

International Health Partners (UK) Limited

Trustees' report and financial statements For the year ended 31 December 2020

Contents





Reference and administrative details of the charity, its trustees and advisers For the year ended 31 December 2020 (h)+

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

Chair's review For the year ended 31 December 2020

Objectives and Activities

International Health Partners (IHP) was founded with a vision to improve access to medicine and prevent suffering from lack of healthcare. We help people in some of the world's most challenging places get the medicines they need by coordinating the safe and responsible donation of long-dated medicines and healthcare supplies from the healthcare industry.

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.

2020 was an unusually challenging year, yet at IHP we have seen exceptional growth and increased impact. As the global pandemic set in, our initial challenges included navigating the logistical issues caused by grounding of flights and border closures. As constraints eased, we were able to continue sending much needed healthcare products, but the requirements of our in-country partners changed due to travel controls and supply chain shortfalls. Again, we adapted, helping our partners to secure supplies to support the management of COVID-19 symptoms, common co-infections and complications.



Requests to IHP for medical products and supplies increased significantly during the year and – with help from BOAZ, our new online donations platform – we scaled up to meet the demand. Incredibly, as the year closed, we had quadrupled the number

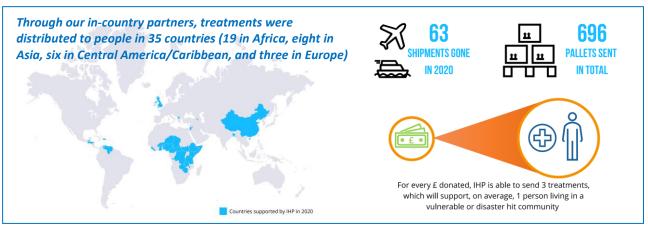
of treatments we sent in 2019. In 2020, we shipped 5.86 million treatments, plus 114,624 consumable units (such

as hygiene products) and additional products with no treatment value, including 800,000 needles. The medical products we supplied were worth £14.5 million, an increase of £3 million from last year, and thanks to the generosity of our donors and supporters, we raised more than £1 million in donations.



Since March 2020, our **15-strong staff team** has worked from home to oversee active partnerships with 24 healthcare companies and 21 NGO partners. COVID-19 has shaped the year. As well as responding to **10 disasters** around the world, we have been heavily involved in helping healthcare systems cope with COVID-related challenges, and our shipments have provided **access to a fifth of the non-controlled medicines** on the WHO's COVID-19 essential supplies list.

Lack of access to medicine causes acute suffering. Exacerbated by the global pandemic, the need for our work remains immense. We continue to liaise closely with our partners to facilitate responsible medicine donation, led by specific identified needs to maximise the effects and impacts of what we provide. Set out below, we outline five major thrusts of our work in 2020, and tell the stories of our impact on lives and in communities around the world.



Impact #1: Providing quality medicines and supplies for COVID-19-related care

Throughout 2020, medical understanding about how to manage and treat the symptoms, co-infections and complications of COVID-19 progressed rapidly. At IHP, we've kept pace, providing antibiotics to treat co-infections such as pneumonia and sepsis; paracetamol for pain relief and fever; treatment for cardiovascular complications; and supplies such as catheters, syringes and syringe drivers. Shortages of some key medicines used to care for patients with infections continue to threaten lives worldwide. When one (the antibiotic amoxycillin) became unavailable through donation, we decided to purchase stocks to maintain our supplies in the most challenging contexts.

PPE to help quarantined patients in China: As reports spread of a mystery disease in China, in February, we responded to a request for help from our in-country partner Project HOPE. We sent eight pallets containing personal protective equipment (PPE), including 9,000 facemasks and 1,785 overalls. Doctors and nurses in Shanghai Children's Medical Centre and in Wuhan's Hubei Provincial Centre for Disease Control used this as they treated patients. One little girl with COVID was alone in the quarantine unit. She



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asked the nurse who came daily to treat her: "I can see you giving medicine and injections to me, and you tell stories every day, like my parents, but I never see your face. Can you take your mask off?" The nurse, Wang Yanwen, answered: "I am sorry, I can't take my mask off - it helps to protect me from being infected. If I am sick, I can't take care of you. So, let's be good friends under this mask."

With many infectious people unable to see their families, healthcare professionals have cared for patients emotionally, as well as physically, and PPE has helped enable this. Early on, a UK export ban limited our ability to distribute PPE stocks abroad, so we sent the remainder of our PPE to Airedale General Hospital in West Yorkshire.

Essential supplies for South Sudan: We work with our partner International Medical Corps across South Sudan. Conflict, widespread food insecurity and recurring disease epidemics have led to Sudan being ranked fourth in the world on the Infectious Disease Vulnerability Index. Some 2.2 million people have fled, 1.6 million are internally displaced, and the country has confirmed at least 3,800 cases of COVID-19 (though this number is probably much higher). Overcrowding in camps is fuelling transmission, but medicines are expensive. With the help of our donations (including medicines on the WHO COVID-19 Essential Supplies list such as paracetamol, ibuprofen, amoxycillin, doxycycline, azithromycin, amoxicillin and omeprazole), our partner has been able to respond to COVID-19 cases. "The donation of essential medicines came at a very strategic time to help us manage and treat patients, especially those with co-morbidities," said Dr Tabassum, who specialises in infection prevention and control.

Supporting recovery in Guatemala: Guatemala had more than 154,000 confirmed cases by the end of 2020.



Valeria, Guatemala

Six in ten people there live in poverty, including Valeria, a woman in her fifties whose home comprises one small room, which she shares with her husband and 14-year-old son. Each day, to support her son and her husband, who has diabetes, she goes into the streets to sell the produce grown by her neighbours. COVID-19 brought Valeria's vital earning ability to a halt. "I had fever, body aches and a headache, and the diagnosis was COVID. I had a very bad time with it," she explained. Donations we sent through Food for the Poor meant that Valeria could access amoxicillin, omeprazole, and other anti-inflammatory and antiviral medications to recover. ""These days have been very complicated due to the virus. They were horrible days, but I am getting better," she said.

Impact #2: Building underlying health and resilience in targeted communities by providing treatments for conditions that heighten vulnerability

By providing a broad range of donated medicines and health supplies, IHP has done much to build underlying health and resilience in targeted communities. Products we have shipped include medicines for chronic health problems such as diabetes and hypertension, and to eradicate parasites that weaken the health and resilience of those affected.



Supporting older people in Ethiopia: Ethiopia, which has 2.2 million internally displaced people, ranks sixth on the Infectious Disease Vulnerability Index. By the end of 2020, it had more than 134,000 confirmed cases of COVID-19. Two-fifths of all its deaths arise from non-communicable diseases such as diabetes, so we wanted to focus on strengthening the health of older people with underlying health conditions. These people are particularly vulnerable to COVID-19, yet their needs are often overlooked. The shipment we sent to our partner HelpAge Ethiopia helped people obtain, for free, larger quantities of the medicines they needed for diabetes and hypertension. This reduced the number of trips that people were making to health facilities and gave them an uninterrupted supply, preventing complications and even death.

Cancer medicines for North Macedonia and Gaza: Our partner Project HOPE helps the government of North Macedonia improve standards of patient care through its strategic medical resupply programme. Early in 2020, the WHO highlighted the need to step up cancer services to low and middle income countries such as North Macedonia. However, COVID-19 has eroded health budgets, putting expensive cancer medicines out of reach. We have worked with Project HOPE to reach those with the most treatable cancers who would not otherwise have received the therapy they needed. As this donated cancer medicine is of such high value, every £1 donated to us meant we could send £700 worth of treatments, making this an enormously cost-effective response. Support from our donors gave us the ability in October to send to Gaza more than 45,000 of the same cancer treatments in a shipment with a total value of more than £2 million.

Impact #3: Increasing access to a broad range of medicines, free at the point of use, as economic conditions reduce health access

The pandemic crisis has affected the livelihoods of millions of people. In low and middle income countries, where medicines represent a significant proportion of household expenditure, increased economic stress – and losing access to employment – may exacerbate existing difficulties in accessing medicine. Our model of providing treatment free at the point of use, via our trusted network of partners, now represents a lifeline for many. By freeing up financial resources that would have gone on medicines, we enable individuals (and our partners) to use those resources to buy other essentials. When patients receive care, this can increase their capacity to care for other family dependents such as children or the elderly. By sending regular shipments of essential medicines, we help to ensure people get care and help others.

Maternal health in sub-Saharan Africa: In May 2020, the *Lancet's* Global Health online portal made a startling prediction: if coverage of essential services for low and middle income countries dropped by 45% for six months because of COVID-19's impact on health services, 118 countries would see a total of 56,700 additional deaths in pregnant and childbearing women, and 1.2 million child deaths. Currently, more than 800 women die daily in pregnancy or childbirth, a quarter from bleeding which is mostly preventable. Through our partner Life for African Mothers, we send regular shipments of a medicine which helps prevent and treat post-partum haemorrhaging, a potentially life-threatening condition. One of the people it has helped this year is Angelique, who arrived at St Vincent medical centre in Bukavu needing help to give birth. Angelique suffered a major



Angelique, Bakavu

haemorrhage following delivery, but the appropriate protocol was applied and IHP's donated medicine administered, saving her life.

Easing the brunt of layoffs in Lebanon: In Lebanon, the COVID-19 crisis has resulted in a high number of permanent and temporary job layoffs, particularly among informal workers. With 30% of the country's population being refugees, layoffs have severely affected these communities. Economic conditions were made worse in August with the devastating blast which rocked Beirut's port. One of our partners in Lebanon



Devastation following blast at Beirut's port

is Anera, which distributed our medical supplies and supplements to the Ibad Al Rahman clinic. Yazyi, a Syrian refugee living in the Achrafiye neighborhood, was among its patients in 2020. "We live in very difficult conditions," she explained. "My daughter is paraplegic and has serious health problems. Her condition has deteriorated and we need a lot of money to get her treated." Previously the clinic offered free health screenings and medicine, but worsening economic conditions led it to introduce a \$3 fee. Support from Anera and IHP has meant clinicians can again provide medicines for free.

Impact #4: Strengthening health systems and releasing funding for investing in wider health programming, including COVID-19 adaptations

IHP's work strengthens health systems that support the world's most vulnerable communities and individuals. By providing donated medicines, we reduce expenditure for our NGO partners and government health facilities at a time when resources are hugely stretched. Funds that would have been spent on medicines have been repurposed to purchase PPE, initiate health education and hygiene initiatives, and provide other treatment for patients. In the last five years, our donations have saved our partners an average of £11.5 million each year.

Reaching people in remote Venezuela: Venezuela is in the grip of a continuing major crisis, with some seven million people in need of humanitarian assistance. The healthcare system has been crippled, with facilities lacking supplies not only to prevent and treat new illnesses including COVID-19, but also to treat resurgent diseases such as tuberculosis and diphtheria. People are heavily dependent on imported medicine, but the country's hyperinflation problem affects people's ability to afford treatment. Pervasive hunger, malnutrition and lack of access to basic services have caused a spike in infant and maternal mortality rates, and in remote areas, people are dying from illnesses that could be prevented or resolved if treated at an early stage, such as diarrhoea, respiratory infections, birth complications, viral hepatitis and malaria.

Our in-country partner, International Medical Corps, assessed the most pressing needs at Venezuela's health facilities and hospitals in 2019. Since then, it has reached 25 health facilities and helped more than

30,000 people. In 2020, we sent out 27,070 treatments in Essential Health Packs, worth £17,623. Packs were filled with a range of treatments including painkillers and antibiotics and our partner used them across three states (Caracas, Falcon and Zulia) to equip 13 health facilities. Our support also helped equip a mobile medical team to reach 2,978 people in the remote state of Bolivar, and freed our partner to invest in addressing mental and psychosocial needs among those living in Gran Caracas, Miranda, Capital District and La Guaira.



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2020: Achievements and Performance

The Gates Foundation has estimated COVID-19 could set back progress toward the Sustainable Development Goals (SDGs) by 25 years. IHP has responded by scaling up our response in 2020, not least with a four-fold increase in treatments shipped. Treatments included those for maternal and newborn health supporting SDGs 3.1 and 3.2, as well as mental health in support of SDG 3.4.

IHP increased our role in addressing a key global health challenges - SDG 3.3 (eradicating neglected tropical diseases (NTDs)) - and this represented over 40% of treatments shipped in 2020.

Our corporate partnership team secured an offer of more than 18 million mebendazole (de-worming) tablets, used to treat soil-transmitted helminths. Children are especially vulnerable to these intestinal worms, and once infected can experience diarrhoea, abdominal pain, malnutrition, malaise and weakness, contributing to impaired growth and physical development.

Treatment is effective and easy to administer. We have already shipped nearly 2.5 million tablets to countries including Sierra Leone, Malawi, Tanzania, Venezuela and Chad. A further five million tablets will soon reach Ethiopia. The offer we received remains valid for the next three years and the tablets have a long period to expiry, so we anticipate embedding and extending this new programme to help control or eradicate soil-transmitted helminths in targeted project areas.

As corporate partners turn more frequently to us as their partner of choice, we have identified the need to extend our product range. De-worming tablets are a good example of how EU formulations are too weak for a sub-Saharan African setting. Having focused previously on EU-authorised stock, in 2020, we extended our standard operating processes to include FDA (US) approved medicines and WHO-approved stock.



Access to treatment and services for mental health is an element of healthcare provision often overlooked. We are keen to play a more robust role in addressing this neglected need. During 2020, we entered an intense due diligence process with a new corporate partner from Scandinavia and passed its checks with a commendation. From 2021 onward, their donations will enable us to supply mental health medicines to Gaza, the West Bank and Lebanon.

This year, we also brought to fruition our future-proofed, medical donation matching software platform, which we call BOAZ. This user-friendly and timesaving platform, developed with our partner Super Being Labs, is already helping us to get medical supplies quickly to where they are needed. The platform will improve the effectiveness and efficiency of donations coordinated by IHP and others. It gives users speedy and centralised access, reduces duplicate data entry and improves communication with donors of medical supplies and receiving NGO partners.

In 2020, we were delighted to license the platform to a major player in the medical donation sphere. This large multinational pharmaceutical company did extensive research into the availability of other solutions; ours succeeded in a competitive tender against private sector partners. We were awarded the contract in April, and a development timeline and contract were agreed in October. The company will use a bespoke version of our platform to streamline its own medical donation work. The resulting income will provide valuable unrestricted funding which we will use to ensure our platform remains sustainable and fund further maintenance and development. We will reinvest any profits in our wider work.

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In 2020, we have continued to see progress in the measurement and evaluation of our work. With partners in the Partnership for Quality Medicine Donations (PQMD), we contributed to an online toolkit to evaluate impacts of medicine donation. We continue to develop our own impact measurement framework and metrics, and to integrate impact measurement across all teams, enhancing our ability to define, evaluate, improve and demonstrate our impact.

We have established a clinical governance advisory group, and given all staff additional training in this area, covering issues such as clinical effectiveness, risk management and resource effectiveness.

In assessing the data we collect, we became more aware of the potential to 'tell our story', and in September, we were joined by a new communications and engagement manager. An ambitious new communication strategy led to our first online 'celebratory' event in December, attended by corporate partners, funding partners and receiving/distributing partners (NGOs).

We have also taken steps in organisational development, moving to more flexible working arrangements and investing in staff wellbeing through a rapid and difficult time of change.

Plans for Future Period

In 2021, we intend to consolidate the step change in our impact, including broader programming such as neglected tropical diseases, that began in 2020. We will develop our vision for a sustainable, scalable approach that optimises our unique role and skills. Key aspects of this will include:-

BOAZ platform development and licensing: As we embed our first software platform partnership, we will review our learning and resource a wider rollout, exploring the scope to license our platform to other healthcare companies and NGOs, sharing the benefits of this development in facilitating more efficient medical donations. We will further develop the BOAZ functionality to include a learning platform to support capacity building among NGO partners around Good Distribution Practice of medicines. This will support and strengthen our sustainable impact. We are mindful of avoiding the creation of long-term dependency on donated medicines, and remain focused on providing temporary support to tackle specific problems where medical donations show lasting impact on global health.

New warehousing: Our corporate partnership team has negotiated new capacity at a warehouse run by a strategic partner (Accord) measuring around the same volume as our space at DHL. We are now finalising a contract and in 2021 we will utilise this new capacity to support our increased scale.

Organisational Development: As we begin 2021, we are reviewing our approach to ensure we have the right structure, capacity and support to retain, and develop, a happy, fulfilled and effective staff team. Continuing to be agile problem solvers will be critical as we navigate new challenges, including the impact of Brexit and ever increasing regulation.

Thank you for your ongoing support, and for partnering with IHP on this journey.

Peter O'Driscoll, Chair, 2021



World Relief Clinic - Bentiu, South Sudan

Trustees' report For the year ended 31 December 2020



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 2020. 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 documents 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, between AGMs, 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 2020 to the date of this report unless otherwise stated:

Peter O'Driscoll, General Counsel, Seacrest Capital Group 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 Dr Joanna Hobbs, General Practitioner (appointed 10 March 2020)

Additional Members

Peter Ballard, Chair: British Generic Manufacturers Association Dr Richard Barker OBE, Founding Director: New Medicine Partners Professor Raman Bedi, Chair: 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 October 2020, HRH, The Prince of Wales agreed to extend his term as Royal Patron, for a period of a further 5 years.

Trustees' report (continued) For the year ended 31 December 2020

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".

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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 medics 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 2-7 outlines the key achievements for the period.

Financial review

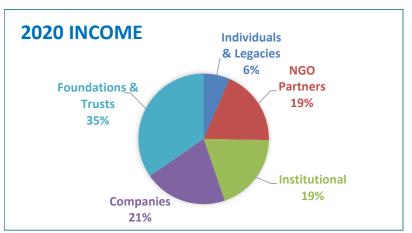
The Statement of Financial Activities set out on page 17 shows the total income and total expenditure for the period. The value of medical products and logistics gifts-in-kind is recognised both in income and expenditure. The table below shows an abridged operating income and expenditure account which excludes the value of gifts in kind donations relating to medical products and logistical support.

Abridged Operating Figures	Unrestricted 2020 £	Restricted 2020 £	Total 2020 £	Total 2019 £
Donation Income	663,046	778,152	1,441,198	821,979
Programme costs	(202,918)	(633,717)	(836,635)	(614,967)
Support costs	(49,500)	(78,079)	(127,579)	(130,791)
Raising Funds	(18,240)	(53,422)	(71,662)	(56,538)
Net income from principal activities	392,388	12,934	405,322	19,683
Bank interest	216	0	216	600
Net income	392,604	12,934	405,538	20,283

The value of donated pharmaceuticals, medical supplies and other health and hygiene items distributed in the period was £14,555,497 (2019: £9,804,392). The total costs incurred in sourcing, handling and delivery were £1,094,080 (2019: £847,494) which included £129,866 (2019: £101,736) provided as logistics gifts in kind. In financial terms, IHP is a small charity – but we punch well above our weight. With just 15 staff members working closely together, we work nimbly, without excessive bureaucracy, using modest sums to achieve a great deal.

Trustees' report (continued) For the year ended 31 December 2020

We have been encouraged by the response to our fundraising appeals in 2020 and a generous response by our partners has made our significant growth in impact possible. In view of the scale of the needs generated by the pandemic and the pressure on already vulnerable health systems, we need to maintain and even scale up support at this level in 2021 as the economic impact of COVID-19 hits home.



Reserves position

Our reserves policy was updated in late 2020 as part of a periodic review. It outlines the aim of the Trustees to have sufficient unrestricted funds in reserve to enable the charity to maintain and develop its operations. Mindful that reserves are necessary to fund working capital, to provide for contingencies, enable growth and development and enable compliance with our legal commitments such as employment and facilities, a target was set in the range of £250k-£350k for unrestricted funds. At the end of the year unrestricted funds stood at £553,861. This high level of reserves at this time was due to a larger than anticipated response to our COVID-19 campaign towards the end of the financial year and will be used to invest in resources needed to meet increased demands for our services.

We are aware that future donations may be affected by the financial recession. 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. Fundraising is primarily carried out by IHP staff, although during 2020 several individuals raised funds for IHP through sponsored events. The majority of our income is received from institutional donors, trusts



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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 Complaints Policy was reviewed and updated during 2020 and is published on the IHP website. No complaints have been received during 2020.

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 Board approved various updates to policies covering issues such as recruitment, working from home, anti-corruption and anti-money laundering, sanctions compliance, human trafficking and modern slavery. We continue to follow a periodic review of aspects of governance under our Governance Schedule guided by the Charity Governance Code for Smaller Charities. During 2020, we reviewed our approach to Environmental, Social

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and Governance (ESG) policies in our partnerships. We introduced into our agreements the right to request relevant standards and compliance details from partners. All IHP staff undertook anti-corruption training provided by one of our corporate partners.

Following the periodic review of Trustees' experience and skills mix, Dr Joanna Hobbs joined the Board, bringing particular skill in clinical governance and HR. Following her induction, Dr Hobbs joined the IHP Clinical Governance advisory group and our Nominations, Employment and Remuneration Committee.

Risk management and Compliance

In light of the implications of the pandemic, during 2020, the Board was actively engaged in regular discussions around business continuity, risk management and staff wellbeing. Support for staff wellbeing was enhanced during the year as we moved to working from home in March and recognised the mental health challenges arising from this and the pandemic more generally.

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. IHP has a standard operating procedure setting out the operational approach to risk management and the responsibilities of staff overseeing this. During 2020, the Risk Register was updated to reflect new risks around business continuity arising from logistics challenges, potential staff sickness, economic change and the impact of Brexit.

IHP's warehousing partners DHL and Alloga provide us with an invaluable service. Our principal risks include transportation, and COVID-19 and Brexit combined to rapidly increase our challenges in 2020. Noting the potential impact on business continuity, due to the financial implications, delays in transportation and knock-on impact on our partners and impact we regularly reviewed our approach to these changes in order to mitigate this risk. As a result of these complications, scaling up our shipments and a large scale response to the port explosion in Beirut, we began to build up a backlog of shipments and needed to review our resources. Recognising the potential risks of over-reliance on one principal warehouse partner – DHL – and the increased scale of our work, we began negotiations with a new pro bono warehouse provider.

IHP has continued to review our approach to Safeguarding and a new Policy and Code of Conduct was prepared for Board review in early 2021. No safeguarding incidents have been reported.

As a WDA (wholesale distribution authorisation) license holder, IHP adheres to 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 to check compliance and ensure processes are fit for purpose. During 2020, we increased the size of our internal Quality Management Team. We will engage a new Compliance Officer in 2021 to further strengthen the capacity of this team, mindful of the ever growing needs of compliance and the new complexities of logistics at this time of change for the UK in our relations with other countries.

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

Trustees' report (continued) For the year ended 31 December 2020

Nominations, Employment and Remuneration Committee of the IHP Board, and in 2020 the Committee also reviewed an updated salary banding structure.

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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.

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.

This report was approved by the trustees on 17th May 2021 and signed on their behalf by:

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Glyn Williams Trustee

Pat Quandy

Peter O'Driscoll Chair Independent auditors' report to the members For the year ended 31 December 2020

Opinion

We have audited the financial statements of International Health Partners (UK) Limited for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows 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 Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

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In our opinion the financial statements:

- give a true and fair view of the charitable company's state of affairs as at 31 December 2020 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

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 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.

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



Independent auditors' report to the members (continued) For the year ended 31 December 2020

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report (which comprises the Chairman's review and the Trustees' 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 has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' 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 12, 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 regulations made under 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



Independent auditors' report to the members (continued) For the year ended 31 December 2020

conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Identifying and assessing risks related to irregularities:

We assessed the susceptibility of the charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the charitable company by discussions with trustees and updating our understanding of the sector in which the charitable company operates.

The charitable company is subject to laws and regulations which would have a direct impact on the financial statements, including the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Further the charitable company is subject to other laws and regulations where the consequences of noncompliance could have a material effect on amounts or disclosures in the financial statements; through a significant fine, litigation or restrictions on the charitable company's operations. We identified the most significant laws and regulations to be those issued by the Medicines and Healthcare products Regulatory Agency ('MHRA') covering the distribution of medicinal products for human use.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities, including the MHRA, to identify potential material misstatements arising. We discussed the charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed noncompliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. 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 Independent auditors' report to the members (continued) For the year ended 31 December 2020

involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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A further description of our responsibilities is available on the Financial Reporting Council's website at: <u>www.frc.org.uk/auditorsresponsibilities</u>. This description forms part of our auditor's report.

Use of our report

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

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

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

Date: 26 May 2021

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 2020

		Unrestricted	Restricted	Total	Total
		funds 2020	funds 2020	funds 2020	funds 2019
		2020	2020	2020	2019
	Notes	£	£	£	£
Income from:					
Donations and legacies	2	663,046	778,152	1,441,198	821,979
Investments		216	-	216	600
Charitable activities:	3				
Donations of medical products		14,555,497	-	14,555,497	9,804,392
Donations of storage & shipping		129,866	-	129,866	101,736
Total income		15,348,625	778,152	16,126,777	10,728,707
Expenditure					
Charitable activities:					
Management of product donation	1	252,418	711,796	964,214	745,758
Donations of medical products	3	14,555,497	-	14,555,497	9,804,392
Donations of storage & shipping	3	129,866	-	129,866	101,736
Charitable activities total	4	14,937,781	711,796	15,649,577	10,651,886
Raising Funds	5	18,240	53,422	71,662	56,538
Total expenditure		14,956,021	765,218	15,721,239	10,708,424
Net income/(expenditure)					
for the period	6	392,604	12,934	405,538	20,283
Transfers between funds	12	15,000	(15,000)	-	-
Net movement in funds		407,604	(2,066)	405,538	20,283
Total funds at 1 January		146,257	116,860	263,117	242,834
Total funds at 31 December		553,861	114,794	668,655	263,117

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All activities relate to continuing operations.

The notes on pages 20 to 34 form part of these financial statements.

		2	2020	201	.9
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		4,005		1,963
Current assets					
Debtors	10	167,879		214,995	
Cash at bank		582,170		102,124	
		750,049		317,119	
Creditors: amounts falling due					
within one year	11	(85,399)		(55,965)	
			664,650		261,154
Net current assets			668,655		263,117
Charity funds					
Unrestricted funds	12		553,861		146,257
Restricted funds	16		114,794		116,860
Total funds	13		668,655		263,117

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 17 May 2021 and signed on their behalf by:

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Glyn Williams **Trustee**

The notes on pages 20 to 34 form part of these financial statements.

Registered number: 05044723

Statement of cash flows For the year ended 31 December 2020

			2020	201	9
	Notes	£	£	£	£
Cash flows from operating activities Net Cash generated from operations	14		484,616		(152,097)
Cash flows from investing activities Purchase of fixed assets		(4,570)		(2,260)	
Net cash flows from investing activities			(4,570)		(2,260)
Change in cash and cash equivalents in the reporting period			480,046		(154,357)
Cash and cash equivalents at the beginning of the reporting period			102,124		256,481
Cash and cash equivalents at the end of the reporting period			582,170		102,124

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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 OAT. 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 2020 the total of such guarantees was £170 (2019: £160). The Charity meets the definition of a public benefit entity under FRS 102.

1.3 Going concern

Despite the impact of the global COVID-19 pandemic, the charity has been able to secure additional resources during 2020 which provides a strong financial base on which to move forward and develop the charity further. The trustees have reviewed the charity's reserves, forecasts and projections and have a reasonable expectation that the charity will 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.



1. Accounting policies (continued)

1.5 Voluntary income (continued)

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.

Legacy income is recognised in the Statement of Financial Activities when receipt is probable, amounts receivable can be measured with sufficient reliability, and the charity is entitled to the income. Entitlement is considered to be the earlier of the charity being notified of an expected distribution and the legacy being received.

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 health 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.

Costs incurred in developing software for use in the charity and licensing to third parties are charged as an expense when the expenditure is recognised.

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. Accounting policies (continued)

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.

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. Accounting policies (continued)

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.

2. Donations and legacies

	Unrestricted	Restricted	Total	Total
	funds	funds	funds	funds
	2020	2020	2020	2019
	£	£	£	<u>£</u>
Gifts from individuals Legacies Gifts from companies Gifts from foundations, trusts and	63,074 - 241,436	30,682 - 55,230	93,756 - 296,666	36,353 20,000 264,350
other organisations	349,216	692,240	1,041,456	501,276
Government CJRS grant	9,320		9,320	
Total	663,046	778,152	1,441,198	821,979

Included in Gifts from foundations, trusts and other organisations are four donations totalling £271,460 (2019: £111,500) from Jersey Overseas Aid supporting work in South Sudan, Gaza and IHP's COVID-19 response.

Comparative information

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Gifts from individuals Legacies Gifts from companies Gifts from foundations, trusts and	22,448 20,000 137,007	13,905 - 127,343	36,353 20,000 264,350
other organisations	183,937	317,339	501,276
Total	363,392	458,587	821,979

3. Donations of medical products, shipping & storage facilities

The value of donated medical products and health supplies distributed in the period was £14,555,497 (2019: £9,804,392). 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.

IHP identifies the cost of storage and transportation as 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 £129,866 (2019: £101,736). The increased cost value is partly due to logistics partners kindly bearing the increased cost of administering the Falsified Medicines Directive (FMD) serialisation de-commissioning process for a full year and a one-off event of IHP being onboarded onto the DHL inventory management system UNISON.

4. Charitable activities

	Unrestricted Funds 2020	Restricted funds 2020	Total funds 2020	Total funds 2019
Drogramma costa	£	£	£	£
Programme costs Product delivered (see note 3)	14,555,497		14,555,497	9,804,392
Programme Staff costs	49,883	401,623	451,506	366,832
Direct programme costs	7,447	10,972	18,419	59,446
Logistics, shipping & storage (see note 3)	223,457	48,203	271,660	172,615
Donations Platform	2,143	121,135	123,278	40,047
Overheads related to programmes	49,854	51,784	101,638	77,763
	14,888,281	633,717	15,521,998	10,521,095
Support costs				
Staff costs	15,752	65,381	81,133	86,528
Publicity, marketing and media costs	197	-	197	5,442
Professional services	2,280	-	2,280	2,288
Depreciation	2,528	-	2,528	800
Exchange (surplus)/loss	3,178	4,268	7,446	1,942
Overhead costs	15,743	8,430	24,173	24,557
Governance costs - audit fees	9,700	-	9,700	9,000
- board costs	122	-	122	234
	49,500	78,079	127,579	130,791
	14,937,781	711,796	15,649,577	10,651,886



4. Charitable activities (continued) Comparative information

	Unrestricted Funds	Restricted funds	Total funds
	2019	2019	2019
Due due to de live and (see a set a 2)	£	£	£
Product delivered (see note 3)	9,804,392	-	9,804,392
Programme Staff costs	156,424	210,408	366,832
Direct programme costs	56,226	3,220	59,446
Logistics, shipping & storage (see note 3)		37,084	172,615
Donations Platform (formerly EURMED)	1,112	38,935	40,047
Overheads related to programmes	72,606	5,157	77,763
	10,226,291	294,804	10,521,095
Support costs			
Staff costs	49,398	37,130	86,528
Publicity, marketing and media costs	5,442	-	5,442
Professional services	2,288	-	2,288
Depreciation	800	-	800
Exchange (surplus)/loss	1,010	932	1,942
Overhead costs	22,928	1,629	24,557
Governance costs - audit fees	9,000	-	9,000
- board costs	234	-	234
	91,100	39,691	130,791
	10,317,391	334,495	10,651,886

5. Raising Funds

	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Professional services – fundraising Fundraising costs	- 432	 	- 432	2,230
Fundraising staff	17,808	53,422	71,230	54,308
	18,240	53,422	71,662	56,538
Comparative information				
	2019 £	2019 £	2019 £	
Professional services – fundraising	2,230		2,230	
Fundraising staff	54,308	-	54,308	
	56,538	-	56,538	





6. Net income

	2020	2019
This is stated after charging: Depreciation of tangible fixed assets	£	£
- owned by the charity	2,528	800
Auditors' remuneration	9,700	9,000

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7. Staff costs

	2020 £	2019 £
Staff costs were as follows:		
Wages and salaries	528,733	427,368
Social security costs	51,227	42,676
Pension contributions	23,909	20,150
	603,869	490,194

	Number 2020	Number 2019
The average monthly full time equivalent number of employees during	10	40
the year was as follows:	13	10
The average number of employees during the year was as follows: =	14	11
	Number 2020	Number 2019
The number of higher paid employees based on annual costs, was:		
The number of higher paid employees based on annual costs, was: In the band £70,001 - £80,000		

Pension contributions on behalf of these employees was £4,118 (2019: £3,825).

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

Total remainer at on Key management personnel in the period was as follow	2020 £	2019 £
Aggregate compensation	160,532	150,557

8. Transactions with Trustees

No trustees received any remuneration in the year (2019: £nil).

Trustees expenses in respect of travel costs reimbursed in the year to one trustee amounted to £nil (2019: £142 to one trustee).

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In addition, the charity received £9,850 (2018: £9,125) in personal donations from the trustees for which we are very grateful.

9. Tangible fixed assets

	Office & T equipment	Total
	£	£
Cost		
At 1 January 2020	25,599	25,599
Additions	4,570	4,570
Disposals	-3,796	-3,796
At 31 December 2020	26,373	26,373
Depreciation		
At 1 January 2020	23,636	23,636
Charge for the year	2,528	2,528
On disposals	-3,796	-3,796
At 31 December 2020	22,368	22,368
Net book value		
At 31 December 2020	4,005	4,005
At 31 December 2019	1,963	1,963



10. Debtors

	2020 £	2019 £
Debtors Prepayments and accrued income	76,012 91,867	55,217 159,778
	167,879	214,995

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Included in accrued income is an amount of £10,000 (2019: £20,000) which is expected to be received after more than one year.

11. Creditors

Amounts falling due within one year		
	2020	2019
	£	£
Social security and other taxes	21,563	13,457
Pension contributions	5,086	3,399
Accruals	58,749	39,109
	85,398	55,965

12. Statement of funds

	Brought forward	Income	Expenditure	Transfers	Carried forward
	£	£	£	£	£
Unrestricted funds					
General funds	146,257	15,348,625	(14,956,021)	15,000	553,861
-					
Restricted funds					
Sustainability Project	-	50,000	(50,000)	-	-
Donations Platform – BOAZ	28,319	20,000	(48,319)	-	-
Donations Platform – for licence	-	120,419	(90,401)	-	30,018
Humanitarian Relief:	-	20,000	(20,000)	-	-
Armenia	-	7,370	(7,370)	-	-
Burkina Faso	-	15,000	(15,000)	-	-
COVID-19 Response	-	252,555	(192,524)	-	60,031
Cyclone Idai	8,150	-	(8,150)	-	-
DR Congo	12,460	-	(12,460)	-	-
Gaza & West Bank	23,281	31,200	(41,915)	-	12,566
Iraq	2,900	-	(2,900)	-	-
Lebanon	-	168,635	(168,635)	-	-
Central American & the					
Caribbean	-	25,388	(25,388)		-
North Macedonia	-	7,624	(7,624)	-	-
South Sudan	41,750	54,960	(69,531)	(15,000)	12,179
Yemen	-	25,000	(25,000)	-	-
-	116,860	778,151	(765,217)	(15,000)	114,794
Total funds	263,117	16,126,776	(15,721,238)	-	668,655

Funds for **Humanitarian Relief** included responding to crises following the explosion in Beirut, Lebanon and violence in Armenia. Our COVID-19 response and other area-specific funding supported hospitals and medical provision in areas where there are often complex protracted humanitarian crises and access to safe, quality healthcare is severely limited. This includes donations totalling £271,160 from Jersey Overseas Aid supporting work in South Sudan, Gaza, West Bank and IHP's COVID-19 response.

Funding for our online **product donations** platform (renamed **BOAZ**) supported ongoing development of this vital platform which helps IHP match product donations and overseas needs. The platform is operational with further development for the next stages currently in progress. Additional funding was received to develop a bespoke version of the product in order **to licence** to one of our core partners.

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 £15,000 was **transferred** from restricted funds to general funds to assist IHP's response to the global pandemic with the kind permission of the donor.

12. Statement of funds (continued) Comparative information

	Brought forward 2019 £	Income 2019 £	Expenditure 2019 £	Transfers 2019 £	Carried forward 2019 £
Unrestricted funds	2019 £	2019 £	2019 £	2019 £	2019 £
General funds	206,118	10,270,120	(10,373,929)	43,948	146,257
Restricted funds					
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)	-	-
Health Programmes:			,		
Tanzania	5,000	2,500	(7,500)	-	-
Maternal Health	-	4,000	(4,000)	-	-
Myanmar	-	22,995	(22,995)	-	-
Disaster Relief:					
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
Total funds	242,834	10,728,707	(10,708,425)	-	263,117

13. Analysis of net assets between funds

		Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Tangible fixed ass	ets	4,005	-	4,005	1,963
Current assets:	Debtors	167,879	-	167,879	214,995
	Cash at bank	464,976	117,194	582,170	102,124
Creditors due wit	hin one year	(82,999)	(2,400)	(85,399)	(55,965)
		583,861	114,794	668,655	263,117

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13. Analysis of net assets between funds (continued) Comparative information

		Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Tangible fixed as	sets	1,963	-	1,963
Current assets:	Debtors	129,627	85,368	214,995
	Cash at bank	63,638	38,486	102,124
Creditors due wit	hin one year	(48,971)	(6,994)	(55,965)
		146,257	116,860	263,117

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

	2020 £	2019 £
Net movement in funds	405,538	20,283
Add back depreciation charge Decrease/(increase) in debtors (Decrease)/increase in creditors	2,528 47,116 29,434	800 (174,695) 1,515
Net cash inflow from operating activities	484,616	(152,097)

15. Analysis of changes in net debt

	At start of year £	Cash-flows £	At end of year £
Cash	1,102,124	480,046	582,170

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Notes to the financial statements (continued) For the year ended 31 December 2020

16. 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:

	2020 £	2019 £
Within one year Between two and five years In over five years	55,476 - -	67,127 4,593 -
	55,476	71,720

If tenants break clauses are not exercised total obligation would be £125,376 (2019: £162,937).

17. Related party transactions

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

International Health Partners Inc ('IHP Inc') donated £84,737 during the year (2019: £141,746). There was no sum either due to or from IHP Inc at 31 December 2020 (2019 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.

18. Comparative information

L	Inrestricted funds 2019	Restricted funds 2019	Total funds 2019
	£	£	£
Income from: Donations and legacies Investments	363,392 600	458,587 -	821,979 600
Charitable activities: Donations of medical products Donations of storage & shipping	9,804,392 101,736	- -	9,804,392 101,736
Total income	10,270,120	458,587	10,728,707
Expenditure Charitable activities: Management of product donation Donations of medical products Donations of storage & shipping	411,263 9,804,392 101,736	334,495 - -	745,758 9,804,392 101,736
Charitable activities total Raising Funds	10,317,391 56,538	334,495	10,651,886 56,538
Total expenditure	10,373,929	334,495	10,708,424
Net income/(expenditure) for the period Transfers between funds	(103,809) 43,948	124,092 (43,948)	20,283
Net movement in funds Total funds at 1 January	(59,861) 206,118	80,144 36,716	20,283 242,834
Total funds at 31 December	146,257	116,860	263,117