

A photograph of three elderly women, likely of South Asian descent, standing in a line. They are all wearing face masks and blue aprons. The woman in the foreground is wearing a pink headscarf and a colorful striped mask. The woman behind her is wearing a light blue surgical mask. The woman on the right is wearing a black and white patterned headscarf and a colorful striped mask. They are all smiling and looking towards the camera. The background is a plain, light-colored wall.

**HEALTH
POVERTY
ACTION**

**Annual report
and accounts**

2022-2023

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Cover image: Traditional Birth Attendant in Guatemala
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Message from Director and Chair

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

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

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

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

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

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



Oliver Benjamin Kemp
Chair of Trustees



Martin Drewry
Director

Who we are

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

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

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

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

Our legal purpose is:

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

Public benefit statement

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



Country updates

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



Guatemala

Context

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

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

Political update

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

Reflections of a Traditional Birth Attendant

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

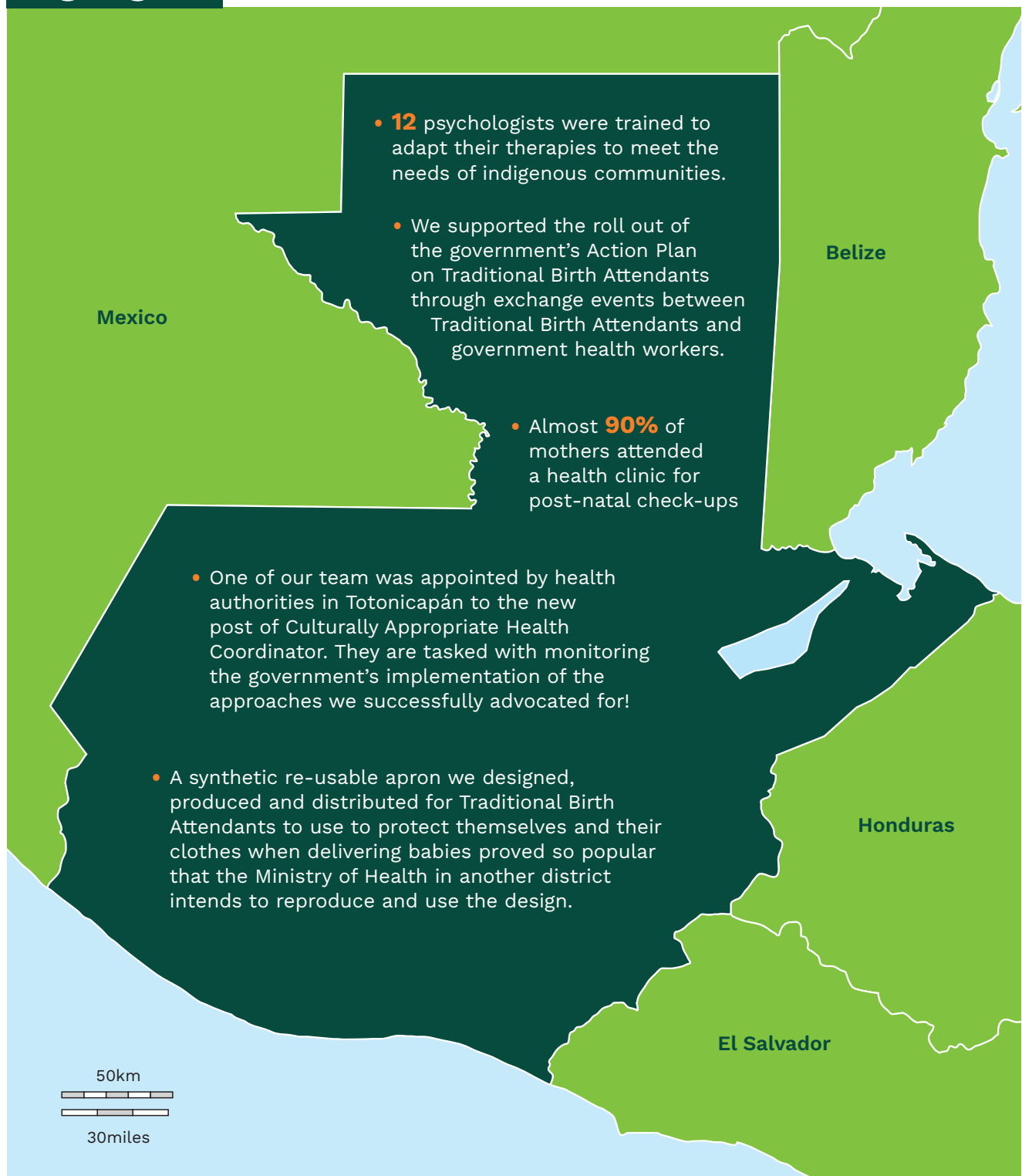


“Health Poverty Action has helped enormously... It's the only institution which is concerned with us as Traditional Birth Attendants... As a result of its training, I've made some changes to how I work. Now I always use gloves and an apron or a gown. Before, I didn't understand how important those were,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

Our work

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

Highlights



Namibia

Context

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

Political update

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

Our work

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

The collision of three pandemics

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

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

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



Research study Namibia

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

Highlights



Rwanda

Context

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

Political update

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

Our work

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

Developing new small businesses

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

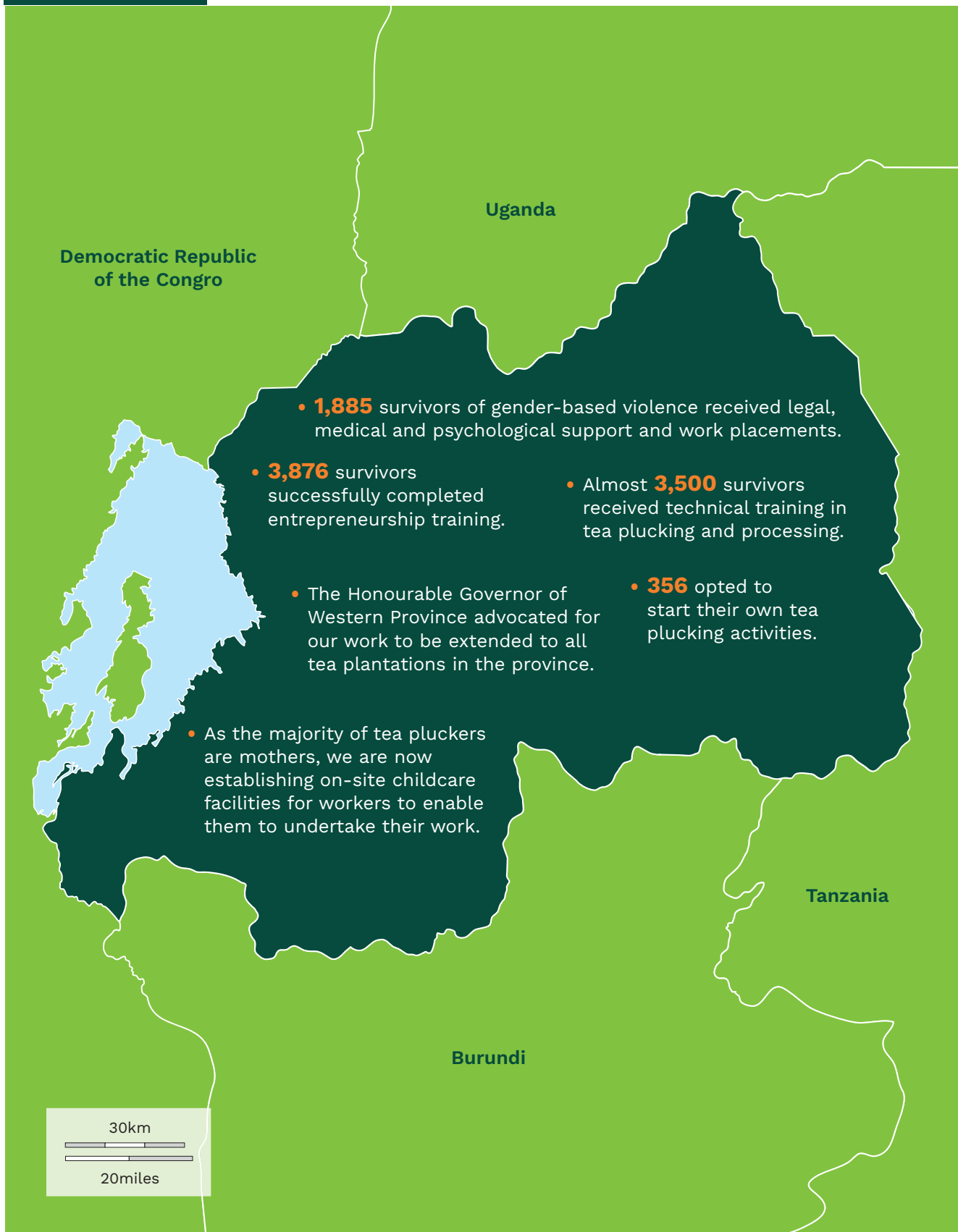
Following the entrepreneurship skills she gained, Beatrice started a small business of chicken rearing. Beatrice borrowed 10,000 Rwf (around 6.50 GBP) from her savings group to buy five chickens. After three months she sold the chickens for 32,500 Rwf (around 21 GBP) and reinvested all the money from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



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

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

Highlights



Kenya

Context

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

Political update

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



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

Supporting COVID-19 testing

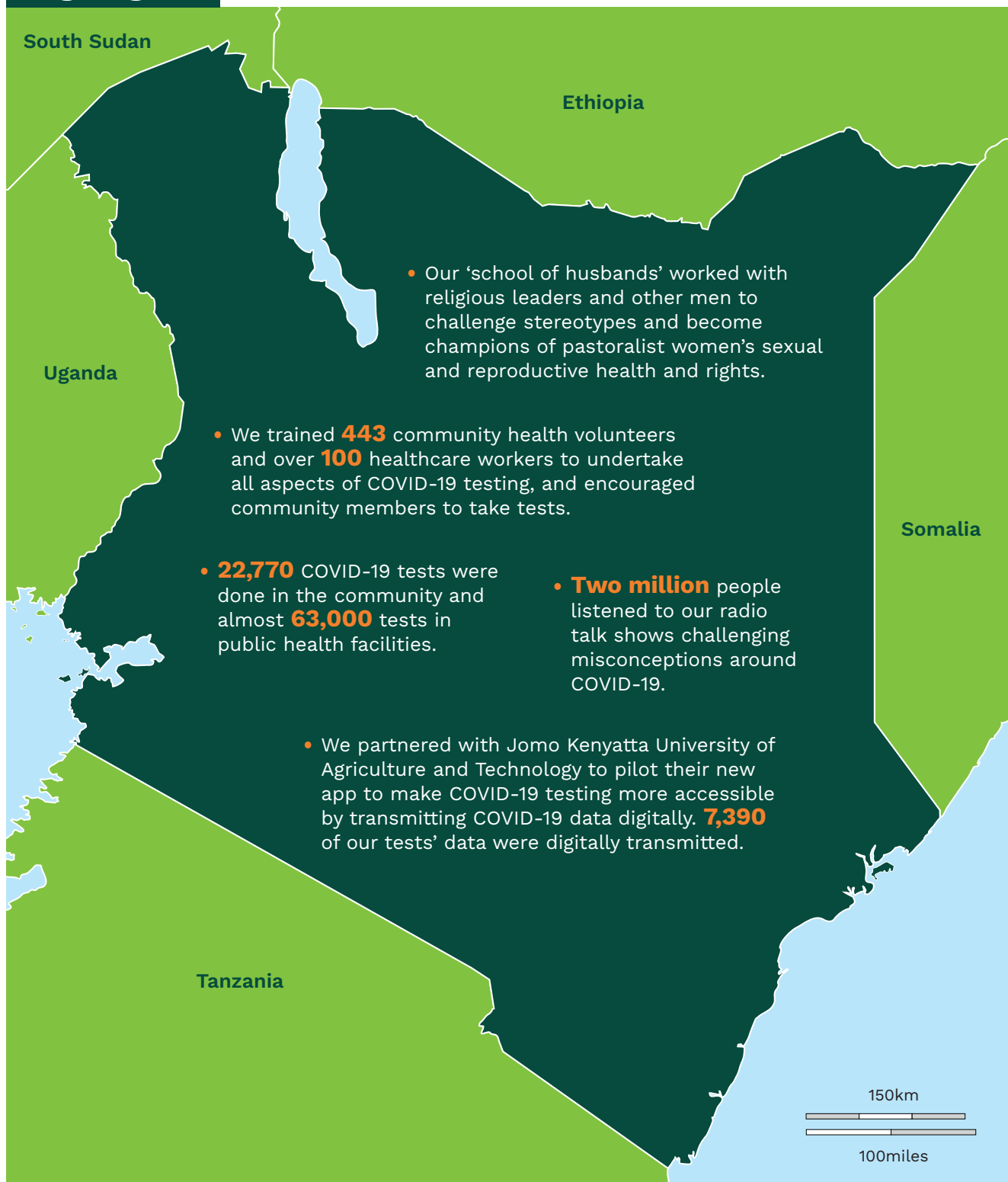
Mr. Hassan, a nurse in charge of Arabia sub-county hospital in Mandera is among the health care workers we trained in COVID-19 testing and referral.

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

Our work

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

Highlights



Ethiopia

Context

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

Political update

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

Starting conversations about women's health

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

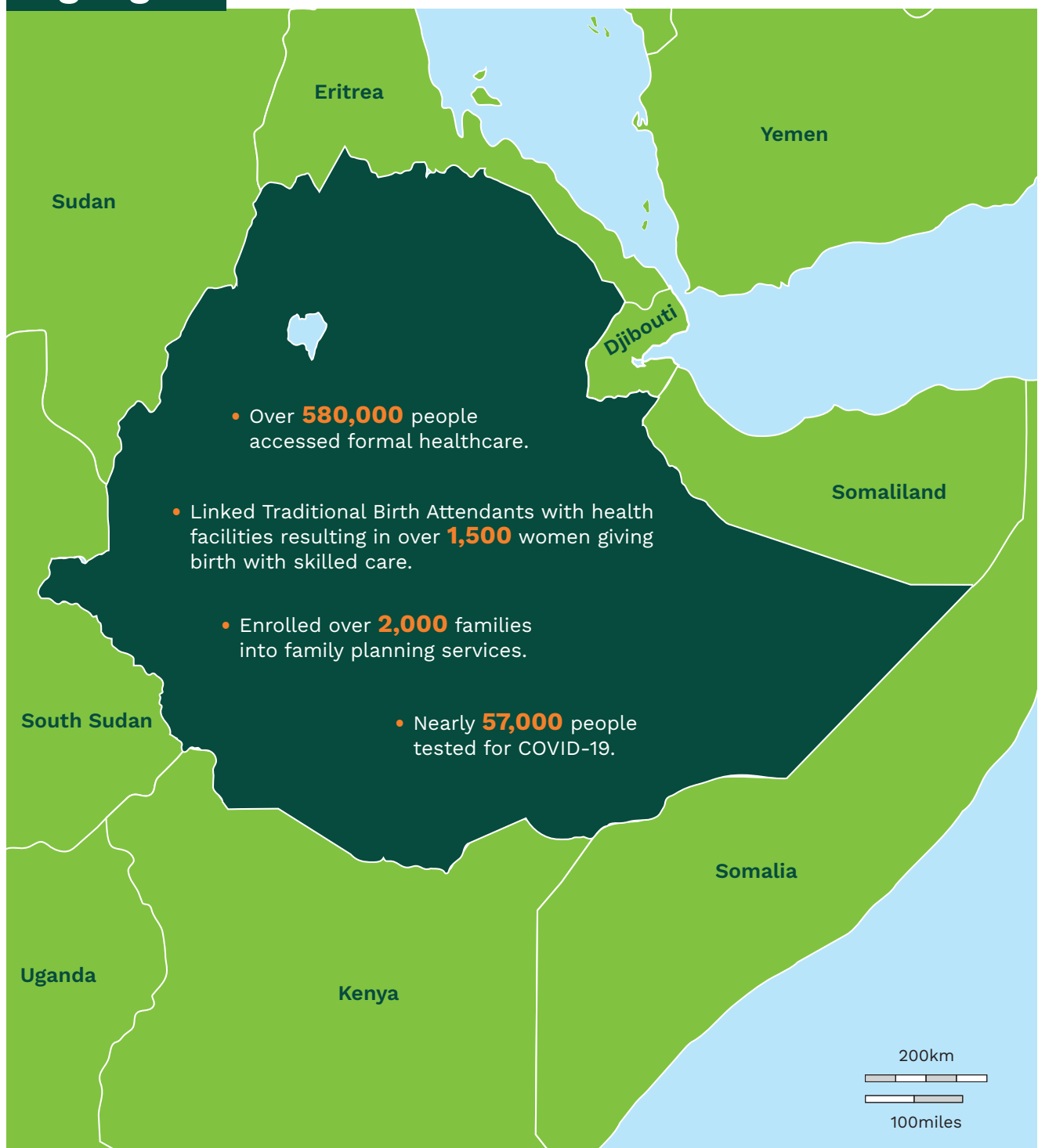


Afar, Ethiopia: Trained health workers conduct testing for hypertension and diabetes in a tent prepared for mass screening of local communities during the world hypertension day celebration. Health workers regularly conduct outreach and facility-based testing for high-risk target groups and enrol patients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

Our work

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

Highlights



Somaliland

Context

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

Political update

Rising inflation and cost of living crises created further challenges this year. Research has

exposed that female genital mutilation increased during COVID-19 lockdowns.^{iv} Meanwhile, cuts to donor funding have had a significant, detrimental impact on the already underfunded health system.

Our work

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

Identifying malnutrition in the community

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

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

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

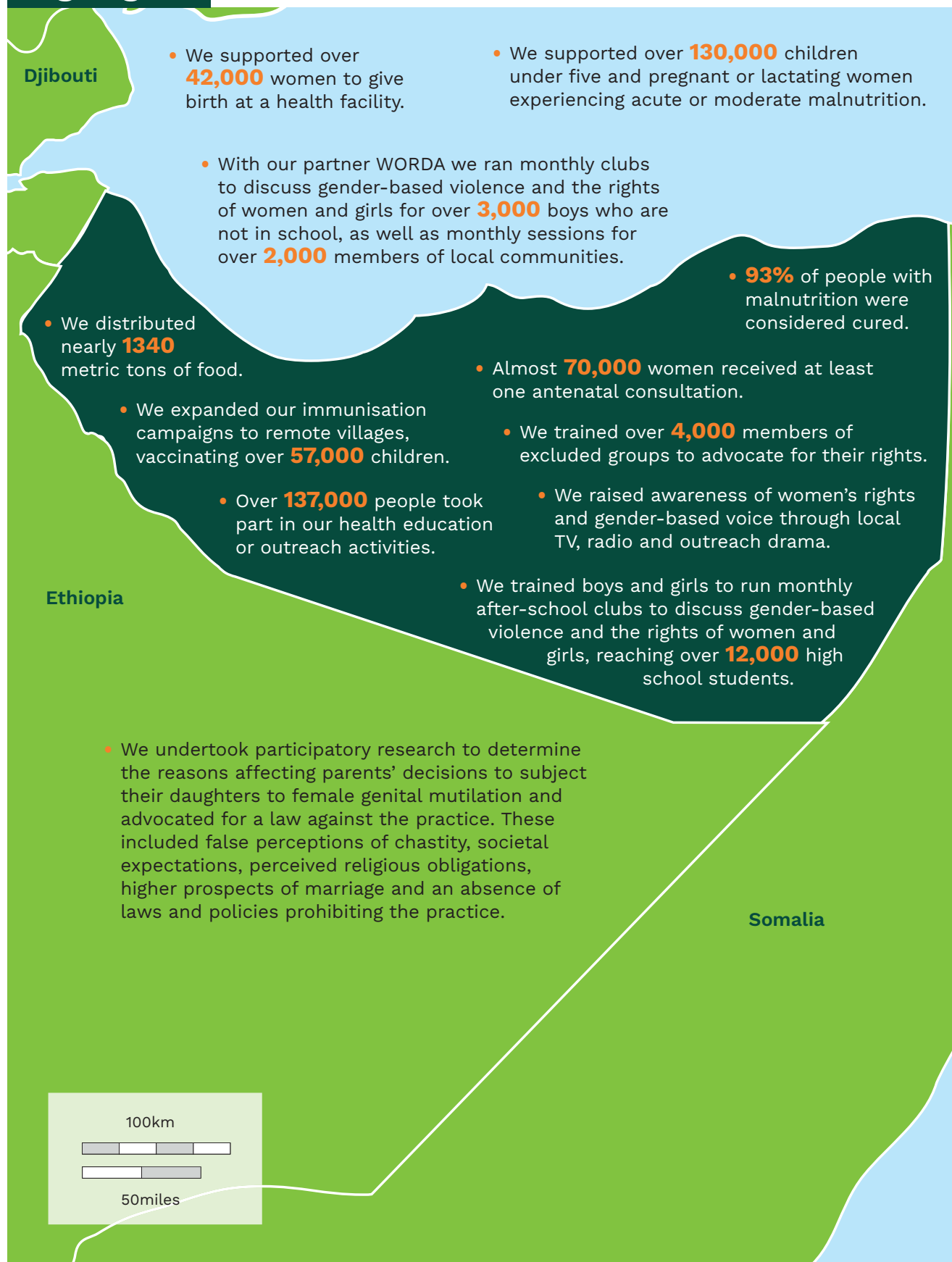
"I am so grateful to the social mobiliser for visiting my house and advising me on what to do. I saw a big change in the condition of my child who has now recovered well and we thank Allah and the doctors who attended him promptly. I didn't pay even a single shilling and all services were free... I will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



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

iv. <https://www.independent.co.uk/news/fgm-somaliland-somalia-africa-experts-b2024699.html>

Highlights



Myanmar

Context

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

Political update

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

Our work

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

Emergency care in Kachin State

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

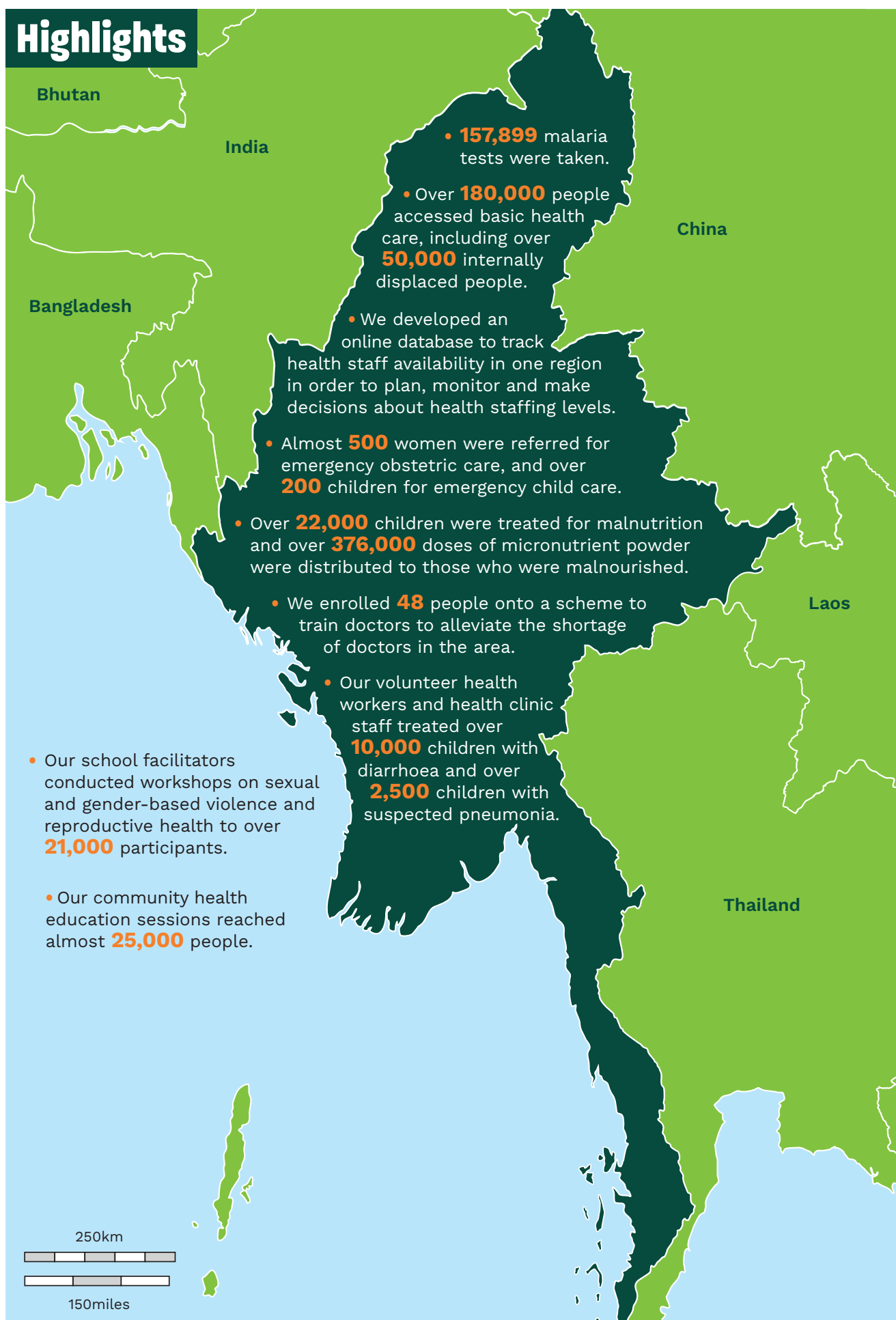
Sayarma Nan Hee Khon Zi is a community auxiliary midwife volunteer trained by us. A pregnant woman called Da Khwan Hti Ram fell at 38 weeks of pregnancy and started bleeding vaginally. There was no midwife at the local hospital and no one was able to provide care for her. Sayarma rushed to the patient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

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

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

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

Highlights



Laos

Context

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

Political update

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

Our work

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

Malaria awareness in the forest

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

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



Training village malaria workers on general knowledge, tests and treatment

Highlights



Cambodia

Context

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

Political update

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

Empowering Cambodia

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

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



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

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

Our work

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

Highlights



Vietnam

Context

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

Political update

Though Vietnam is making unprecedented achievements in social and economic development,

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

Our work

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

Malaria testing in the community

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



Highlights



Speaking out

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

Highlights

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

DRUG POLICY REFORM & ENVIRONMENTAL JUSTICE INTERNATIONAL COALITION



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

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



Debating drug reforms in Ghana

Fundraising

Context

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

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

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

Highlights

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



Choirs for Change performing carols at a London tube station



Health Poverty Action marathon runners

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

Fundraising disclosures

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

Financial review

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

Income

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

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

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

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

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

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

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

Expenditure

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

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

• Charitable activities

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

• Support costs

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

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

Risks, uncertainties and mitigation

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

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

Risks	Management actions in 2022-23
Impact of aid cuts <ul style="list-style-type: none"> • Loss of funding 	<ul style="list-style-type: none"> • Continue to build reserves and review cost model • Increase donor relationships • Investigate research partnerships • Continue to develop in house skills to meet the need for innovation
Brexit <ul style="list-style-type: none"> • Not possible to apply to EU calls for proposals as leading organisation (our portfolio of EU grants has reduced over the past few years) 	<ul style="list-style-type: none"> • Actively seek possible partners as sub-recipients for EU funding • Diversify funding from other donors
Programming in complex environments <ul style="list-style-type: none"> • Risk of health, safety and security incidents. Fraud and dishonesty, including bribery and corruption. 	<ul style="list-style-type: none"> • Continue to invest in programmes to strengthen the capacity of country offices and upgrade controls
Currency exchange losses <ul style="list-style-type: none"> • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project budgets) 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Only 4% of income is unrestricted • Substantial impact in the event of loss of donors 	<ul style="list-style-type: none"> • Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all projects • Training conducted across the organisation including overseas staff

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

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

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

Reserves policy

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

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

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

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

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

• Investments

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

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

• Financial Risk

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

Going Concern

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

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

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

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

Trustees' report

Structure, management and governance

Structure and management

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

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

Remuneration policy

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

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

Senior management remuneration

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

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay.

- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

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

Governance

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

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

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

Statement of Trustees responsibilities

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are

no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

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

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

1. members of the Finance and Audit Committee

2. members of the Fundraising Advisory Group

Appointments and Resignation dates as stated on Companies House

Trustees administrative report

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

Registered Company Number: 1837621

Registered Charity Number (England and Wales):
290535

Registered Office:

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

Auditors:

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

Banks:

CAF Bank Limited	HSBC plc
Kings Hill	8 Canada Square
West Malling	London
Kent ME19 4TA	E14 5HQ
United Kingdom	United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising
Natalie Sharples, Head of Policy and Campaigns
Sandra Tcheumeni Boschet, Head of Finance and
Administration
Bangyuan Wang, Head of Programmes – Asia
Dr. Tadesse Kassaye Woldetsadik, Head of
Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of its income and expenditure for that period.

In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;

- Observe the methods and principles the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

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

Auditors

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

On behalf of the Trustees:



Oliver Benjamin Kemp
Chair of Trustees

Date: 21 November 2023

Independent Auditor's report

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

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 33, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.

- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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

Use of our report

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

Moore Kingston Smith LLP

Neil Finlayson
Senior Statutory Auditor

Date: 21 November 2023

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

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2023

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

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

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2022

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

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

Balance sheet

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

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

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



Oliver Kemp, Chair

Date: 21 November 2023

Company Registration number 01837621

Cash flow statement

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

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

Notes

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

1. PRINCIPAL ACCOUNTING POLICIES

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

a) Accounting convention

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

The functional currency of the charity is pound sterling.

b) Going Concern

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

c) Incoming resources

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

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

d) Resources expended

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

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

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

e) Fund accounting

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

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

f) Foreign Currencies

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

g) Pensions

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

h) Operating leases

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

i) Liabilities

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

j) Other financial instruments

- i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.
- ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

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

2. INCOME

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

3. RAISING FUNDS

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

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

4. CHARITABLE ACTIVITIES

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

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

5. SUPPORT COSTS

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

Support costs and basis of apportionment:

	Total 2023 £	Cost of raising funds 2023 £	Health projects 2023 £	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,162,708	267,387	895,322	Number of employees
Establishment costs	-	-	-	Number of employees
Office & Administration	327,792	21,841	305,951	Number of employees
	1,490,500	289,228	1,201,273	
	Total 2022 £	Cost of raising funds 2022 £	Health projects 2022 £	Basis of apportionment
Nature of cost	£	£	£	
Human resources	1,000,618	428,541	572,078	Number of employees
Establishment costs	18,644	13,610	5,034	Number of employees
Office & Administration	209,030	55,239	153,791	Number of employees
	1,228,292	497,390	730,902	

6. NET INCOME FOR THE YEAR is stated after charging

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

7. STAFF COSTS AND TRUSTEES' REMUNERATION

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

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

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

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

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

The average number of employees, analysed by function was:

	2023 Number	2022 Number
Charitable activities	441	379
Raising funds	4	4
	<u>446</u>	<u>382</u>

8. DEBTORS

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

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

9. CREDITORS: Amounts falling due within one year

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

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

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

10. CREDITORS: Amounts falling due after one year

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

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

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

12. LEASEHOLD COMMITMENTS

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

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

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

14. STATEMENT OF FUNDS

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

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

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

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

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

15. RELATED PARTY TRANSACTIONS

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

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

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

16. STATEMENT OF FUNDS

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

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Burnet Institute

CAMBODIA

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SD Asia (Cambodia)

ETHIOPIA

Ministry of Health

Ethiopian Public Health Institute

Somali Regional Health Bureau

Afar Regional Health Bureau

Addis Ababa City Administration Health Bureau

SNNPR Regional Health Bureau

Health Workers

(Mentors, NCD focal and facility heads)

Tropical Health and Education Trust (THET)

GUATEMALA

Ministry of Health and Social Assistance,
Quetzaltenango

Ministry of Health and Social Assistance,
Totonicapán

KENYA

Ministry of Health

Nairobi City County Government

Mandera City County Government

Jomo Kenyatta University of Agriculture and
Technology

LAOS

Community Health and Inclusion Association

Population Education and Development Association

NAMIBIA

Ministry of Health and Social Services

University of Namibia

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BOTSWANA

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SOMALILAND

Ministry of Health and Development

Ministry of Employment, Social and Family Affairs

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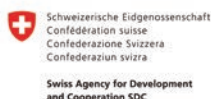
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