HEALTH POVERTY ACTION

Annual report and accounts

2024-2025

Contents

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

 Design & layout: www.causeffectdesign.co.uk

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.

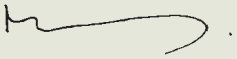
The scale of the cuts and impact mean that 2025 may mark not only the end of the so-called 'aid' system, but of norms that defined the post-World War era. The impact on our own work has been drastic. With budget cuts forcing us to shrink programmes, halt work, and cut staff, increasing pressure on those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

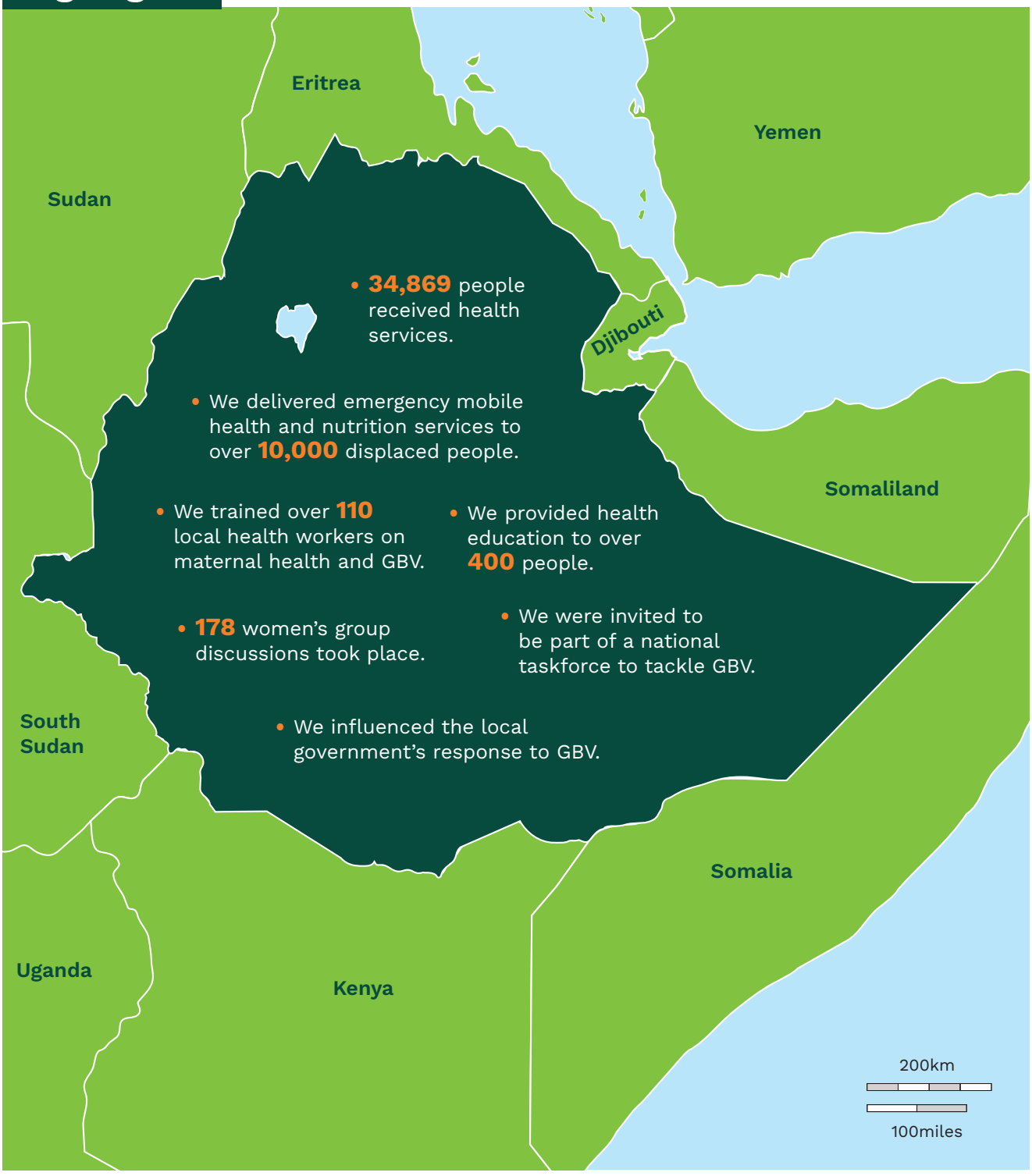
We are working to improve health service utilisation and economic resilience of vulnerable households in the Afar Region by integrating community-based health insurance with access to income-generating activities.

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."

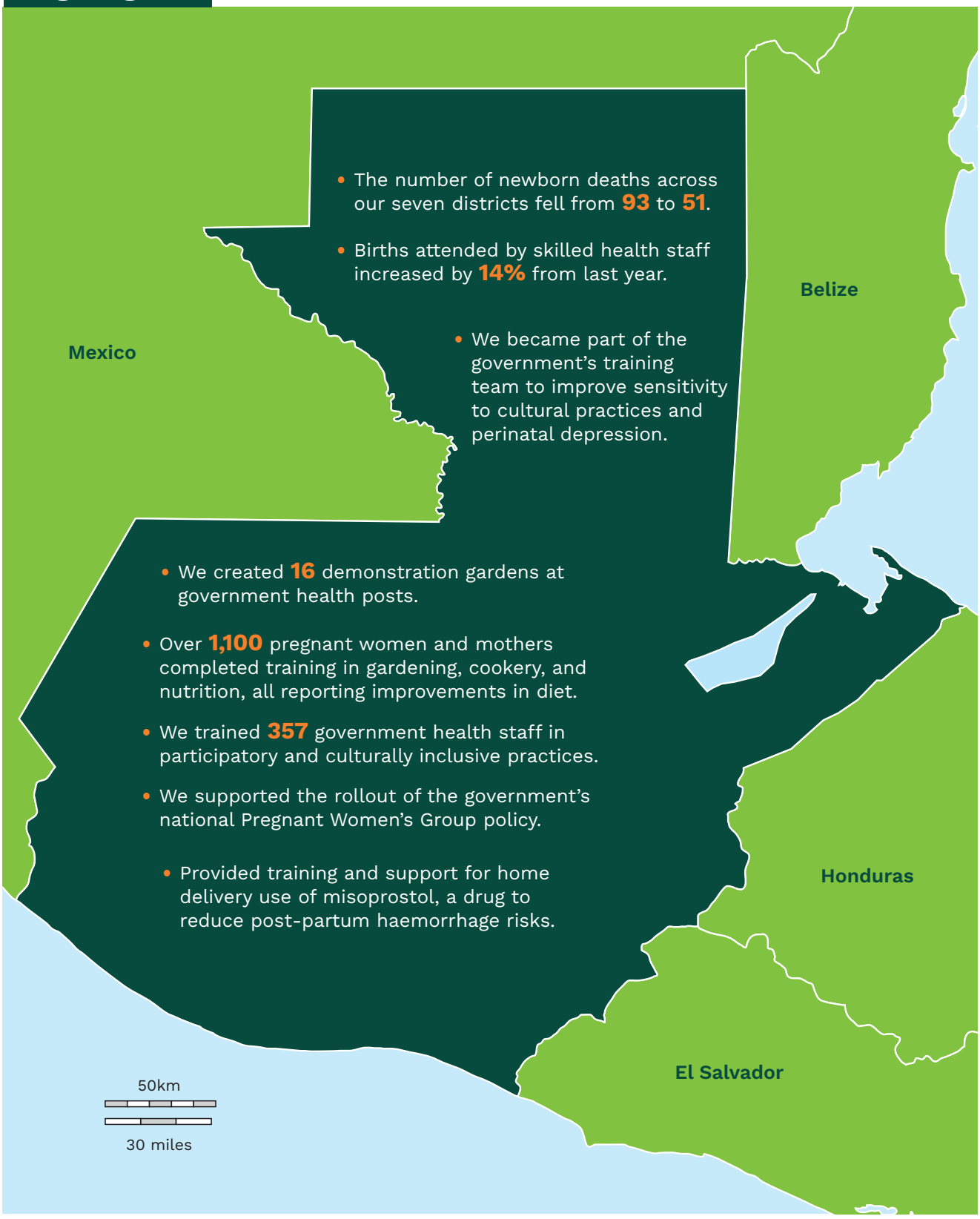
"Because of my training with Health Poverty Action I know my rights," she says. "I demanded to speak to the doctor directly. On the phone, I told him he was committing a crime by detaining the deceased baby and the mother, and by attempting to bribe a TBA into falsely taking blame. I warned him that 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.

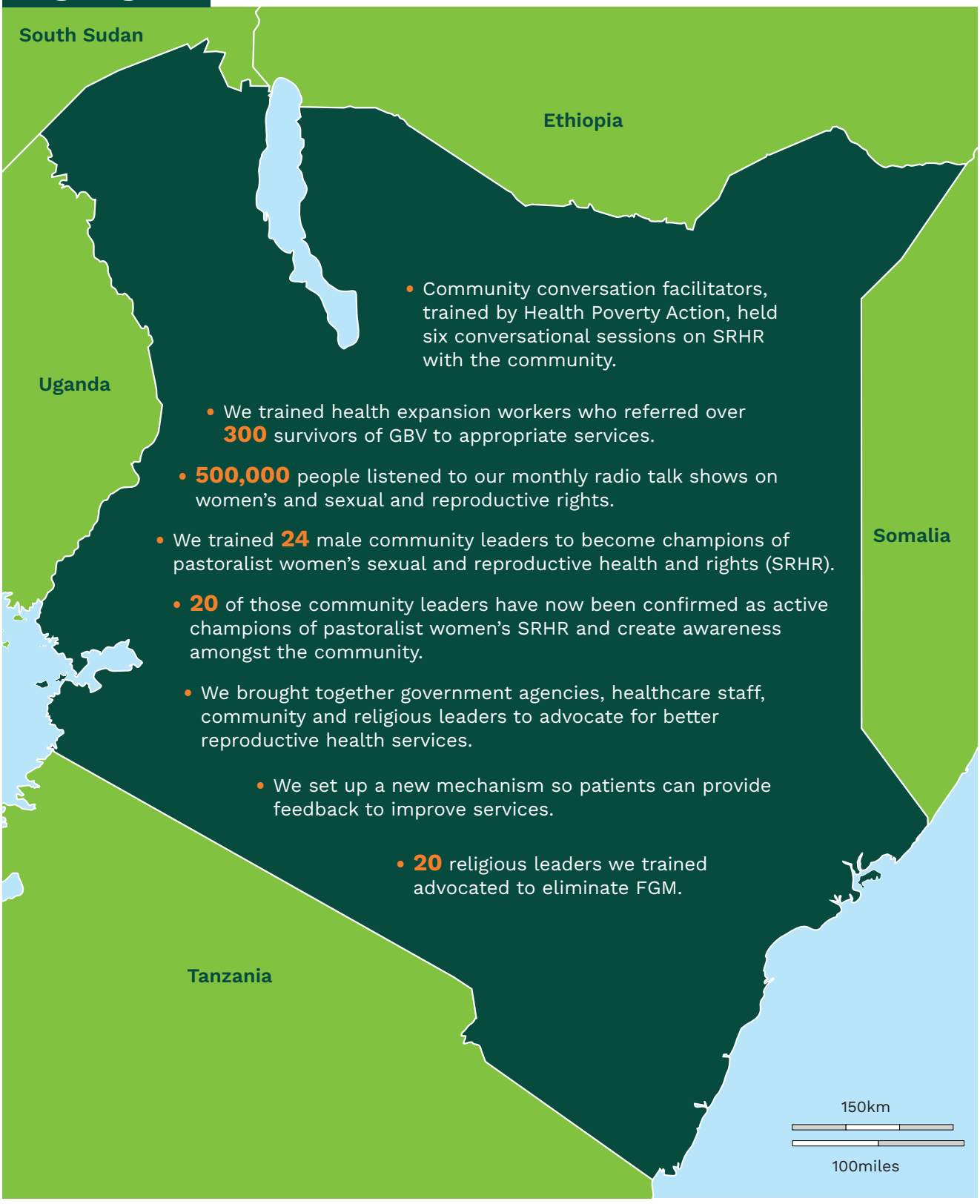
Our work

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

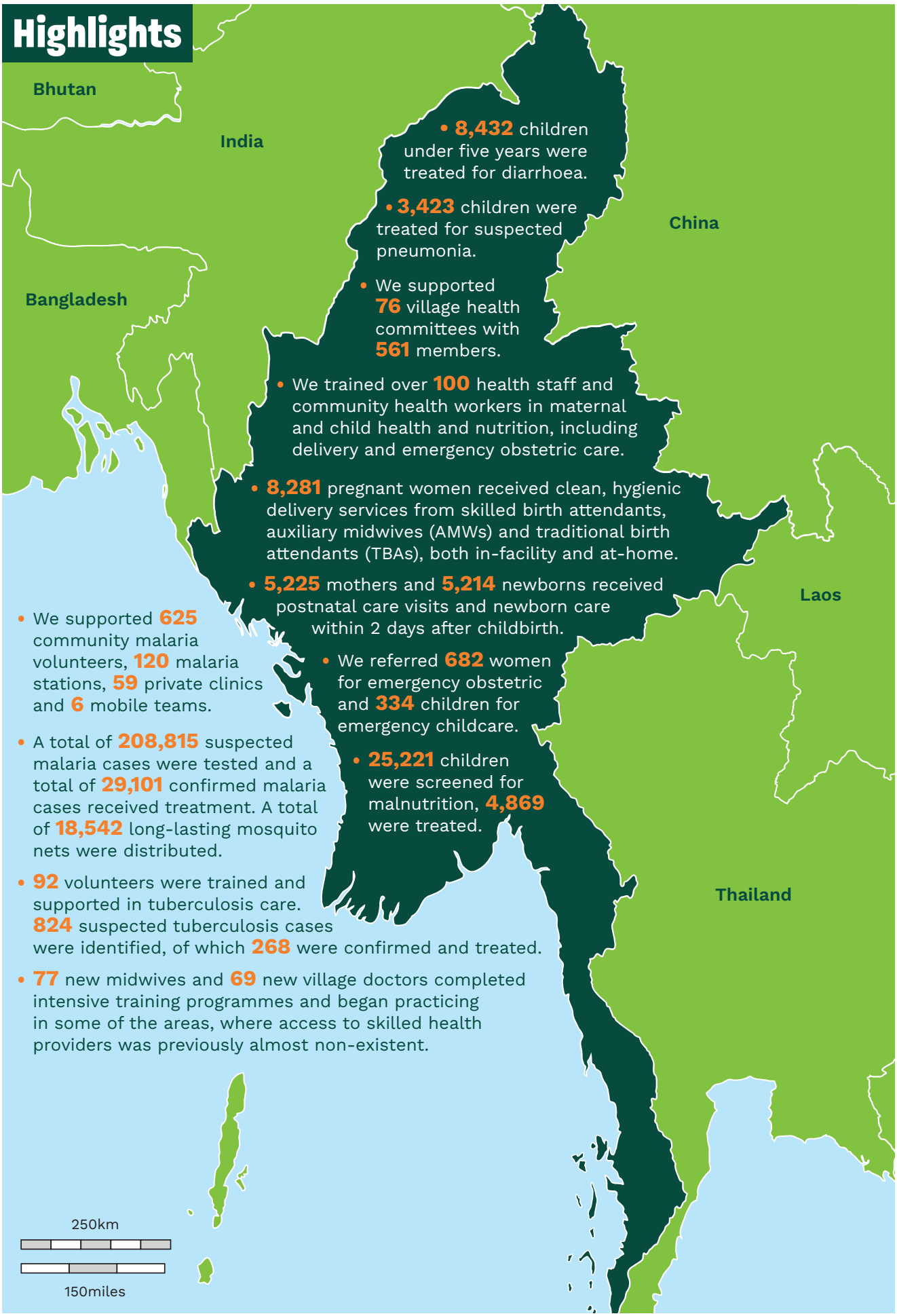
Since late 2024, intensified hostilities have resulted in shifting territory control, creating service delivery gaps and further disrupting public services, including healthcare. Heightened tensions along the border areas have disrupted cross-border trade and humanitarian supply lines, particularly affecting 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

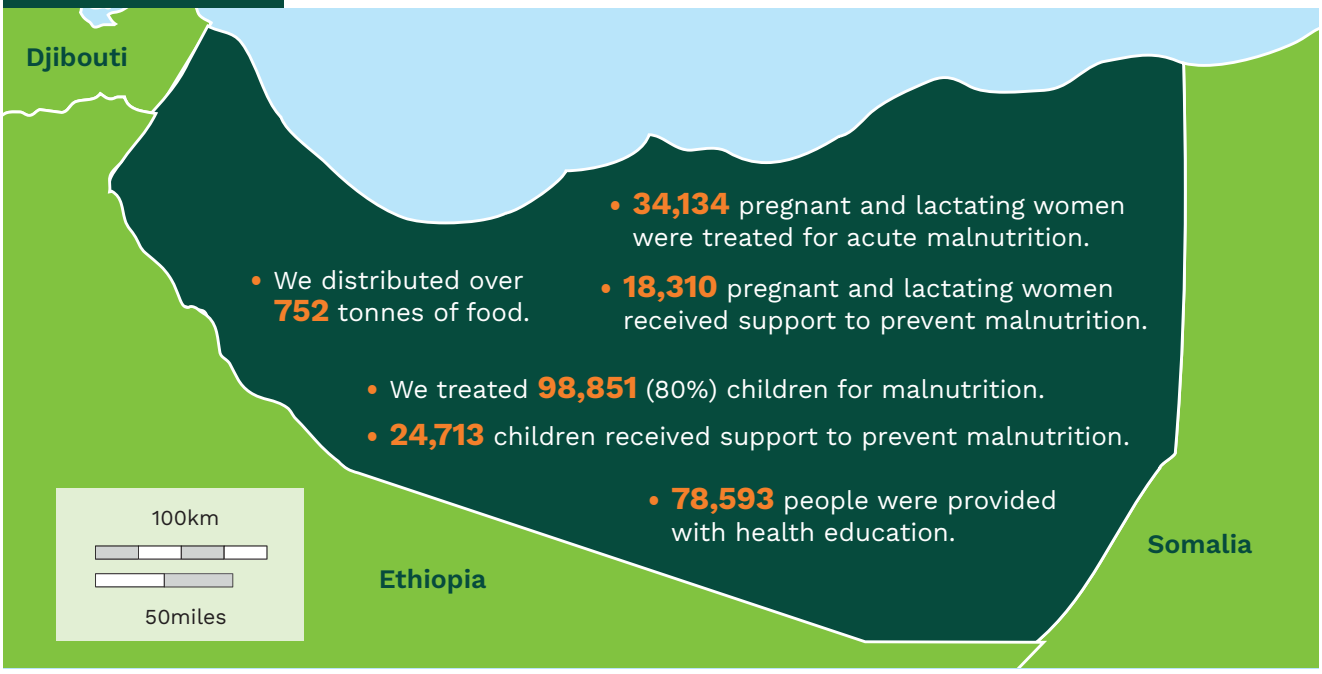
Every sector from food security to healthcare and education is intrinsically tied to foreign aid.

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.

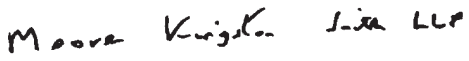
Our approach was as follows:

- 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

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

Suite 2, 23-24 Great James Street, London WC1N 3ES

+44 20 7840 3777 fundraising@healthpovertyaction.org

healthpovertyaction.org HealthPovertyAction @healthpoverty

Registered charity no. 290535