

Registered Charity No. 1105455  
Company Registered No. 05044723 (England & Wales)



**International Health Partners (UK) Limited**

**Trustees' report and financial statements  
For the year ended 31 December 2019**



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Reference and administrative details of the charity, its trustees and advisers  
For the year ended 31 December 2019

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<b>Patron</b>	HRH, The Prince of Wales
<b>Trustees</b>	Professor Richard Barker OBE, (resigned 7 March 2019) Barbara Brese Dr Joanna Hobbs (appointed 10 March 2020) Simon Howard Helen Leighton Wei-Lynn Lum Peter O'Driscoll, (Chair from 7 March 2019) Dr Nigel Pearson (resigned 10 March 2020) Alexander Stewart (appointed 1 October 2019) Ian Walker (resigned 10 March 2020) Glyn Williams
<b>Company registered number</b>	05044723
<b>Charity registered number</b>	1105455
<b>Registered office</b>	Unit 402 Clerkenwell Workshops 27/31 Clerkenwell Close London EC1R 0AT
<b>CEO</b>	Adele Paterson
<b>Company secretary</b>	Tina Grear
<b>Independent auditors</b>	Saffery Champness LLP 71 Queen Victoria Street London United Kingdom EC4V 4BE
<b>Bankers</b>	HSBC Bank plc 60 Queen Victoria Street London EC4N 4TR

## Objectives and Activities

International Health Partners (IHP) was founded with a vision to improve access to medicine and help eradicate suffering from lack of healthcare.

We serve those in need by sourcing and safely distributing long-dated, high-quality donated medicines and health supplies. Donations come from our global network of healthcare partners in Europe and the US, and are distributed by our in-country NGO partners in disaster-hit and vulnerable communities worldwide.

Our 14-strong staff team in London oversees active partnerships with 26 pharmaceutical companies and 18 NGO partners. Nine-tenths of our work comprises regular shipments to a small number of NGO partners overseas. We are also developing longer-term partnership programmes in community health (Myanmar), non-communicable diseases (Lebanon), paediatric oncology (Tanzania) and maternal health (West and Central Africa). In addition, we run an Essential Health Pack programme that enables us to respond rapidly when disasters occur.

Since 2005, when we sent our first shipments abroad, we've worked with hundreds of partners to increase access to healthcare for millions of people. With the support of our partners and donors, in 2019, IHP shipped more than **1.2 million** treatments to **36 countries**, in the form of **416 pallets** in **74 shipments**. In total, we arranged for **£9.8 million worth** of donated healthcare products to reach people in the world's most vulnerable communities. Donations relieve pain, restore health and hope, and save lives.

As we celebrate our 15<sup>th</sup> anniversary, we are preparing to scale up.

Lack of access to medicine causes acute suffering and the need remains immense, but our response cannot be indiscriminate, nor a 'sticking plaster' solution. Instead, we will continue to work closely with our partners to facilitate responsible medicine donation, led by specific identified needs, thereby maximising the effect of what we provide. At a high level, we remain guided by the UN Sustainable Development Goals – in particular, Goal 3: Good Health and Well-Being, as well as the conscious recognition that, in today's world, we and our NGO partners must be able measure the impact of what we do in the communities in which we work by collecting data and following up on outcomes.

Some of the lasting results of this approach can be seen in lives and communities around the world, and in the stories we tell below.

### Impact: Sustaining services through supply of high-quality medicines

The donations we send give health workers and patients access to essential, high-quality medicines, but they also provide confidence about provenance. This can be extremely valuable in contexts where substandard and counterfeit medicines are endemic.



In 2019, many UK-based organisations and individuals used our Essential Health Packs as the basis for continuing health work among vulnerable communities, primarily in Africa. Each pack is filled with 800 courses of treatment, including antibiotics and painkillers, and acts as a mobile pharmacy, supporting the delivery of critical primary healthcare.

**Malawi:** Stephen Parkes, now an NHS doctor, completed his medical school elective at the Billy Riordan Memorial (BRM) Clinic in Malawi. Set up in 2004 by the mother of Billy Riordan, after he died in the country, the clinic provides vital local health services 24/7. Stephen and his wife, also a doctor, returned in February 2019 to spend four months volunteering. They took an Essential Health Pack and treated hundreds of people, including around 500 children presenting with malaria. "The Prochlorperazine buccal tablets worked wonderfully," Stephen told us. "Nausea and vomiting is a common complaint, and few oral preparations are available, so doctors often have to revert to injections. These tablets helped children to tolerate their first dose of antimalarial, and be discharged home safely without an unpleasant injection."

Chairman's review (continued)

For the year ended 31 December 2019

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Stephen added: "We came back to Malawi because we want to contribute to something lasting, and we feel this clinic does great work. When we arrived, the clinic was facing a difficult time in procuring medications. The ones we brought enabled it to continue to function."

**Kenya:** Eddie McCall helps to organise the UK-based Rotary group Yellowmen of Kadongdong. For several years, its members have taken Essential Health Packs to West Pokot Country in Kenya, to assist with medical services. In September 2019, Eddie and two colleagues took two packs and used these, with local helpers, to treat up to 1,250 people. Bronchodilators, analgesics, antibiotics, antihypertensives and diabetes medication were much needed. "In the mountains there is a great demand for the asthma medicines we provide, which would otherwise be in very short supply," Eddie told us. But he is clear that "help is still needed. Each year the demand increases."

**Impact: Meeting acute medical need through proactive partnership**

Increasingly needs-led, IHP is working with in-country partners to develop longer-term health programmes in South Sudan, Yemen, Lebanon and elsewhere. When our partners identify needs, we can often facilitate timely donations.



**Gaza:** Our NGO partner Anera supports health facilities in Palestine, where essential medicines often run short. When there was no more heparin sodium (an anticoagulant medicine used in coronary bypass to prevent fatal blood clotting) in two Gaza hospitals, Al Shifa and Al Qud, doctors were unable to operate and heart surgery stopped. We reached out to our partner Leo Pharma, which agreed to offset some of its supply in a planned way. It donated 32,000 vials of heparin sodium, shipped in late 2018, which were used to save many lives. Omar, 70, was referred for immediate open-heart surgery to replace a damaged valve, a life-threatening condition. Following IHP's donation, Omar underwent surgery and even left intensive care the day after, returning for a procedure to put in a stent. His daughter told us: "[My father's heart problem] came as a shock but ... we are so grateful for the donation."

**Tanzania:** We partner with two remarkable organisations in Tanzania – TLM and Softbox Systems – to help improve survival rates in children with cancer. In Dar es Salaam, TLM runs a unique integrated paediatric oncology programme supported by the country's ministry of health. In 2019, Softbox Systems, a UK-based temperature control packaging market leader, donated its award-winning Silverpod pallet shippers to help us deliver more than 2,000 cold-chain chemotherapy treatments to TLM. The medicines we sent helped patients, including two-year-old Kanoni, who at 12 months old was admitted to hospital with a huge abdominal mass and severe pain. Scans revealed a kidney tumour, but with medicines made available through IHP, Kanoni completed treatment in November. Recent scans show her cancer has gone. Lilian Nydyetabula, TLM's chief operating officer, told us: "Kanoni is a totally different child from the one who arrived last December."

**Guatemala:** Our long-time NGO partner Food For The Poor (FFTP) supports health facilities including Pedro de Bethancourt Hospital in Antigua, which performs around 30 surgeries a day. Its medical director explained how, because of shortages, the supplies we send are vital. "Many times, in an emergency, a patient needs a catheter for us to administer fluids, blood or medicines quickly. Normally we have this in place within five minutes, but if we don't have a catheter available, we have to follow a different procedure: this takes up to 30 minutes and when a patient is in a bad condition, you don't want to take that risk."

**Impact: Enabling people to access vital help in disaster situations**

Our initial work grew out of responding to disasters, and in 2019 we continued to work closely with our NGO partners to identify urgent needs and provide medicines and supplies to address them.

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**Venezuela:** A major humanitarian crisis in Venezuela is devastating healthcare provision, with medical supplies at dangerously low levels and many trained medical staff leaving the country. Epidemiologic surveillance systems have been interrupted, routine immunisation programmes weakened, and cold-chain management systems (required for vaccine storage) rendered useless by nationwide blackouts. In June 2019, our NGO partner International Medical Corps assessed the needs at health facilities and hospitals in Caracas. Two months later, we sent out more than 92,000 treatments, including antibiotics, antifungals, anti-inflammatories and analgesics, as well as medicines to treat chronic diseases such as high blood pressure, asthma and diabetes. These are now being used in a variety of circumstances.

**Mozambique:** In March 2019, Cyclone Idai – with maximum sustained winds of 130 mph – made landfall near Beira City in Sofala province. The storm left nearly two million people in need of assistance in Mozambique alone. Through our NGO partner International Medical Corps, we donated medicines, including antibiotics, painkillers, and asthma and hypertension medications, plus multivitamins and water purification tablets. One individual affected by this disaster was Ines, a quick-thinking grandmother who in the face of floodwaters grabbed her five grandchildren and ran for higher ground. She climbed a mango tree and tied the children to branches, with her clothes, to keep them above the water. Later, she took them to the health centre in Estaquinha, where our donations enabled them to be treated for infections and diarrhoea.

#### Impact: Helping individuals keep chronic health conditions in check

Non-communicable (non-infectious) diseases such as cancer and diabetes are increasing around the world. When people who are unwell cannot access the right medicines, severe but avoidable complications can develop, such as loss of mobility and sight. Getting timely treatment can help people return to work and family life, but if medicines are not freely available – and are expensive to buy – sufferers can find it a great challenge to prioritise this over the long term.

**Lebanon:** At least a third of Lebanon's population are refugees, the majority from Syria, Palestine and Iraq. Through our NGO partner Anera, we have distributed thousands of treatments to help address medicine shortages among refugees and host communities. One big need is for affordable access to medicines to treat chronic conditions. Sanya, 60, is a Syrian refugee who lost her son after their house was bombed in Aleppo, and now lives in a camp with her other children and sick husband. She was diagnosed with diabetes in 2009, and needs two packs of medication each month, including metformin, which she cannot afford to buy, but can access through our donations. "I don't know what would happen to me if I stopped taking my medication," she told us. "If it weren't for donors, my life would be so different. You have helped me to live a healthier and better life. Your kindness is amazing."

**Guatemala:** Maribel, a nurse at a municipal clinic in Palin, uses our antibiotics to help heal ulcers. Many patients get these from diabetes, due to factors such as poor diet. "People damage their feet walking long distances, or develop skin conditions from poor living conditions," Maribel told us. "Then, because of bad circulation for which they do not have medicines, wounds do not heal and lead to ulcers. We clean, remove dead tissue, provide antibiotics and dressings." At another clinic, GP Dr Sylvia explained how the multivitamins we send help to ensure women receive care in pregnancy, so infants get a healthy start. "One of our big challenges is the lack of basic supplies," she explained. "Pre-natal vitamins and supplements should be available, but are not. We frequently run short at the clinic."



Chairman's review (continued)

For the year ended 31 December 2019

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**Jamaica:** Our donation of incontinence pads and X-ray detectable nonwoven swabs (gauze pads) went to recipients in Jamaica, including The Hope Hospice in Montego Bay, which provides 24-hour care to the elderly and those with diabetes, HIV/AIDS, amputations and spinal cord injuries. "These pads are one of our greatest needs," manager Angela Graham explained. "When we received this donation, it restored a bit of dignity. We are extremely grateful."

**Honduras:** Our donated medicines have been distributed at 59 medical facilities including government hospitals, health units, charity clinics and community pharmacies. Maria, 38, a working mother of three, suffers from migraine and respiratory allergies. "The medicines help a lot," she explained. "We cannot buy them because they are very expensive, but with the donation, I can improve my health and [continue to] work."

**2019: Achievements and Performance**

In 2018, we talked about the launch of an updated version of our software platform EURMED 2.0 to facilitate increased donations and placement of product. Since then, we've worked successfully with the London-based social innovation software developer Super Being Labs to develop an even more sophisticated online platform. We launched the new platform in July and are now trialling it with our partners. It's an exciting development both for us and for our partners. The system (not yet named) will streamline the donations process and increase our efficiency, effectiveness and impact. We anticipate interest from other parties in licensing this platform from us, which will, in time, multiply our impact in product donation to increase access to medicine and may provide us with an additional revenue stream. We will track these indicators and any increase in product donations.

We also made plans to revamp our website to support communications and increase our visibility. This went online in mid-2019, with analytic capabilities now allowing us to monitor who visits our website and why. Our 'bounce' rate is beginning to improve (fewer people land on our website and leave immediately) and we continue to see good 'open' rates for our emails. Traffic to the site via social media is also increasing. Going forward, analytics will help us to plan and tailor our content. We are now active across four social media platforms – Twitter, Instagram, Facebook and LinkedIn – and aim to raise our social media profile in 2020.

The addition of new fundraising capacity on our team means we have an active pipeline of funders being approached with compelling proposals for support. We were able to run our first large campaign in December 2019 with the BIG GIVE, which sees donations matched. Our overall income for 2019 at £822,579 is relatively stable against 2018 (£818,161). Our grant with Tearfund Belgium came to an end in 2019, but we were delighted to secure the support of Jersey Overseas Aid facilitating a two year programme in South Sudan and Palestine where the needs are significant.

A continuing aim is to facilitate more product donations and place these through the right partners and networks. In 2018, two one-off high-volume donations meant we could ship an unusually high number of treatments (4.4 million). Last year there was no repeat; and Brexit-related stockpiling, plus new import restrictions in some countries, meant we were offered (and could move) less stock. The need for the pharmaceutical industry to adapt to new UK and EU legislation, the Falsified Medicines Directive, also contributed to a reduction in stock offered. This meant that overall we shipped fewer treatments than 2018. The value of stock shipped at £9.8 million represents a small increase on 2018 and reflects the changing nature of the products our NGO partners request. The number of our shipments in 2019 was comparable to 2018.

We will always be extremely grateful for large-volume offers of stock that we know our partners can use. However, as we position ourselves for growth, we will focus on meeting specific targeted needs. As we scale up provision in some areas, we may need to scale back in others.

**Chairman's review (continued)**  
**For the year ended 31 December 2019**

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We continue to see progress in our impact measurement and reporting, strengthened by the generous support we are receiving (2019-2022) from the Bishop Radford Trust, who have provided a grant to assist us in developing our impact measurement and reporting capabilities. We already have strong story-gathering processes in place for our overseas visits. As noted above, impact measurement and reporting is a key focus for us going forward.

**Plans for Future Period**



In 2020, we anticipate a fresh strategic programme, new institutional funding and a stronger framework to monitor, evaluate and report on our impacts. Infrastructure and systems need to grow with us so we can retain the robustness of our processes and keep abreast of regulations.

IHP has scope to make a difference in the context of a range of global health challenges. In mapping these to the needs highlighted by our in-country NGO partners, we can prioritise relationships with those pharmaceutical companies best placed to help us. One opportunity is to leverage our existing access to treatments for non-communicable diseases (NCDs) such as diabetes and cancer. NCDs are on the rise globally, with the burden of disease increasing in some countries where we have longstanding partnerships. Currently, of the donations we facilitate, around 45% are medicines for treating NCDs.

We have also identified a gap in programmes related to the control, eradication and elimination of neglected tropical diseases (NTDs) within given areas and countries. While this area is more challenging, in 2020, we will explore opportunities to engage more deeply and make meaningful impacts.

To build on our work in disaster response, we will develop our capacity to provide large volumes of needed stock on demand. To this end, we envisage raising a fund that can underwrite a ready supply of high-priority medicines that are critical to disaster situations.

While we continue our regular shipments to NGO partners, increasingly we are focusing on responsible medicine donation and longer-term sustainable programmes. The support from Jersey Overseas Aid enables us to coordinate substantial planned donations to programmes in Palestine and South Sudan.

We continued our active engagement in the Integral Alliance (NGOs, responding together to disasters), the Partnership for Quality Medicine Donations (PQMD), the BOND network and in 2019 joined Christian Connections for International Health (CCIH). We regularly participate in appropriate trade forums and were delighted to again support the corporate social responsibility (CSR) initiative at the Global Generics and Biosimilar (GGB) Awards. Encouraging responsible medicine donation and sharing the benefits and skills necessary is the focus of our annual Sharing Best Practice Workshop which took place in March 2019.

In our 15<sup>th</sup> anniversary year, as we scale up, we will work to:



- drive investment and growth to increase our sustainability;
- focus on and orient ourselves to results (better health outcomes);
- develop strategic partnerships to facilitate more donations placed through the right networks; and
- remain operationally effective, with strong processes, an engaged and productive team, and appropriate levels of visibility.

The assistance and generosity of all our partners makes our work possible, and we are grateful for all they do. We are particularly indebted to DHL for years of pro bono support in warehousing and in recent years to Alloga, who now pack and hold our Essential Health Packs. On behalf of the Trustees, I would also like to thank our CEO and staff team. They are dedicated to making a difference in a world where many still lack access to essential medicines and health supplies.

**Peter O'Driscoll, Chair, 2019**

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## Trustees' Report

The Trustees (who are also directors of the charity for the purposes of the Companies Act) present their annual report together with the audited financial statements of International Health Partners (UK) Limited (the charity) for the year ended 31 December 2019. The Trustees confirm that the Annual Report and Financial Statements of the charity comply with the Charities Act 2011, the Companies Act 2006, the requirements of the charity's governing document and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

## Company structure

IHP was legally constituted as a company limited by guarantee on 16 February 2004. Charitable status was received on 12 August 2004. IHP was launched on 11 November 2004 and made its first product donations in late December 2004.

## Board of Trustees and Members

Directors are appointed either by the Charity at an AGM or by the other Directors. Each person who is appointed a Director shall, for the duration of his/her appointment, be a member of the Charity. At each annual general meeting, one-third of the Directors must retire from office, provided that the retiring Directors may be reappointed by the members entitled to vote.

The following served as Trustees from 1 January 2019 to the date of this report unless otherwise stated:

Peter O'Driscoll, Acting General Counsel, Seacrest Capital Group  
Dr Richard Barker OBE, Founding Director: New Medicine Partners (resigned 7 March 2019)  
Helen Leighton, former Pharmaceutical Executive (GSK)  
Dr Nigel Pearson, GP and international health adviser (resigned 10 March 2020)  
Ian Walker, Managing Director: Ethicon, Johnson & Johnson (resigned 10 March 2020)  
Simon Howard, Businessman  
Glyn Williams, Chartered Accountant  
Barbara Brese, Consultant Pharmacist  
Wei-Lynn Lum, Solicitor  
Alexander Stewart, Commercial Lawyer (appointed 1 October 2019)  
Dr Joanna Hobbs, General Practitioner (appointed 10 March 2020)

## Additional Members

Peter Ballard, Chairman: British Generic Manufacturers Association  
Dr Richard Barker OBE, Founding Director: New Medicine Partners  
Professor Raman Bedi, Chairman: Global Child Dental Fund, former Chief Dental Officer for England  
Viscount Brentford  
Gary Davies, Partner: Indigo Marketing  
David Hanes, Chartered Accountant (from March 2020)  
Professor The Lord (Ian) McColl CBE: Surgeon  
Dr Nigel Pearson, GP and international health adviser (from March 2020)  
Andrew Russell, Chartered Accountant

## Patron

In April 2015, HRH, The Prince of Wales agreed to extend his term as Royal Patron, for a period of a further 5 years.

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### Aims and objectives including public benefit

The charity's main objects, as set out in its Memorandum and Articles, reflect its mission, which is "the relief of sickness and the improvement, preservation and protection of good health and social welfare of those in need around the world, without regard for ethnic or religious background, operating through partnership with those with similar charitable objectives and through Christian principles and the Christian ethos".

IHP is the largest coordinator of donated medical product in Europe, with a strong network of healthcare industry donors. We respond rapidly to humanitarian disasters, support long-term healthcare development projects and equip doctors with supplies for short-term medical missions.

In setting objectives and planning for activities, the Trustees have given due consideration to general guidance published by the Charity Commission relating to public benefit. Strategy and performance is reviewed regularly to ensure activity continues to contribute to our vision of a world in which all suffering due to lack of healthcare is eradicated. In the same spirit our research which commenced in 2019, supported by the Bishop Radford Trust, has enabled us to review our strategic impact in addressing global health challenges and consider how we can strengthen health systems, demonstrate impact and build sustainability.

### Achievements and performance

The Chairman's review on pages 2-6 outlines the key achievements for the period.

### Financial review

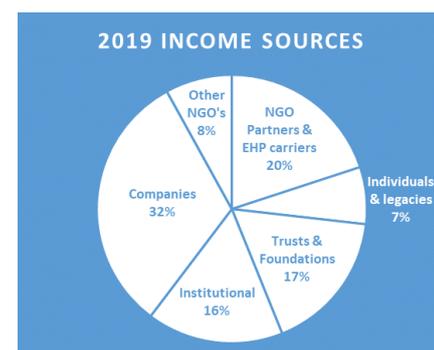
The Statement of Financial Activities set out on page 15 shows the total income and total expenditure for the period. The value of donated pharmaceuticals and medical supplies distributed in the period was £9,804,392 (2018: £6,988,947). The total costs incurred in sourcing, handling and delivery were £847,494 (2018: £786,108) which included £101,736 (2018: £68,753) provided as logistics gifts in kind. Donations from individuals, companies, foundations, trusts, and other organisations (excluding gifts in kind) totalling £821,979 (2018: £817,201) were received.

### Reserves position

Our reserves policy outlines the aim of the Trustees to have sufficient unrestricted funds in reserve to enable the charity to maintain and develop its operations. At the end of the year funds stood at £263,117 (2018: £242,834) with £116,860 in restricted funds carried forward into 2020; this is considered adequate as it represents in excess of three months unrestricted operating costs. In determining the appropriate level of funds held in reserve, account is taken of the legal commitments of the charity such as employment and facilities obligations, and working capital requirements. To maintain appropriate reserves levels, needs and resources are reviewed monthly by the leadership team, at least four times annually by the Audit and Finance Committee and annually by the Trustees.

### Fundraising

IHP seeks funding support from a number of sources to supplement the donations from our NGO partners and EHP carriers which represents approximately 20% of our income in 2019. Additional income is received from institutional donors, trusts and foundations, other NGOs who share our aims, individuals and companies. IHP is registered with the Fundraising Regulator and subscribe to their standards. IHP maintains compliance with the requirements of GDPR relating to our capture, processing and use of data, reviewing this as a whole staff team at least once a year.



Our Fundraising Complaints Policy was reviewed and updated during 2019 and is published on the IHP website. No complaints have been received in this regard during 2019.

### Structure, Governance and Management

Broadly speaking, governance decisions are divided between operational and strategic, with Trustees delegating operations to the CEO and management team. The Trustees approved the 2019-2021 business plan and budget and the CEO reports against this at each Board meeting. During 2019, the Nominations, Employment and Remuneration Committee reviewed various aspects of our Employee Handbook and terms following advice from our contracted HR advisors. New employee benefits have been agreed and will be introduced in 2020. The Trustees agreed a Schedule of Delegation outlining appropriate authority levels for key decision making. Following a specific review of governance guided by the Charity Governance Code for Smaller Charities, the Trustees agreed a Governance Schedule to support active and ongoing engagement with these standards.

Following the periodic review of Trustees' experience and skills mix, Alexander Stewart joined the Board, bringing particular skill in communications. An induction pack was sent and Mr Stewart has met with the CEO and staff to reinforce this process and build understanding. In 2019, a Clinical Governance function (comprised of two Trustees with requisite experience) was established and activity is anticipated in 2020 to take forward their recommendations.

### Risk management and Compliance

IHP maintains a register which details risks across a range of areas specific to our work, including the donation, storage and shipping of pharmaceutical products, as well as more general risks such as governance, finance and operations. The Governance and Risk Management Committee of the Board reviews the Risk Register three times a year or when any specific new or urgent area of risk is identified. During 2019, the Risk Register was updated to reflect changes due to the Falsified Medicines Directive and learnings from any deviations in our usual processes. IHP has a standard operating procedure setting out the operational approach to risk management and the responsibilities of staff overseeing this.

Our principal risks include transportation, which is regularly reviewed under our self-inspection schedule, and in 2019 we strengthened our reporting around export evidence, having identified risks in this area. During the year, we also strengthened our due diligence on NGO partners operations in country to ensure appropriate authority to distribute medicines under national regulations. Recognising our ongoing dependency on key suppliers and corporate donors, we continue to improve reporting and communications with these key stakeholders. Turnover of staff in such a small team is also a key risk. Our risk mitigation strategy includes appropriate performance management and remuneration, training and development opportunities and engagement through employee survey, away days and a positive and supportive office culture.



IHP commenced a review of our Safeguarding Policy and Processes following new sector guidance and this will be reflected in an updated policy and training in 2020. No safeguarding incidents have been reported.

As a WDA (wholesale distribution authorisation) license holder, IHP upholds Good Distribution Practice (GDP). A quality management framework underpins our approach, our operations are guided by Standard Operating Procedures, and we undertake regular self-inspections. During 2019, IHP was given a GDP inspection by the MHRA (Medicines and Healthcare Products Regulatory Agency). We were delighted to receive no critical, no major and just 2 'other' comments in the Inspector's report. IHP has worked hard with our industry and warehousing partners during the year to adjust to the new requirements of the Falsified Medicines Directive which came into force on 9<sup>th</sup> February 2019. We also conducted a number of GDP audits on overseas partners to support ongoing compliance in the full supply chain.

### Remuneration policy for key management personnel

The directors, who are the charity's trustees, give of their time freely and no director received remuneration in the year. Details of directors' expenses and related party transactions are disclosed in notes 8 and 16 to the accounts.

Staff pay is reviewed annually following appraisals and otherwise in the event of significant job description changes. An inflationary rise is given, as appropriate. Senior staff salaries are reviewed and approved by the Nominations, Employment and Remuneration Committee of the IHP Board.

### Trustees' responsibilities statement

The trustees (who are also directors of IHP 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. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

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

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and 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.

### Disclosure of information to auditors

Each of the persons who are trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that trustee is aware, there is no relevant audit information of which the charitable company's auditors are unaware; and
  - that trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any information needed by the charitable company's auditors in connection with preparing their report and to establish that the charitable company's auditors are aware of that information.
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### Auditors

Saffery Champness LLP have expressed their willingness to remain in office as auditors of the company.

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies.

### After Year End Event: Covid - 19

As we come to sign off this report, we are adjusting to the 'new normal', following the outbreak of the Covid 19 pandemic. Initial challenges to our logistics, as worldwide transportation was impacted, have quickly been surmounted as has a fall in product donations as the pharmaceutical industry adapted to meet the needs of a new crisis. As our distributing partners adjust and the outbreak spreads we are seeing some minor changes to the healthcare products required to support vulnerable communities. However our day to day work is largely now continuing as before, meeting the now additionally overstretched needs of fragile health systems.

Following an initial fall of income from this work, and from our supporting NGOs, trusts and foundations and companies we are now seeing this recommence. So whilst some staff were put on furlough and other expenditure cut, we are now able to bring some staff back as the trajectory towards our initial cash flow resolves.

Other new risks included concern over new export controls relating to some medicines, although humanitarian shipments are exempt. However, PPE is no longer included in our shipments due to an EU wide export ban. In addition we have mitigated risks to business continuity with a smooth transition to home working, supported by a strong IT system and additional staff welfare support. We have regularly revised our cash flow and held frequent meetings with our Audit and Finance Committee and Chair of Trustees through this challenging initial period of adjustment. We have actively addressed anticipated shortfalls in income through fundraising which, at the time of writing, is on a positive trajectory. IHP anticipates the most profound impact of Covid 19 will be on the beneficiaries of our work. We find ourselves in a unique position to support healthcare provision in some of the most vulnerable communities in the world at this time as they face the dual challenges of additional needs and supply chain disruptions caused by Covid 19 on top of an already overstretched health system. With the support of our donors and by actively seeking new avenues of support we anticipate that IHP will be very busy in 2020 supporting our primary objective to serve those in need by providing long-dated and high-quality donated healthcare products.

**This report was approved by the trustees on 18<sup>th</sup> May 2020 and signed on their behalf by:**



Glyn Williams  
Trustee



Peter O'Driscoll  
Chair



Children in rural Malawi playing close to one of the health centres receiving IHP treatments. IHP visit November 2019

## Opinion

We have audited the financial statements of International Health Partners (UK) Limited for the year ended 31 December 2019 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the charitable company's state of affairs as at 31 December 2019 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 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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the

**Independent auditors' report to the members (continued)**  
**For the year ended 31 December 2019**

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

We have nothing to report in this regard.

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

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

- the information given in the Trustees' Annual Report which includes the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Annual Report which includes the Directors' 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

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

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

**Responsibilities of trustees**

As explained more fully in the Trustees' Responsibilities Statement set out on page 8, the trustees (who are also 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 to do so.

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

We have been appointed as auditors under the Companies Act 2006 and report in accordance with that Act.

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

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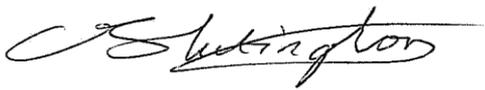
**Independent auditors' report to the members (continued)**  
**For the year ended 31 December 2019**

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

**Use of our report**

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



.....  
Cara Turtington (Senior Statutory Auditor)  
For and on behalf of Saffery Champness LLP

Saffery Champness LLP      71 Queen Victoria Street  
Chartered Accountants      London EC4V 4BE  
Statutory Auditors

Date:                              20 May 2020

Saffery Champness LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

**Statement of financial activities**  
**(Incorporating income and expenditure account)**  
**For the year ended 31 December 2019**

		Unrestricted funds 2019	Restricted funds 2019	Total funds 2019	Total funds 2018
	Notes	£	£	£	£
<b>Income from:</b>					
Donations and legacies	2	465,128	458,587	923,715	885,954
Investments		600	-	600	960
Charitable activities:					
Donations of pharmaceuticals and Medical supplies	3	9,804,392	-	9,804,392	6,988,947
<b>Total income</b>		<u>10,270,120</u>	<u>458,587</u>	<u>10,728,707</u>	<u>7,875,861</u>
<b>Expenditure</b>					
Raising Funds	5	56,538	-	56,538	6,453
Charitable activities	4	10,317,391	334,495	10,651,886	7,775,055
<b>Total expenditure</b>		<u>10,373,929</u>	<u>334,495</u>	<u>10,708,424</u>	<u>7,781,508</u>
Net income/(expenditure) for the period	6	(103,809)	124,092	20,283	94,353
Transfers between funds	12	43,948	(43,948)	-	-
<b>Net movement in funds</b>		(59,861)	80,144	20,283	94,353
Total funds at 1 January		206,118	36,716	242,834	148,481
<b>Total funds at 31 December</b>		<u><u>146,257</u></u>	<u><u>116,860</u></u>	<u><u>263,117</u></u>	<u><u>242,834</u></u>

All activities relate to continuing operations.

The notes on pages 18 to 30 form part of these financial statements.

**Balance sheet**  
**As at 31 December 2019**

	Notes	2019		2018	
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	9		1,963		503
<b>Current assets</b>					
Debtors	10	214,995		40,300	
Cash at bank		102,124		256,481	
		<u>317,119</u>		<u>296,781</u>	
<b>Creditors:</b> amounts falling due within one year	11	<u>(55,965)</u>		<u>(54,450)</u>	
			261,154		242,331
<b>Net current assets</b>			<u>263,117</u>		<u>242,834</u>
<b>Charity funds</b>					
Unrestricted funds	12		146,257		206,118
Restricted funds			116,860		36,716
			<u>263,117</u>		<u>242,834</u>
<b>Total funds</b>	13		<u>263,117</u>		<u>242,834</u>

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements were approved by the Trustees on 18 May 2020 and signed on their behalf by:



Glyn Williams  
**Trustee**

The notes on pages 18 to 30 form part of these financial statements.

Registered number: 05044723



**Statement of cash flows**  
**For the year ended 31 December 2019**

	Notes	2019		2018	
		£	£	£	£
<b>Cash flows from operating activities</b>					
Net Cash generated from operations	14		(152,097)		142,813
<b>Cash flows from investing activities</b>					
Purchase of fixed assets		(2,260)		(755)	
<b>Net cash flows from investing activities</b>			(2,260)		(755)
<b>Change in cash and cash equivalents in the reporting period</b>			(154,357)		142,058
Cash and cash equivalents at the beginning of the reporting period			256,481		114,423
<b>Cash and cash equivalents at the end of the reporting period</b>			102,124		256,481

Notes to the financial statements  
For the year ended 31 December 2019

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**1. Accounting policies**

**1.1 Basis of preparation of financial statements**

The financial statements have been prepared under the historic cost convention. The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (second edition published October 2019), the Charities Act 2011 and UK Generally Accepted Accounting Practice.

The financial statements are presented in pounds sterling and rounded to the nearest pound.

The charity benefits from donated services and facilities which do not impact on the company's cash flow.

**1.2 Company status**

International Health Partners (UK) Ltd is a charitable company limited by guarantee, incorporated in England and Wales. The address of the registered office is Unit 402, Clerkenwell Workshops, 27/31 Clerkenwell Close, London EC1R 0AT. In the event of the charity being wound up, the liability of members in respect of the guarantee is limited to £10. At 31 December 2019 the total of such guarantees was £160 (2018: £150). The Charity meets the definition of a public benefit entity under FRS 102.

**1.3 Going concern**

After reviewing the charity's forecasts and projections, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

**1.4 Fund accounting**

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors.

**1.5 Voluntary income**

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received, and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

Gifts and donations are included in the Statement of Financial Activities when they are receivable. Performance related grants relating to long term projects are accounted for as receivable over the period of the project in line with qualifying expenditure.

**1. Accounting policies (continued)**

1.6 Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable, and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

1.7 Donated product

Donations of pharmaceuticals and medical supplies are valued based on independently-published, publicly-available price-lists. Whenever possible, IHP uses the NHS indicative price as published by the NHS Prescription Pricing Authority.

Donated product is recognised as an incoming resource at the time of receipt where practicable, in line with our stock policy, or otherwise at the time of distribution.

1.8 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Charitable expenditure includes the value of donated product distributed together with the costs of sourcing, handling and delivering.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

1.9 Allocation of support costs

The trustees have defined the work of the charity as a single charitable activity of running the distribution programme and all support costs are allocated to that activity. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's activities.

1.10 Tangible fixed assets and depreciation

Donated assets are included in the accounts at their current value at the date of the gift and included in the Statement of Financial Activities as incoming resources.

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

- Motor vehicles - 25% straight line
- Computer and other equipment - 33.33% straight line

The gain or loss arising on disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in the Statement of Financial Activities.

Notes to the financial statements (continued)  
For the year ended 31 December 2019

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**1. Accounting policies (continued)**

1.11 Stock

Stock is included at the lower of cost or net realisable value. The charity does not recognise the value of donated stock held at year end where

- i. the charity has not paid for stock purchases,
- ii. the charity would not pay to replace stock, and
- iii. the stock cannot be resold.

1.12 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, and bank overdrafts.

1.13 Financial instruments

The trust only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value. The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

1.14 Taxation

No provision has been made for taxation as the charity is a public benefit entity which is exempt from UK direct taxation on its charitable activities.

1.15 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense. The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.16 Foreign exchange

Transactions in currencies other than pounds sterling are recorded at the rates of exchange prevailing at the dates of the transactions. At each reporting end date, monetary assets and liabilities that are denominated in foreign currencies are retranslated at the rates prevailing on the reporting end date. Gains and losses arising on translation are included in the Statement of Financial Activities for the period.

1.17 Critical accounting judgements and key sources of estimation uncertainty

In the application of the accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods where necessary.

**Notes to the financial statements (continued)**  
**For the year ended 31 December 2019**

**2. Donations and legacies**

	<b>Unrestricted funds 2019 £</b>	<b>Restricted funds 2019 £</b>	<b>Total funds 2019 £</b>	<b>Total funds 2018 £</b>
Gifts from individuals	22,448	13,905	36,353	40,758
Legacies	20,000	-	20,000	-
Gifts from companies	137,007	127,343	264,350	175,397
Gifts from foundations, trusts and other organisations	183,937	317,339	501,276	601,046
Shipping and storage	101,736	-	101,736	68,753
<b>Total</b>	<b>465,128</b>	<b>458,587</b>	<b>923,715</b>	<b>885,954</b>

IHP identifies the cost of storage and transportation provided by freight carriers on a pro bono or sub market cost basis as Gifts in Kind, but not where recipients have directly met these costs. The total amount of gifts in kind for logistics recognised both in income and expenditure is £101,736 (2018: £68,753).

Included in 'Gifts from foundations, trusts and other organisations' are two donations totalling £111,500 from Jersey Overseas Aid supporting work in South Sudan, Gaza and Iraq.

**Comparative information**

	<b>Unrestricted funds 2018 £</b>	<b>Restricted funds 2018 £</b>	<b>Total funds 2018 £</b>
Gifts from individuals	33,008	7,750	40,758
Gifts from companies	133,397	42,000	175,397
Gifts from foundations, trusts and other organisations	258,154	342,892	601,046
Shipping and storage	62,253	6,500	68,753
<b>Total</b>	<b>486,812</b>	<b>399,142</b>	<b>885,954</b>

**3. Donations of pharmaceuticals and medical supplies**

The value of donated pharmaceuticals and medical supplies distributed in the period was £9,804,392 (2018: £6,988,947). This is recognised both in income and expenditure. The valuations are calculated at the time of donation and based typically on UK NHS reimbursement value. The values are justifiable, appropriate and publicly available. The values can fluctuate significantly from year to year according to the type of donated stock we receive that can meet partners' requirements.

Notes to the financial statements (continued)  
For the year ended 31 December 2019

4. Charitable activities

	Unrestricted Funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
<b>Programme costs</b>				
Product delivered (see note 3)	9,804,392	-	9,804,392	6,988,947
Staff costs	156,424	210,408	366,832	307,205
Direct programme costs	56,226	3,220	59,446	36,269
Logistics – shipping and storage	135,531	37,084	172,615	204,276
Donations Platform (formerly EURMED)	1,112	38,935	40,047	10,155
Overheads related to programmes	72,606	5,157	77,763	50,903
	10,226,291	294,804	10,521,095	7,597,755
<b>Support costs</b>				
Staff costs	49,398	37,130	86,528	102,403
Publicity, marketing and media costs	5,442	-	5,442	5,332
Professional services	2,288	-	2,288	8,874
Depreciation	800	-	800	5,221
Exchange (surplus)/loss	1,010	932	1,942	(838)
Overhead costs	22,928	1,629	24,557	46,988
Governance costs - audit fees	9,000	-	9,000	8,800
- board costs	234	-	234	520
	91,100	39,691	130,791	177,300
	10,317,391	334,495	10,651,886	7,775,055

Notes to the financial statements (continued)  
For the year ended 31 December 2019

4. Charitable activities (continued)  
Comparative information

	Unrestricted Funds 2018 £	Restricted funds 2018 £	Total funds 2018 £
<b>Programme costs</b>			
Product delivered (see note 3)	6,988,947	-	6,988,947
Staff costs	119,512	187,693	307,205
Direct programme costs	32,378	3,891	36,269
Logistics – shipping and storage	125,554	78,722	204,276
EURMED costs	-	10,155	10,155
Overheads related to programmes	27,423	23,480	50,903
	<u>7,293,814</u>	<u>303,941</u>	<u>7,597,755</u>
<b>Support costs</b>			
Staff costs	39,838	62,565	102,403
Publicity, marketing and media costs	2,887	2,445	5,332
Professional services	5,874	3,000	8,874
Depreciation	5,221	-	5,221
Exchange (surplus)/loss	(2,139)	1,301	(838)
Overhead costs	25,314	21,674	46,988
Governance costs - audit fees	8,800	-	8,800
- board costs	520	-	520
	<u>86,315</u>	<u>90,985</u>	<u>177,300</u>
	<u>7,380,129</u>	<u>394,926</u>	<u>7,775,055</u>

5. Raising Funds

	Unrestricted Funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Professional services – fundraising	2,230	-	2,230	6,453
Fundraising staff	54,308	-	54,308	-
	<u>56,538</u>	<u>-</u>	<u>56,538</u>	<u>6,453</u>

Comparative information

	2018 £	2018 £	2018 £
Professional services – fundraising	<u>6,453</u>	<u>-</u>	<u>6,453</u>

Notes to the financial statements (continued)  
For the year ended 31 December 2019

6. Net income

	2019 £	2018 £
<b>This is stated after crediting:</b>		
Depreciation of tangible fixed assets - owned by the charity	800	5,221
Auditors' remuneration	9,000	8,800

7. Staff costs

	2019 £	2018 £
Staff costs were as follows:		
Wages and salaries	427,368	358,100
Social security costs	42,676	34,930
Pension contributions	20,150	16,164
	<u>490,194</u>	<u>409,194</u>

	Number 2019	Number 2018
The average monthly full time equivalent number of employees during the year was as follows:	10	9
The average number of employees during the year was as follows:	11	10

	Number 2019	Number 2018
The number of higher paid employees based on annual costs, was:		
In the band £60,001 - £70,000	0	1
In the band £70,001 - £80,000	1	0

Pension contributions on behalf of these employees was £3,825 (2018:£ 3,380).

Total remuneration of key management personnel in the period was as follows:

	2019 £	2018 £
Aggregate compensation	<u>150,557</u>	<u>135,523</u>

**Notes to the financial statements (continued)**  
**For the year ended 31 December 2019**

**8. Transactions with Trustees**

No trustees received any remuneration in the year (2018: £nil).

Trustees expenses in respect of travel costs reimbursed in the year to one trustee amounted to £142 (2018: £41 to one trustee).

In addition, the charity received £9,125 (2018: £19,500) in personal donations from the trustees for which we are very grateful.

**9. Tangible fixed assets**

	Office & IT equipment £	Total £
<b>Cost</b>		
At 1 January 2019	23,339	23,339
Additions	2,260	2,260
Disposals	-	-
<b>At 31 December 2019</b>	<b>25,599</b>	<b>25,599</b>
<b>Depreciation</b>		
At 1 January 2019	22,836	22,836
Charge for the year	800	800
On disposals	-	-
<b>At 31 December 2019</b>	<b>23,636</b>	<b>23,636</b>
<b>Net book value</b>		
<b>At 31 December 2019</b>	<b>1,963</b>	<b>1,963</b>
<b>At 31 December 2018</b>	<b>503</b>	<b>503</b>

**Notes to the financial statements (continued)**  
**For the year ended 31 December 2019**

**10. Debtors**

	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>
Debtors	55,217	17,431
Prepayments and accrued income	159,778	22,869
	<u>214,995</u>	<u>40,300</u>

Included in accrued income is an amount of £20,000 (2018: £nil) which is expected to be received after more than one year.

**11. Creditors**

**Amounts falling due within one year**

	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>
Social security and other taxes	13,457	11,596
Pension contributions	3,399	2,795
Accruals and deferred income	39,109	40,059
	<u>55,965</u>	<u>54,450</u>

Deferred income of £nil (2018: £15,000) included in the above relates entirely to the next financial year.

Notes to the financial statements (continued)  
For the year ended 31 December 2019

12. Statement of funds

	Brought forward	Income	Expenditure	Transfers	Carried forward
	£	£	£	£	£
<b>Unrestricted funds</b>					
General funds	206,118	10,270,120	(10,373,929)	43,948	146,257
<b>Restricted funds</b>					
Sustainability Project	-	25,000	(25,000)	-	-
Donations Platform	29,716	37,491	(38,888)	-	28,319
EHPs	-	5,000	(5,000)	-	-
Event support	-	20,000	(20,000)	-	-
<b>Health Programmes:</b>					
Tanzania	5,000	2,500	(7,500)	-	-
Maternal Health	-	4,000	(4,000)	-	-
Myanmar	-	22,995	(22,995)	-	-
<b>Disaster Relief:</b>					
Cyclone Idai	-	67,774	(34,324)	(25,300)	8,150
DR Congo	-	15,692	(3,232)	-	12,460
Gaza & West Bank	-	69,224	(45,943)	-	23,281
Hurricane Dorian	-	58,297	(39,649)	(18,648)	-
Iraq	-	14,500	(11,600)	-	2,900
Lebanon	-	3,904	(3,904)	-	-
South Sudan	-	83,500	(41,750)	-	41,750
Yemen	2,000	28,711	(30,711)	-	-
	36,716	458,587	(334,495)	(43,948)	116,860
<b>Total funds</b>	<b>242,834</b>	<b>10,728,707</b>	<b>(10,708,425)</b>	<b>-</b>	<b>263,117</b>

Funds for our **Health Programmes** were used to support hospitals and medical provision in areas where access to safe, quality healthcare is severely limited.

Funds for **Disaster Relief** included two sudden-onset emergencies – Cyclone Idai in Malawi and Mozambique and Hurricane Dorian in The Bahamas. We also received funding to support complex protracted humanitarian crises in the areas noted, including donations totalling £111,500 from Jersey Overseas Aid supporting work in South Sudan, Gaza, West Bank and Iraq.

Funding for our online product **donation platform** (previously named EURMED) supported management, administration and development of this vital system which helps IHP match product donations and overseas needs. This system is operational with further development for the next stages currently in progress.

Funds for a **Sustainability Project** were utilised across a number of areas of research including monitoring and evaluation systems, strategic programming and impact reporting.

A total of £43,948 was **transferred** from restricted funds to general funds with the permission of the donors.

**Notes to the financial statements (continued)**  
**For the year ended 31 December 2019**

**12. Statement of funds (continued)**  
**Comparative information**

	<b>Brought forward 2018 £</b>	<b>Income 2018 £</b>	<b>Expenditure 2018 £</b>	<b>Carried forward 2018 £</b>
<b>Unrestricted funds</b>				
General funds	115,981	7,476,719	(7,386,582)	206,118
<b>Restricted funds</b>				
15 <sup>TH</sup> Anniversary	-	2,000	(2,000)	-
EURMED	-	40,000	(10,284)	29,716
EHPs	-	36,492	(36,492)	-
Disaster Relief/Crisis Response:				
Burundi	-	9,565	(9,565)	-
Gaza	-	4,000	(4,000)	-
Haiti	-	7,000	(7,000)	-
Middle East/Iraq	-	27,404	(27,404)	-
Sierra Leone	-	12,212	(12,212)	-
South Sudan Refugees	30,000	253,469	(283,469)	-
Tanzania Children's Hospital	-	5,000	-	5,000
Yemen	2,500	2,000	(2,500)	2,000
	32,500	399,142	(394,926)	36,716
<b>Total funds</b>	<b>148,481</b>	<b>7,875,861</b>	<b>(7,781,508)</b>	<b>242,834</b>

**13. Analysis of net assets between funds**

	<b>Unrestricted funds 2019 £</b>	<b>Restricted funds 2019 £</b>	<b>Total funds 2019 £</b>	<b>Total funds 2018 £</b>
Tangible fixed assets	1,963	-	1,963	503
Current assets: Debtors	129,627	85,368	214,995	40,300
Cash at bank	63,638	38,486	102,124	256,481
Creditors due within one year	(48,971)	(6,994)	(55,965)	(54,450)
	146,257	116,860	263,117	242,834
<b>Comparative information</b>	<b>Unrestricted funds 2018 £</b>	<b>Restricted funds 2018 £</b>	<b>Total funds 2018 £</b>	
Tangible fixed assets	503	-	503	
Current assets	260,065	36,716	296,781	
Creditors due within one year	(54,450)	-	(54,450)	
	206,118	36,716	242,834	

**Notes to the financial statements (continued)**  
**For the year ended 31 December 2019**

**14. Reconciliation of net income/(expenditure) to net cash flow from operating activities**

	<b>2019</b>	<b>2018</b>
	£	£
Net movement in funds	20,283	94,353
Add back depreciation charge	800	5,221
Decrease/(increase) in debtors	(174,695)	36,783
(Decrease)/increase in creditors	1,515	6,456
	<u>          </u>	<u>          </u>
<b>Net cash inflow from operating activities</b>	<b>(152,097)</b>	<b>142,813</b>
	<u>          </u>	<u>          </u>

**15. Operating lease commitments**

At the reporting date the company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	<b>2019</b>	<b>2018</b>
	£	£
Within one year	67,127	30,957
Between two and five years	4,593	-
In over five years	-	-
	<u>          </u>	<u>          </u>
	<u>71,720</u>	<u>30,957</u>

If tenants break clauses are not exercised total obligation would be £162,937 (2018: £121,845).

**16. Related party transactions**

All transactions with trustees and board members fall within the framework of IHP's Code of Conduct, Conflicts of Interest and Propriety Policy.

International Health Partners Inc ('IHP Inc') donated £141,746 during the year (2018: £30,761). There was no sum either due to or from IHP Inc at 31 December 2019 (2018 due from IHP Inc: £nil.). Peter O'Driscoll, trustee of IHP (UK), is also a Board member of IHP Inc. Adele Paterson (CEO of IHP UK) and Tina Grear (COO of IHP UK) are also Board members of IHP Inc.

**17. Post Balance Sheet event**

In March 2020 the World Health Organisation declared the outbreak of the Covid-19 virus to be a global pandemic. We continue to monitor and assess this impact both on our operational activities and on the changing needs of our overseas partners. Like others, we are adapting to a new working environment and new challenges in order to facilitate our work, save lives and prevent avoidable suffering at this time of great need. The Trustees have produced revised budgets and forecasts and are confident that actions being taken mean the charity remains a going concern.

Notes to the financial statements (continued)  
For the year ended 31 December 2019

18. Comparative information

	Unrestricted funds 2018	Restricted funds 2018	Total funds 2018
	£	£	£
<b>Income from:</b>			
Donations	486,812	399,142	885,954
Investments	960	-	960
Charitable activities:			
Donations of pharmaceuticals and Medical supplies	6,988,947	-	6,988,947
<b>Total income</b>	<u>7,476,719</u>	<u>399,142</u>	<u>7,875,861</u>
<b>Expenditure</b>			
Raising Funds	6,453	-	6,453
Charitable activities	7,380,129	394,926	7,775,055
<b>Total expenditure</b>	<u>7,386,582</u>	<u>394,926</u>	<u>7,781,508</u>
Net income/(expenditure) for the period	<u>90,137</u>	<u>4,216</u>	<u>94,353</u>
<b>Net movement in funds</b>	90,137	4,216	94,353
Total funds at 1 January	115,981	32,500	148,481
<b>Total funds at 31 December</b>	<u><u>206,118</u></u>	<u><u>36,716</u></u>	<u><u>242,834</u></u>