medication is due, Health Poverty Action has encouraged community members to stick to their full TB treatment, increasing adherence from 85% in previous years to 99%. Collaborative support is central to our approach, with CHWs contacting patients who miss a treatment for face-to-face counselling.

A key strategy in disseminating health knowledge is to train community leaders who then educate the wider community. In **Cambodia**, 130 village malaria workers in 80 target villages participated in malaria education sessions and then went on to train 2,464 community members in malaria transmission, symptoms, and treatment. This train-the-trainer approach ensures the knowledge is embedded in the local cultural context to support community participation and ownership.

Health education for mobile workers in Waingmaw Township, Myanmar, February 2021

In **Myanmar**, we have helped to improve health education in hard-to-reach mobile communities. This year, Health Poverty Action organised 461 health education outreach sessions that were conducted by village health workers, women leaders and schoolteachers on maternal and new-born health, sexual and reproductive health, nutrition, and COVID-19 prevention with over 30,334 people joining the sessions.

Tending to the community vegetable garden in Laos.

Food and nutrition

Malnutrition is a major problem in **Laos** – especially for mothers and young children. Our food security and nutrition programme supports a network of 337 Village Nutrition Volunteers (VNVs), 100 Village Health Volunteers (VHVs) and 32 women and youth groups across 100 villages in 6 districts. Through refresher training and supervision, Health Poverty Action works with these community volunteers so they can monitor malnutrition and raise awareness of nutrition within their communities. As a result of this work, the rate of severe acute malnutrition among children under five has been reduced from 1% in 2019 to 0.36% in 2020 and moderate acute malnutrition reduced from 4.11% in 2019 to 2.12% in 2020.

We also worked closely with our partners in Laos to increase the variety of nutritious food available. This was primarily through community vegetable gardens and animal pass-on schemes where 1,615 families with malnourished children can now raise animals such as chickens, goats, and pigs for protein. This year, we worked with farmers to build their resilience to the impacts of climate change with 4,155 farmers diversifying their crops and successfully producing 11 different types of seeds. Not only did these activities increase the community's food supply over the year but they were also central to children receiving a healthy and balanced diet.

Female Community Champions are making a difference in Somaliland

Hawa Ali is a single mother of five children living in the Goda-weyn village, situated in the mountainous region of Somaliland. Sowda Hassan, her third child, became sick and as time passed the baby's health continued to deteriorate.

Malyun, a Community Health Champion was conducting her daily health education sessions when she came across Hawa Ali at her house and discovered that her baby was very weak. Malyun immediately referred them to the Goda-weyn Health centre which is supported by Health Poverty Action and Sowda was admitted with severe malnutrition.

During their stay at the health facility, baby Sowda received ready-to-use therapeutic foods and other medications such as amoxicillin syrup for respiratory infections which quickened her recovery. The community champions conducted regular follow up visits to educate the mother on the importance of child nutrition and taught her proper care practices.

One and a half months later, baby Sowda looked healthier and was discharged from the hospital having reached significant weight milestones. Hawa was so happy when she was told that her child had fully recovered. She said:

"I am forever grateful to Health Poverty Action for the existence of such services to help our children and for teaching me about nutrition. I thought my child would never be healthy again".

A community health work measures a child's weight in Sierra Leone.

In **Somaliland**, we work very closely with the government to support their goals in malnutrition, including building capacity and incorporating nutrition into integrated health delivery. We helped to organise training for health workers and community health champions on nutrition, in addition to planning and facilitating malnutrition screening and treatment for the communities we work with. A total of 543,012 children under five were screened in health facilities or mobile outreach clinics – a 253% increase from last year. Of these children, 28,456 were enrolled into outpatient therapeutic programmes so their health could be monitored and 278,481 received food to ensure they could reach a healthy weight.

Our new nutrition project in **Sierra Leone** integrates health and nutritional services to ensure healthy lives and promote wellbeing for all in five chiefdoms on Bombali and Kerene districts. Since September 2020, we have built the capacity of 173 community health workers so they can educate, monitor and refer people with malnutrition to local health services. This integrative approach has led to an increase in community health coverage with 687 children under five being fully immunised and receiving Vitamin A supplements.

Handwashing demonstrations in Phonyiayai primary school of Thakhek district, Laos

Water and sanitation

In many of the remote areas where we work communities are not given affordable and sustainable access to WASH (water, sanitation and hygiene) facilities – posing a significant threat to public health. Furthermore, the lack of education around these issues is one of the biggest challenges facing these communities. To tackle these problems, we focus on providing information and education sessions run by the communities themselves to help improve WASH for sustainable change.

Access to WASH education and facilities became even more imperative during the COVID-19 pandemic. Our team in **Somaliland** worked with communities to provide clean water and soap to improve community hygiene practices – an essential component of ensuring the community's health. We installed handwashing facilities at 72 health facilities across seven districts and supplied cleaning materials and hand sanitisers to protect health workers and patients from the risk of infection.

In **Myanmar**, we work with internally displaced people in conflict-affected areas to achieve their right to access safe, clean water. Health Poverty Action has been supporting the construction of water supplies and water supply rehabilitation for villages so that 2,119 people now have access to a functional, clean water source. We provided clean water equipment and latrines to 32 schools and 19 health care facilities. In addition to hardware construction and maintenance, we integrated community hygiene promotion sessions to protect from COVID-19 with our maternal and child health and nutrition programmes increasing the WASH knowledge of 46,138 people.

In **Laos**, our team worked in 32 target villages to ensure that most families have access to clean WASH facilities. Our programme staff made repairs to 48 boreholes which means that 16,200 people now have access to cleaner water. We taught school children, teachers and parents, community-led sanitation principles such as safe water consumption, increasing the percentage of homes that filter their water from 78% in 2019 to 84% in 2020.

Disease prevention

While the COVID-19 has taken centre stage at a global level, its impact has been shouldered unequally in many of the communities in which we work. The need to ensure existing health services could operate safely during the pandemic has been vital. Community health centres have been overrun with the increased demand to prevent the spread of COVID-19 while still providing general healthcare, compounded with a lack of resources and capacity.

We have engaged in emergency response in collaboration with local health services to provide the necessary support for COVID-19 prevention and treatment so that health services for diseases such as Malaria, TB and Non-Communicable Diseases (NCDs) could continue. In **Vietnam**, Health Poverty Action coordinated with the government to integrate COVID-19 prevention into existing Malaria, TB and HIV control services. We trained government health staff on how to provide essential malaria and TB services in a pandemic context and our team distributed 8,770 surgical facemasks, 1,629 gloves, and 16,077 hand sanitisers to 1,140 local malaria staff and frontline health care workers in four provinces to ensure they could continue to work safely.

Integrating COVID-19 prevention into existing services has been an extension to our work across Southeast Asia helping to eradicate malaria among remote, hard to reach communities. In **Cambodia, Laos, and Vietnam** we helped to reduce cases as part of a global cross-border initiative to end malaria. In Laos, village malaria workers conducted 36,356 malaria tests over 12 months, diagnosing 410 cases and treating or referring 99% of cases to local health clinics. In these communities, the incidence of malaria has significantly decreased from 9.56 cases per 1,000 people in 2018 to 3.16 in 2020. In Cambodia, we worked with 19 mobile malaria outreach teams, consisting of local members of the community who are trained to find migratory groups in forests who otherwise might not have access to malaria testing, treatment, or prevention information. Through this programme, we provided 10,904 tests, resulting in 123 people

Malaria prevention during COVID-19 in Vietnam

Mr Trinh Vu Hoai is a health worker at Chu Rcam commune health centre, Krong Pa district in Vietnam. He has continued to build his skills through participating in training courses run by Health Poverty Action.

With the support of Health Poverty Action and health staff from two neighbouring commune health centres, activities related to malaria prevention could continue during the pandemic. Messages were communicated through loudspeakers to raise awareness on malaria and COVID-19, and videos on safety protocols for healthcare services during the pandemic including the correct use of facemasks, handwashing, screening, and quarantine of suspected COVID-19 cases were delivered to local malaria staff. Mr Haoi reflected:

"Health Poverty Action has supported district health centres and commune health workers to safely examine and treat people with fever symptoms. Health workers can now identify the fever as COVID-19 or malaria and begin appropriate prevention and treatment measures. In my opinion, during this period of social distance, most people were at home and did not go to the forest to sleep or cross the borders, so this was a suitable time to be able to increase knowledge for people about malaria as well as the current COVID-19 epidemic."

With Health Poverty Action's support, health workers could continue to help eradicate malaria in the region alongside preventing the spread of COVID-19.

receiving treatment. Health Poverty Action has been advocating for a comprehensive malaria elimination approach in the region. We are currently piloting the first regional malaria platform to share real-time data and promote cross-border cooperation to eradicate malaria by 2030.

In **Ethiopia** we are worked to improve the health status of the hard-to-reach communities by preventing common health problems and NCDs. Most of the diseases in pastoralist communities are preventable and can be addressed through providing health education, vaccinations and encouraging people to access NCD services at local health centres. Community dialogue is an important step in disease prevention, so during COVID-19, we conducted monthly awareness-raising meetings with community members and religious leaders to improve health knowledge on the pandemic as well as addressing existing health issues such as heart disease and diabetes. We also trained 1,400 health workers on basic prevention and control measures, to ensure the community have the tools and knowledge to respond to preventable health issues and future epidemics.

Educating communities in Cambodia on the use of repellent to prevent malaria

Women's rights

In many of the places where we work, patriarchal practices are still dominant. Women who are already struggling to survive in poor areas face the extra burden of oppression, creating obstacles for them to access the same health, education, and economic opportunities as men. We firmly believe that for a society to be truly healthy and prosperous, all members of society – especially women and girls – must have equal rights.

One of the most effective ways of addressing this issue is to encourage women and girls to take leadership roles in their own communities. In **Nicaragua**, our team supported indigenous adolescents, parents, and traditional birth attendants to shift attitudes in their community around sexual and reproductive health rights from a culturally appropriate perspective. Working together, we developed communication materials for local radio in the Miskitu language to raise awareness in these communities.

Our team in **Kenya** are facilitating community-led initiatives to tackle sexual and reproductive health, gender-based violence (GBV) and female genital mutilation (FGM). They are creating community dialogue through uniting religious leaders, health workers and community volunteers to become advocates for social change. Together they produced an interactive radio talk show discussing sensitive issues around GBV and FGM to dispel myths and influence a shift in beliefs, reaching an audience of 61,026 people. Community theatre was also used to reinforce these messages, with women performing to 3,400 people across 12 communities. This year we also trained 40 facilitators, 35 health workers and 25 community health volunteers on GBV case management, crime evidence collection and reporting, and how to make referrals to other GBV support services. The increase in community awareness and culturally sensitive care has supported 39 women to come forward and receive treatment and counselling for GBV, with 10 cases referred to the police. By letting communities lead the discussion to find culturally appropriate solutions and shift behaviour and opinions, this programme has helped to tackle multiple barriers to women's health and rights.

Supporting youth

Investing in our young people is essential in sustaining a healthy, engaged community. In **Rwanda,** our new project works with youth to teach entrepreneurial and leadership skills to get them ready for the workplace. 314 youth participated in Work Ready Now and Be Your Own Boss workshops where they developed their own personal development plans. After successfully completing the skills training, 220 youth went into paid employment and 17 young entrepreneurs received start-up kits to kick-start their small businesses – we look forward to seeing what they achieve!

Supporting community facilitators end child marriage in Kenya

Farhia counselling a young girl in Mandera East.

Nuria is 16 and in her second year of high school in Arabia town, Mandera East, Kenya. When the first case of COVID-19 was detected in Kenya in March 2020, all learning institutions were closed and Nuria moved home to help look after her younger brothers and sisters.

During this time, her father who is a local elder from the village informed her that she was getting married as they could no longer support her to stay at home. Nuria refused, wanting to continue with her education instead, and sought shelter in the home of one of her classmates. Here, she was able to access Farhia, a community facilitator, who helped her with her case.

Farhia was trained by Health Poverty Action on sexual and gender-based violence and harmful traditional practices. Due to this training, Farhia had the skills to support Nuria and coordinate an intervention with the support of local leaders. The village Chief spoke with Nuria's father who eventually agreed to stop the marriage and allow his daughter to return to school. Farhia says:

"I am very grateful to Health Poverty Action. The training they have given me has helped me so much that I have been able to save girls from early marriages and also help sensitise the community on [these] issues. I have been a victim of gender-based violence myself because I was cut when I was young at home. I have volunteered to change these outdated cultural beliefs and taboos that have no basis in Islam. Thank you to our partners for supporting girls in our community."

Key highlights

Key beneficiary figures from 2020/21

Guatemala

2,680 mothers or mothers-to-be living in rural indigenous communities had access to trained traditional birth attendants

Nicaragua

We helped to distribute humanitarian aid in the wake of Hurricanes Eta and Iota, which devastated the North Atlantic Autonomous Region in November 2020

Sierra Leone

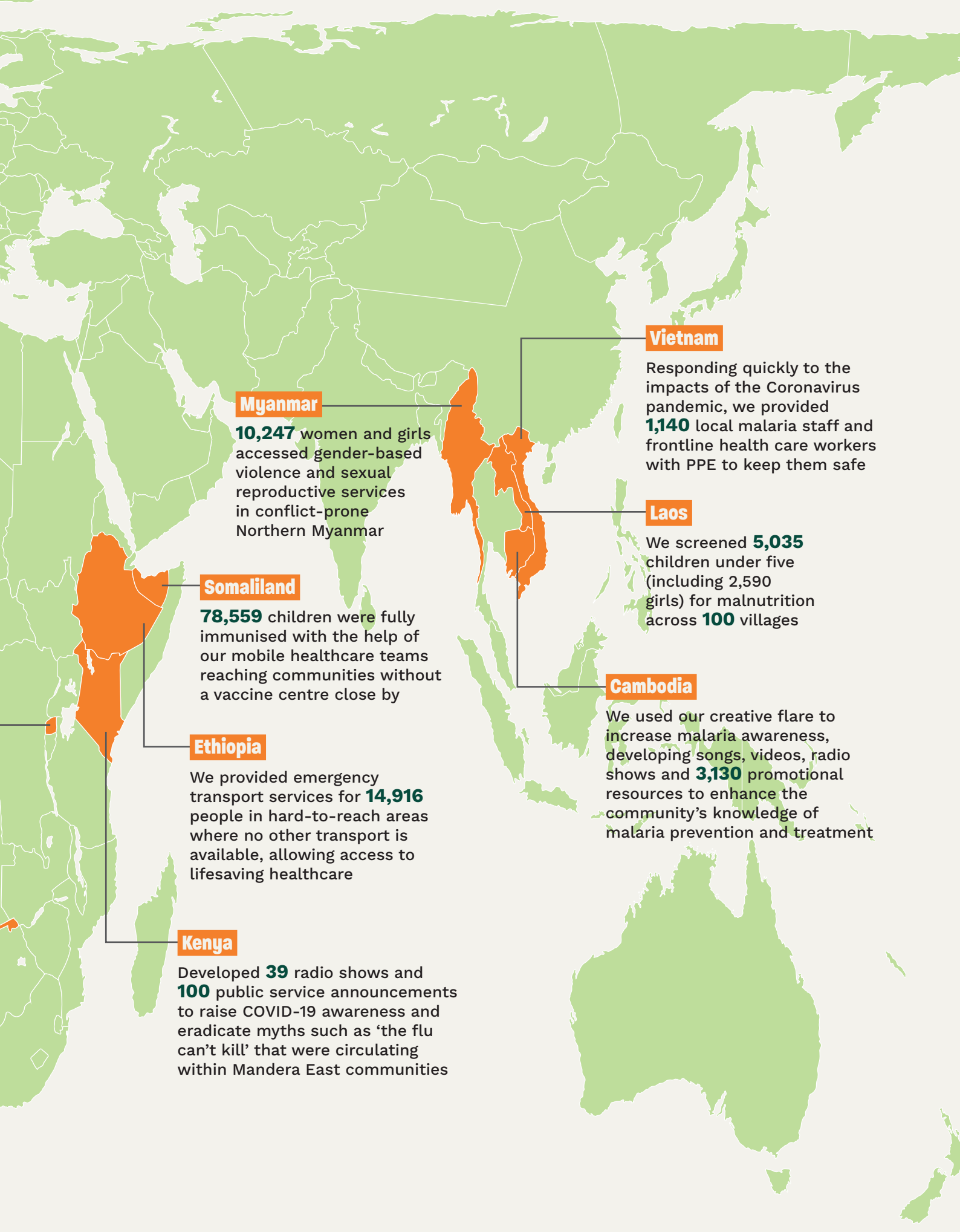
We worked with local health systems to strengthen malaria diagnosis and treatment, with the communities recording a **23%** decrease in malaria cases in their region compared to the national increase of 5% during the project's lifetime

Rwanda

314 youth participated in the Work Ready Now and Be Your Own Boss entrepreneurial training courses that support young people who are out of work learn the necessary workplace and leadership skills to start their own businesses and thrive in the workplace

Namibia

99% of people successfully adhered to Health Poverty Action's innovative community-based TB treatment programme and took their daily medication compared to 85% in previous years



Vietnam

Responding quickly to the impacts of the Coronavirus pandemic, we provided **1,140** local malaria staff and frontline health care workers with PPE to keep them safe

Myanmar

10,247 women and girls accessed gender-based violence and sexual reproductive services in conflict-prone Northern Myanmar

Laos

We screened **5,035** children under five (including 2,590 girls) for malnutrition across **100** villages

Somaliland

78,559 children were fully immunised with the help of our mobile healthcare teams reaching communities without a vaccine centre close by

Cambodia

We used our creative flare to increase malaria awareness, developing songs, videos, radio shows and **3,130** promotional resources to enhance the community's knowledge of malaria prevention and treatment

Ethiopia

We provided emergency transport services for **14,916** people in hard-to-reach areas where no other transport is available, allowing access to lifesaving healthcare

Kenya

Developed **39** radio shows and **100** public service announcements to raise COVID-19 awareness and eradicate myths such as 'the flu can't kill' that were circulating within Mandera East communities

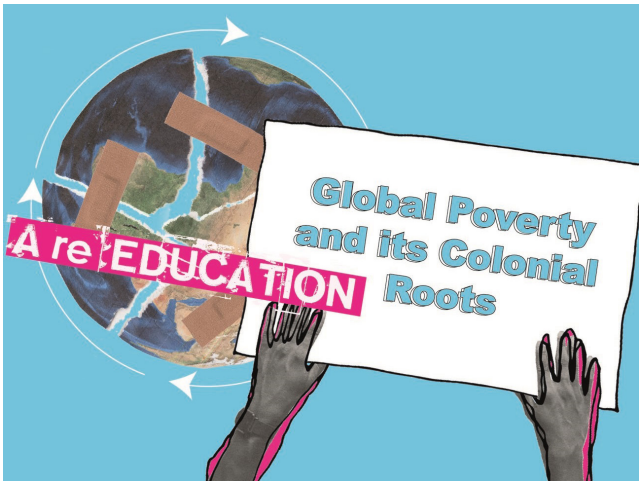
Speaking out

We campaign and lobby to influence policy both nationally and internationally to challenge power imbalances and create conditions that support health in the long term.

The root causes of poor health

We launched our ground-breaking webinar series on 'A World with Drugs: Legal Regulation through a Development Lens', which examined the critical need to reform current drugs laws by engaging with development issues like tax, trade and the environment – as well as the risks of inaction. The series featured a strong suite of voices from communities affected by the drugs trade and from influential speakers such as former Prime Minister of New Zealand Helen Clark. We successfully had over 1000 attendees and convened a dynamic steering group of like-minded organisations after the event. We look forward to working with the International Drug Policy Consortium (IDPC), Transform Drug Policy Foundation, Transnational Institute, Canadian Drug Policy Coalition, Instituto RIA, the Legal Regulation Project and Interdisciplinary Centre for Cannabis Research to continue to advance this important work together.

We have not only positioned ourselves firmly as an effective broker between the drug policy reform and development sectors, but we have also stood out as reliable allies in the broader drug reform movement. From feeding into the IDPC's principle for legal regulation and engaging with allies during the UN Commission on Narcotic Drugs to lobbying cross-party MPs interested in drug reform, we have played our role in the movement and ensured the doors remain open for our ongoing work.



We successfully launched a teaching resource on 'Global Poverty and its Colonial Roots'.

Strengthening health justice movements

Our health justice work has progressed well this year. We have developed and launched our teaching resource for sixth form teachers on 'Global Poverty and its Colonial Roots'. Initially promoted by our social media and news outlets like the National Education Union magazine, the pack has since gained traction and has been promoted further by influential left-wing actors such as Novara Media and The World Transformed, as well as by others' working to influence the UK curriculum on teaching colonialism in schools.

Our work on shifting language on aid and development continues to garner new interest within the development sector. We influenced three of the major networks in the sector – Bond, Stop AIDS and Action for Global Health – to adopt more progressive language and

A World with Drugs

Legal Regulation through a Development Lens

A groundbreaking 8-part webinar series exploring why a socially just legal regulation of drugs is vital for sustainable development.

9 September	Drugs are a Development Issue: An Introduction to Legal Regulation
23 September	Cultural, Traditional and Indigenous Rights
7 October	Corporate Capture
21 October	Fair Trade
4 November	Tax Justice
18 November	Sustainable Livelihoods
2 December	Climate Justice
16 December	Community Participation

All webinars 16:30-18:00 BST

communications. We also continued to promote our Communications Toolkit which was translated into Flemish this year and presented to a workshop for 50+ Dutch organisations.

We continue to support the Kampala Initiative – the global civil society space exploring how to move beyond aid in health and helped to publish a report of its activities to mark the first anniversary. This was alongside hosting successful webinars on COVID-19, the changing aid landscape and co-authoring, with Health Poverty Action, a forthcoming report exploring the harms caused by the current aid and development language.

Strong and culturally appropriate health systems

Our work on mental health has carried on steadily. We have continued to engage with the Somaliland health authority to develop a mental health strategy; established a cross-organisational mental health steering group to spearhead efforts across HPA; continued to feed into a mental health chapter for the Global Health Watch publication authored by Vikram Patel and carried out an initial scoping exercise into the role of the pharmaceutical industry in mental health care in the global South. In addition, we developed a shared position on the most appropriate language to use around mental health and mental health conditions and we are currently piloting this across the organisation.

Beyond this, we organised an event at the virtual Labour party conference, 'What will it take to deliver Universal Health Coverage and strong health systems in a time of COVID-19', with Shadow Secretary of State for International Development Preet Kaur Gill MP, Rob Yates of Chatham House and Allana Kembabazi of the Initiative for Social and Economic Rights, Uganda. The event helped to push against the privatisation of healthcare worldwide.

Fundraising

A note from the team

COVID-19 and the lockdown measures in the UK, where most of our fundraising efforts are currently based, have had a substantial impact on our ability to raise funds in 2020-21. Nearly a quarter of our anticipated fundraising income was wiped out as event after event was cancelled. We saw trusts, corporates, and individuals facing tough decisions on how and whether they could continue to give.

We will continue to adapt to our quickly changing environment, developing our digital presence, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with and for.

We are entirely grateful for all of our supporters, who have continued or even increased their support this year.

Community and events

COVID-19 and government restrictions prevented all of our in-person fundraising activities taking place over the past year. However, we are endlessly grateful to our runners for sticking with Team Health Poverty Action through the postponement of both the London Marathon and the Royal Parks Half Marathon. And we are particularly thankful to those who took part in the virtual events to boost their fundraising. We are also grateful for the choirs who sang socially distanced carols and created music videos when we couldn't meet in the tube and train stations in December.

Chrisjingle singing in a virual Choirs for Change event to raise voices and funds for mental health worldwide.

Corporate partnerships

Many of our corporate partners faced their own challenges this year – from needing to adapt their operations quickly, to facing difficult decisions on how to continue prioritising their charity partnerships. We appreciate our ongoing partnerships with Mondrian Investment Partners, as well as our new relationship with The Buchann.

Supporters

Throughout this difficult year, our committed supporters have enabled us to continue working with communities worldwide to improve people's health and challenge the causes of poverty. On behalf of those communities, we offer our heartfelt gratitude to everyone who has left a gift in their Will, supported us with regular gifts or made donations to our appeals.

As face-to-face activity has been impossible, we have focused on developing our written and digital appeals to existing supporters and the wider public. In addition to our 'Coronavirus Emergency Appeal' and 'Mental Health Appeal', we also delivered an appeal themed around our drug policy advocacy work via inserts in the New Internationalist and Red Pepper magazines. We are also developing a new regular giving programme, digital fundraising videos and have successfully secured a BBC Radio4 appeal slot, to be broadcast in the coming year.

Trusts and Foundations

We are extremely grateful for the support we have received from trusts and foundations this year, which has enabled us to provide a quick and effective response to the global COVID-19 pandemic. We have provided vital equipment, sanitisers and handwashing facilities to health services across our countries of operation, including Sierra Leone, Somaliland and Laos. In addition, our generous supporters have been enabling us to build the capacity of health workers and women's clubs in Sierra Leone, to improve health and nutrition in their local communities. The support we have received is also ensuring vital health care for pregnant women, new mothers and newborns in the Highlands of Guatemala; and helping to reduce the stigma around HIV/AIDS and improve the mental health of people living with HIV in Cambodia. We would like to thank all of our supporters, including the Stanley Thomas Johnson Foundation, The Mercury Phoenix Trust and all of our anonymous donors.

Communications

This year has allowed us to take a few more risks and shift our communications to appeal to a growing digital audience who are online more because of lockdown. For our mental health campaign, we invested in more eye-catching graphics to help cut through the noise in a crowded digital space, and we also started using social media advertising more frequently to help us reach more people.

We also had some exciting projects launched from the Policy & Campaigns team (mentioned above) which we've been able to utilise to grow our followers. Our Twitter follower count has gone up by around 500 people in the past year. We also have a stronger voice on Twitter which has helped us get more attention from high-profile people/organisations, such as tweets from Helen Clark, the former Prime Minister of New Zealand.

A big project for our communications this year has also been a re-branding of our organisation messaging to help us better communicate who we are and what we do. This was a collaborative effort across all our teams and will help direct our communications going forward by making it clearer what we care about as an organisation and what we are best at.

Our fundraising and policy and campaigns teams collaborated on a successful Mental Health Campaign in December 2020.

Financial review

Overview

During 2020-21, we maintained our financial strategy of investing in our in-country programmes while exploring new strategies to increase our unrestricted funds.

Income

Our income base includes funding from institutional, individual donors and consultancy. The income from charitable activities of £19,433,333, comes primarily from grants from international institutions, governments, trusts and foundations and represents 98% of the overall organisation income. For further detail please refer to Note 2 of the accounts.

Despite the completion of several projects during the year, HPA income during the reporting period increased by 4.77% (£17,708,908 compared to £16,902,765 in 19-20).

Our unrestricted income decreased by 24,89% (£403,282 compared to £536,890 in 19-20). Donations from individuals as well as income from Trusts and Foundations account for areas of major shifts (76% of the overall decrease). The movement is largely due to the impact of COVID-19.

We are extremely grateful to all our donors for their generosity in helping us achieve our goals during these challenging times and we are committed to ensure our income is used efficiently and responsibly.

Expenditure

Unrestricted expenditure decreased by £145,287 during the year. (£277,177 compared to £423,056 in 19-20). This was mainly due to restrictions imposed during the lockdown period.

Expenditure on charitable activities increased by £1,853,871 due to increased activities on our large programmes, emergency Covid response as well as new funding.

For further detail please refer to Note 3-5 of the accounts.

Risks, uncertainties and mitigation

The Trustees Finance and Audit group alongside Senior Management Team regularly oversee major risks and how these are being managed. In 2020-21 the following risks were identified with actions to mitigate them.

For 2020-21 and beyond, the key risks to Health Poverty Action are a fall in income from donations or investment income but also the expected reduction in global financing for development over the next few years
due to COVID-19, Brexit and the DFID/FCO merger.

The Board of Trustees and Senior Management Team have discussed short, medium and long-term action strategies, and in relation to this identified the following as some of our key priorities:

- Seek new project funding, especially in relation to COVID-19 response. Seeking partnership to diversify funding from other sources and in programme countries.
- Focus trust fundraising primarily on topping up project budgets so that they provide full cost recovery.
- Support the fundraising team to minimise the negative impact of COVID-19, while at the same time building strategically to increase the team's net contribution to core income over the longer term.
- Reducing core cost expenditure in the current year whenever possible.

Risks	Management actions in 2020-21
Brexit • Not possible to apply EU call for proposals as leading organisation (our portfolio of EU grants has reduced over the past few years)	• Actively seeking possible partners as sub recipient for EU funding • Diversify funding from other donors
COVID-19 pandemic • Projects suspended or even cancelled; Besides, lockdown causing delays in project implementation potentially leading to slow burn rate and more demand on unrestricted funds • Challenging fundraising environment	• Frequent reforecasting and restrategising to maximise funding opportunities • Consulting with internal and external advisors to keep abreast of developing opportunities • Reassess and reduce unnecessary expenditures (e.g., travel) and invest strategically • Continue seeking funding to assist country team to respond to the pandemic • Seeking opportunity to start social enterprise in responding COVID 19
Currency Exchange Losses • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project budgets)	• Anticipate exchange rate fluctuation and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting. • New partnership with Foreign exchange organisation to manage exchange rate fluctuation through possible hedging
Dependency on restricted income • Only 2% of income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistle blow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Beneficiaries are unaware of how to/unable to report an issue. Risk of legal action, negative publicity, financial and reputation loss.	• Child and vulnerable adult policy. • PPP Policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all projects. • Training conducted across the organisation including overseas staff.

Reserves policy

In order to ensure the long-term financial viability of the organisation, it is the Board's policy to maintain minimum unrestricted free reserves at 5%-10% of budgeted income which equates to £0.76m-£1.4m for the coming year. Reserves at this level will mitigate some of the financial risks faced by the organisation such as loss of income, donor clawbacks and cash flow sensitivity which have huge impact on beneficiaries.

During 2020-21, our unrestricted reserves had a decrease of £70,913 to £1,486,097 (£1,557,010 in 19-20).

This decrease was made up of an exchange rate loss of £196,536 and partially offset by the net income for the year of £125,623.

As the full economic impact of the pandemic unfolds, the current level of free reserves (£1.486,097) is at the higher end of the board policy and has therefore been deemed satisfactory.

The Board will review the reserve policy in the light of new strategic plans, while maintaining the objective to keep healthy reserves in the short and long terms.

COVID-19 and Going Concern

The COVID-19 pandemic continues to have an impact on the charity various sources of income and planned expenditure. In 2020-21 Health Poverty Action was able to take advantage of the Government's Job Retention Scheme (A total of £88,760 support was received), whilst other aspects of the charity's activities transitioned successfully to remote working.

In our fundraising income we are still seeing an impact with individuals and corporations still hesitant to give. However, we see more opportunities presenting themselves with the end of lockdown. For example, we anticipate a return of in person challenge events beginning autumn 2021, new fruitful partnerships with corporations, Trusts and Foundations coming to fruition and additional opportunities through US funders becoming a reality by the end of the year with a newly formed US tax exempt non-profit status.

We continued to keep expenditure costs down by streamling staffing during the most challenging parts of the year but will begin rebuilding capacity as the needs necessitate.

In the countries where we run our programmes, some project activities had to be suspended last year, putting pressure on associated direct contributions to unrestricted funds. However, this impact was offset by opportunities to access new funding and in 2020-21 Health Poverty Action led on various COVID-19 emergency responses. The 4.77% increase in our programme income during these challenging times is seen as a positive outcome and we are looking forward to continuing to support our beneficiaries with the invaluable help of our donors.

Due to the important uncertainties resulting from the coronavirus pandemic, we have taken various considerations in the preparation of our budget and cashflow forecasts. We have opted for a very cautious approach in assessing our direct contributions from our overseas programmes and are reforecasting on a monthly basis to closely monitor movement.

The Trustees have assessed our financial projections and do not believe that there are material uncertainties that call into doubt Health Poverty Action's ability to continue in operation for the foreseeable future.

A new accounting system

Health Poverty Action has now moved to a unified accounting system. Following a thorough tendering process, the innovative cloud based system IPLICIT was selected.

Iplicit, like any other cloud-based finance system, will ensure visibility and control of global financial data in a real-time context. The extra benefits that Iplicit provides for a reasonable cost is the ability to incorporate Health Poverty Action's global cross-border projects and programmes monitoring and control as well as being able to manage multi-currency documents, payments and cross-border bank transfers.

We have significantly enhanced our internal control systems, cater for the need of our colleagues working in remote areas and are looking forward to further enhancing the functionality of this system to support our Full Cost recovery plans.

Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'.

In keeping with the principle of devolved management, the number of staff in London has been kept small. We also have part time volunteers working from time to time. In 1999 we decentralised direct management of our programmes to four regional offices supporting locally recruited project managers. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ended 31 March 2021 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election. In 2004 the Trustees agreed that no trustee should serve for more than eight years. There are 9 trustees as of August 2021.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work, and covering the essentials of what being a trustee involves. Trustees are encouraged to visit programmes and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting. Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their trustee role.

Code of Governance

In response to the well-publicised negative incidents in the charity sector, such as those involving safeguarding, there has been a more thoughtful approach to governance. There is an exploration as to how governance can be made as effective as possible in order to further a charity's mission in line with the values that underpin it.

As part of this we have appreciated the contribution made by the new Charity Governance Code, the contents and priorities of which resonate with the approach we have been taking. Of the seven principles identified by the code, we are currently giving particular attention to three areas.

- We are continuing to develop our understanding of the values that drive our work, and exploring how these can best be enshrined within our practice. For example, how some ethical dilemmas should be handled, such as which funding sources to pursue.
- The second area is how to increase diversity, which is something that has concerned us for some time.
- The third area is openness and accountability, and looking at what we can do to develop this further.

These priorities are being explored at governance level, but are not confined to that, with work also being done by both managers and staff.

Trustees Indemnity Insurance

Health Poverty Action has purchased a Charity Trustees Management Liability insurance policy on behalf of all the Trustees which covers legal liabilities up to an indemnity limit of £500,000. Trustees that retire or become former trustees are covered through a discovery period until the policy is next renewed. As we renew our policy annually, any trustee that does resign during that year would be covered for the remaining length of the annual contract.

Fundraising disclosures

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities.

In the past year we have not employed professional face-to-face fundraisers to bring new supporters on board with our work (such as door-to-door, street, or private-site fundraising). The only professional fundraising agencies which acted on our behalf during the year are Purity Fundraising and Unity 4, which both specialise in ethical telephone fundraising. We work with them on occasion to speak to our new and longstanding supporters and share more about our organisation as our small team does not have the capacity to do this in-house. We monitor the activities of Purity Fundraising and Unity 4 through regular feedback, recordings, and supporter feedback. Purity Fundraising and Unity 4 are required, during these calls, to make a disclosure statement that they are working on behalf of Health Poverty Action. We have worked with Purity Fundraising and Unity 4 throughout the year and are confident in them acting on our behalf.

We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Statement of Trustees' responsibilities

We have set out in the Trustees' Report a review of financial performance and the charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

The trustees who served during the year and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role	Details
Sunit Bagree		Resigned 22nd May 2020
Mehmet Nadir Baylav[2]		
Nouria Brikci-Nigassa		Resigned 27th March 2020
Denis John Cavanagh[1]	Treasurer	
Elaine Catherine Gilligan[2]		Resigned 9th October 2020
Anna Graham		
Rory Erskine Morrison Honney		
Anuj Kapilashrami		
Oliver Benjamin Kemp[1&2]	Chair	
Ruth Stern[1]	Vice Chair	
James William Patrick Thornberry[1]		Resigned 4th December 2020
Betty Ann Williams[1]		
Simon Jonathon Wright		

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group

Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
Kemp House
152-160 City Road
London EC1V 2NX
United Kingdom

Auditors:

Moore Kingston Smith LLP
Devonshire House
60 Goswell Rd
London EC1M 7AD
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising
Natalie Sharples, Head of Policy and Campaigns
Sandra Tcheumeni Boschet, Head of Finance and Administration
Bangyuan Wang, Head of Programmes – Asia
Dr. Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' 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 the affairs of the charitable company and of its income and expenditure 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 the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them 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. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she / he ought to have taken as a trustee in order to make herself/ himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 22 October 2021

Independent Auditor's report

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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. 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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Opinion on other matter prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

We have nothing to report in respect of the following matters where the Companies Act 2006 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 exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of Trustees

As explained more fully in the trustees' responsibilities statement set out on page 28, 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 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.

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

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

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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

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

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

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 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson
Senior Statutory Auditor

Date: 28 October 2021

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
Devonshire House
60 Goswell Road
London
EC1M 7AD

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2021

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	17,708,908	17,708,908
Donations and legacies	2	403,282	-	403,282
Gift in Kind Income	2	–	1,712,924	1,712,924
Investments	2	109	11,501	11,610
Total incoming resources		**403,391**	**19,433,333**	**19,836,724**
RESOURCES EXPENDED				
Raising funds	3	277,769	–	277,769
Charitable activities	4	–	20,443,774	20,443,774
Total resources expended		**277,769**	**20,443,774**	**20,721,543**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**125,623**	**(1,010,441)**	**(884,819)**
Transfer between funds		–	–	–
Foreign exchange gains in year		(196,536)	(114,811)	(311,346)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(70,913)**	**(1,125,252)**	**(1,196,165)**
Total funds brought forward at 1 April 2020		1,557,010	4,841,663	6,398,673
TOTAL FUNDS CARRIED FORWARD at 31 March 2021		**1,486,097**	**3,716,411**	**5,202,508**

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

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2020

	Notes	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	–	16,902,765	16,902,765
Donations and legacies	2	536,890	–	536,890
Gift in Kind Income	2	–	1,868,179	1,868,179
Investments	2	420	15,580	16,000
Total incoming resources		**537,310**	**18,786,524**	**19,323,834**
RESOURCES EXPENDED				
Raising funds	3	423,056	–	423,056
Charitable activities	4	16,453	18,380,922	18,397,375
Total resources expended		**439,509**	**18,380,922**	**18,820,431**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**97,801**	**405,602**	**503,403**
Transfer between funds		–	–	–
Foreign exchange gains in year		99,119	55,324	154,443
NET MOVEMENT IN FUNDS FOR THE YEAR		**196,920**	**460,926**	**657,846**
Total funds brought forward at 1 April 2019		1,360,090	4,380,737	5,740,827
TOTAL FUNDS CARRIED FORWARD at 31 March 2020		**1,557,010**	**4,841,663**	**6,398,673**

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

BALANCE SHEET

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2021

	Notes	2021 £	2020 £
CURRENT ASSETS			
Debtors	8	706,896	1,430,586
Stock		953,644	732,478
Cash at bank and in hand		4,990,049	5,166,562
		6,650,589	**7,329,626**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(1,345,213)	(695,579)
NET CURRENT ASSETS		**5,305,376**	**6,634,047**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(102,868)	(235,374)
TOTAL ASSETS LESS LIABILITIES		**5,202,508**	**6,398,673**
TOTAL NET ASSETS		**5,202,508**	**6,398,673**
FUNDS			
Unrestricted funds	13	1,486,097	1,557,010
Restricted funds	13	3,716,411	4,841,663
		5,202,508	**6,398,673**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Benjamin Kemp, Chair Date: 22 October 2021

Company Registration number

01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2021

	2021 £	2020 £
Net Cash Outflow from operating Activities	123,223	565,787
Returns on Investments and Servicing of Finance		
Bank interest received	11,610	16,000
Foreign exchange gain	(311,346)	154,443
(Decrease) / Increase in Cash	**(176,513)**	**736,230**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	(1,196,165)	657,846
Decrease / (Increase) in debtors	723,690	844,140
(Increase) in stock	(221,166)	(437,564)
Increase in creditors	517,128	(328,192)
Interest received	(11,610)	(16,000)
Foreign exchange gain	311,346	(154,443)
Net cash (outflow) inflow from operating activities	**123,223**	**565,787**
Analysis of Net Cash Resources		
Opening Balance	5,166,562	4,430,331
Flow	(176,513)	736,231
Closing Balance	**4,990,049**	**5,166,562**
Location of Cash Resources		
HQ bank accounts	1,902,391	2,306,459
In-country bank accounts	3,087,658	2,860,103
	4,990,049	**5,166,562**

NOTES

Notes forming part of the financial statements for year ended 31 March 2021

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The trustees consider that there are no material uncertainties about Health Poverty Action's ability to continue as a going concern for 12 months from the date of signing these financial statements. Due consideration for the effects of the COVID-19 outbreak has been taken but the charity is largely sheltered from the financial impact of COVID-19 due to the high level of unrestricted funds at the year-end despite a £70k decrease from the previous year. Nonetheless, the charity have been able to take advantage of the Government's Job Retention Scheme in respect of relevant staff, whilst other aspects of the charity's activities have transitioned successfully to remote working. In making their going concern assessment, the trustees have considered the impacts of COVID-19, the charity's revised forecasts and projections for Income and Expenditure, as well as long term cash flow. These continue to be regularly monitored, and revised, by the Trustees with appropriate action being taken to reflect the changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the Donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. INCOME

	2021 £	2020 £
INCOME		
Restricted Funds		
Charitable activities		
3MDG	–	(102,891)
Access to Health Fund	3,098,643	2,026,645
Comic Relief	179,897	414,956
Department for International Development	6,129,288	7,268,411
Education Development Centre	15,920	84,032
European Commission	341,930	1,074,834
Global Fund	2,951,308	3,103,133
Irish Aid	108,516	82,488
Liverpool School of Tropical Medicine	-	5,579
Livelihoods and Food Security Fund	108,972	154,452
Myanmar Humanitarian Fund	198,000	160,722
Other	1,705,715	568,447
UN bodies	2,030,646	1,282,804
World Food Programme	769,325	712,104
Trusts, foundations and individuals	70,748	67,049
	17,708,908	**16,902,765**
Other trading activities		
Gift in Kind	1,712,924	1,868,179
	1,712,924	**1,868,179**
Total Restricted Funds	**19,421,832**	**18,770,944**
Unrestricted Funds		
Donations from individuals and other	262,034	324,831
Consultancy	80,115	112,251
UK and European trusts / foundations	61,134	99,808
Total Unrestricted Funds	**403,282**	**536,890**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	11,501	15,580
Unrestricted Funds	109	420
	11,610	**16,000**
TOTAL INCOME	**19,836,724**	**19,323,834**

3. RAISING FUNDS

	Direct £	Support costs £	Total 2021 £	Direct £	Support costs £	Total 2020 £
Other costs	-	277,769	**277,769**	-	423,056	**423,056**
	-	277,769	**277,769**	-	423,056	**423,056**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct £	Support costs £	Total 2021 £	Direct £	Support costs £	Total 2020 £
Costs of health projects	19,718,558	725,216	20,443,774	17,522,392	874,984	18,397,376
	19,718,558	725,216	**20,443,774**	17,522,392	874,984	**18,397,376**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

Nature of cost	Total 2021 £	Cost of raising funds 2021 £	Health projects 2021 £	Basis of apportionment
Human resources	760,341	227,079	533,262	Number of employees
Establishment costs	37,562	9,503	28,059	Number of employees
Office & Administration	205,081	41,186	163,895	Number of employees
	1,002,985	**277,769**	**725,216**	

Nature of cost	Total 2020 £	Cost of raising funds 2020 £	Health projects 2020 £	Basis of apportionment
Human resources	862,950	279,800	583,150	Number of employees
Establishment costs	78,909	19,943	58,966	Number of employees
Office & Administration	356,181	123,313	232,868	Number of employees
	1,298,040	**423,056**	**874,984**	

6. NET INCOME FOR THE YEAR is stated after charging

	2021 £	2020 £
Annual Audit		
Statutory audit	20,955	20,250
In respect of prior year		
In respect of consolidation		5,750
Rentals in respect of operating leases;		
plant and machinery	4,508	4,508
other – office	56,062	56,062
Inventory expense	953,644	732,478

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2021 £	2020 £
U.K. STAFF		
Wages and salaries	859,230	864,490
Redundancy cost	-	4,500
Social security costs	76,565	99,339
Pension costs	47,385	46,657
	983,181	1,014,986
OVERSEAS STAFF		
Wages and salaries	2,348,305	3,309,655
Pension costs	70,758	73,313
Severance costs	149,251	189,903
	2,568,314	3,572,870
TOTAL STAFF COSTS	**3,551,494**	**4,587,856**

One employee received remuneration of between £70,000 - £80,000 in 2020-21 (2020:one).

Employer's pension cost relating to that individual was £3,214 (2020: £3,629)

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia and Latin America Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £ 400,020 (2020: £378,328).

The Trustees neither received nor waived any emoluments during the year (2020: £Nil).

There was no reimbursement received by the Trustees during the year (2020: £783.47).

The average number of employees, analysed by function was:

	2021	2020
	Number	Number
Charitable activities	351	392
Raising funds	9	7
	360	**399**

8. DEBTORS

	2021	2020
	£	£
Other debtors in UK	8,661	3,325
Other overseas/project debtors	62,644	171,186
Accrued income – Gift Aid & Other	9,777	13,662
Accrued income – Grants	605,708	1,223,824
Prepayments	20,105	18,589
	706,896	**1,430,586**

All debtors, except prepayments of £20,105 (2020: £18,589), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2021	2020
	£	£
Project creditors	784,794	126,130
Other creditors	27,967	158,544
Field severance pay liability and pensions	403,067	282,550
Other taxes and social security	20,715	25,911
UK Accruals	108,670	102,444
	1,345,213	**695,579**

All creditors, except for the social security creditor £20,715 (2020 :£25,911), are financial instruments measured at present value.

Creditors includes pension liabilities of £403,067 (2020: £282,550).

10. CREDITORS: Amounts falling due after one year

	2021	2020
	£	£
Field severance pay liability	102,868	235,374
	102,868	**235,374**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2021	2020
Committed to payments of:	**£**	**£**
Within One Year		
Plant and Machinery	-	-
Other – office	17,436	59,483
Between One and Two Years		
Provision for dilapidation	23,018	23,018
Other – office	2,927	45,467
Between Two and Five Years		
Plant and machinery	-	-
Other – office	383	3,310
Total	**43,764**	**131,278**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Fund balances at 31 March 2021 are represented by:						
Current assets	1,534,779	5,115,810	6,650,589	1,843,909	5,485,717	7,329,626
Current liabilities	(48,682)	(1,296,531)	(1,345,213)	(286,899)	(408,680)	(695,579)
Long Term Liabilities	-	(102,868)	(102,868)	-	(235,374)	(235,374)
Total Net Assets	**1,486,097**	**3,716,411**	**5,202,508**	**1,557,010**	**4,841,663**	**6,398,673**

14. STATEMENT OF FUNDS

	Funds at 2020 £	Income £	Expenditure £	Transfers £	Funds at 2021 £
Myanmar & China	1,038,676	7,875,265	(7,909,306)	–	1,004,635
Cambodia	129,374	454,435	(446,240)	–	137,569
Ethiopia	146,262	70,825	(188,309)	–	28,778
Guatemala	164,482	284,182	(232,186)	–	216,478
Kenya	(13,248)	173,966	(184,351)	–	(23,633)
Laos	865,807	276,545	(864,188)	–	278,163
Namibia	(7,688)	225	(50,853)	–	(58,316)
Nicaragua	186,261	4,064	(117,976)	–	72,349
Rwanda	163,959	42,046	(157,685)	–	48,320
Sierra Leone	(172,493)	422,791	(437,461)	–	(187,163)
Somaliland	884,116	6,120,934	(6,534,219)	–	470,831
Vietnam	(16,646)	468,340	(53,627)	–	398,068
Multi-Country Projects	717,090	1,420,950	(1,797,155)	–	340,885
Global Campaigns	23,231	105,841	(93,270)	–	35,803
Gift in Kind	732,478	1,712,924	(1,491,757)	–	953,644
Total restricted funds	**4,841,663**	**19,433,333**	**(20,558,585)**	**–**	**3,716,411**
Unrestricted funds	1,557,010	403,391	(474,304)	–	1,486,097
Total funds	**6,398,673**	**19,836,724**	**(21,032,889)**	**–**	**5,202,508**

	Funds at 2019 £	Income £	Expenditure £	Transfers £	Funds at 2020 £
Myanmar & China	769,568	6,665,675	(6,396,567)	–	1,038,676
Cambodia	87,690	435,192	(393,508)	–	129,374
Ethiopia	120,882	146,861	(121,481)	–	146,262
Guatemala	198,129	100,406	(134,053)	–	164,482
Kenya	(19,194)	2,706	3,240	–	(13,248)
Laos	661,108	1,231,765	(1,027,067)	–	865,807
Namibia	(10,541)	4,877	(2,024)	–	(7,688)
Nicaragua	225,479	15,120	(54,338)	–	186,261
Rwanda	197,160	501,075	(534,276)	–	163,959
Sierra Leone	311,189	347,074	(830,756)	–	(172,493)
Somaliland	1,070,440	5,428,042	(5,614,366)	–	884,116
Vietnam	(22,986)	6	6,334	–	(16,646)
Multi-Country Projects	480,839	1,933,374	(1,697,124)	–	717,090
Global Campaigns	16,057	106,172	(98,997)	–	23,231
Gift in Kind	294,914	1,868,179	(1,430,615)	–	732,478
Total restricted funds	**4,380,736**	**18,786,524**	**(18,325,598)**	**–**	**4,841,663**
Unrestricted funds	1,360,090	636,429	(439,509)	–	1,557,010
Total funds	**5,740,826**	**19,422,953**	**(18,765,107)**	**–**	**6,398,673**

Restricted funds balances are held to ensure that there are adequate funds to implement programme activities.

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds)

Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons, e.g. because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. So we can't add them to general unrestricted reserves in the accounts. They are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

During the 2020-21 Health Poverty Action and Find Your Feet ended their linking partnership.

However, Health Poverty Action continues to provide management and support services to Find Your Feet at its UK headquarters.

Both charities share the same trustees althougth none of the trustees have been appointed to the Find Your Feet board as representatives of Health Poverty Action.

In 2020-21, a total of £80,505 of Health Poverty Action's UK staff cost was recharged to Find Your Feet (2019-20: £82,285).

A further £2,841 was charged as part of office costs (2019-20: £7,134).

16. STATEMENT OF FUNDS

	2021 Receipts	2021 Expenditure	2020 Receipts	2020 Expenditure
Big Lottery Fund				
URN: 0010237333 Nicaragua (main grant)	-	-	-	-
URN: 0010231645 Namibia (main grant)	-	-	-	-
Irish Department of Foreign Affairs and Trade				
CSF07-15 Nicaragua and Rwanda	-	-	-	-
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	108,516.00	93,813.00	82,488	30,117
Department for International Development / Foreign, Commonwealth and Development Office				
UKAD-IMP-119 Myanmar	-	-	(26,954)	-
IMP-120 Kenya	-	-	10,000	-
HARP-TRN-001 Myanmar	-	-	(134,902)	226,436
HARP-DEL-017 Myanmar	1,392,944	1,976,665	2,584,001	1,860,967
UK Aid Direct: 9TGE-DHP5-JZ (with MRG) Kenya, Ethiopia, Myanmar, Cambodia	133,318	201,994	17,672	5,867
FCDO 204196-117	602,697	671,962	-	-
HARP-RRF-006 COVID-19	589,843	590,075	-	-
UK Aid Match: 205210 - 254 Sierra Leone	8,078	49,270	-	-
Girls Education Challenge – GEC-T				
6317 Rwanda	112,275	-	457,726	421,754
Population Services International				
4289-HPA-01APR2016 Somaliland	1,251,252	939,502	1,118,128	1,169,026
4115SOM-HPA-01Nov17 Somaliland	-	-	-	-
4476-HPA-01JULY2018 Somaliland	248,883	-	248,883	-
4313-HPA-01DEC2018 Somaliland	152,205	87,905	165,384	258,996
BMB Mott MacDonald BV				
376106 - Lot 3 Somaliland	1,215,689	1,398,264	1,068,350	1,029,366
376106 - Lot 4 Somaliland	1,337,595	1,501,593	1,294,222	1,435,354
Caritas Switzerland				
P170086 Somaliland	-	-	14,517	120,213
Cordaid				
113336-SAN Sierra Leone	-	-	-	-
Comic Relief				
1867316 Sierra Leone	-	-	15,395	42,444
2572521 Cambodia & Laos	154,997	461,811.00	250,000	253,959
2712084 Sierra Leone	55,128	17,492	135,497	200,480

WITH THANKS TO:

UKaid from the British people

European Union

COMIC RELIEF

CARITAS Schweiz Suisse Svizzera Svizra

MHF Myanmar Humanitarian Fund

UKaid from the British people HARP-F Humanitarian Assistance and Resilience Programme Facility

The Global Fund

STANLEY THOMAS JOHNSON FOUNDATION

Irish Aid Rialtas na hÉireann Government of Ireland

THE MERCURY PHOENIX TRUST

UNFPA

unicef

WFP

ACCESS TO HEALTH FUND

UKaid from the British people

SWEDEN

USAID FROM THE AMERICAN PEOPLE

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Managed by UNOPS

LIFT

Livelihoods and Food Security Fund

UKaid

EUROPEAN UNION

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Australian Aid

USAID

Canada

NEW ZEALAND FOREIGN AFFAIRS & TRADE Aid Programme

Irish Aid Rialtas na hÉireann Government of Ireland

Norwegian Ministry of Foreign Affairs

managed by UNOPS

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