

For the year ended 31st March 2018



AHPN

African Health Policy Network
Improving Health and Wellbeing

Annual Report & Financial statements

For the year ended 31st March 2018

COMPANY REGISTRATION NUMBER 03979511

Charity Number 1088641



Making this report public:

We will make this report publicly available by publishing it on our website and circulating it to our membership, funders and partner organisations.



The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March **2018**.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Durning Hall, Earlham Grove, Forest Gate E7 9AB

Bankers Barclays Bank plc
Barclays Business Centre
1 North End
Croydon
Surrey

THE TRUSTEES

The trustees who served the charity during the period were as follows:

Mr Danmore Sithole – Chair (Resigned 31/3/2018)

Mr Josh Babarinde – Secretary

Ms Tendai Ndanga - Treasurer

Pr David Owusu

Ms Eureka Dube

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, policies and objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company are:

- 1 To advance the health and well being of African descent communities in the United Kingdom
- 2 To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
- 3 To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
- 4 To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on their skills.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of the Board and the Chief Executive officer. The courses attended equip the board members with skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees;
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association;
- 3) The control of resources and current financial position using the management accounts;
- 4) Their responsibility of the statutory accounts;
- 5) How to translate future plans and objectives into budgets and plans;
- 6) Use of budgetary control.

During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE TO MARCH 2018

During the financial year ending March 2018 the AHPN continued to implement its strategy ensuring that policies which affect the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The teams within the organisation have worked on different initiatives to strengthen and represent the health needs of African descent communities and the wider BME community.

POLICY DIRECTION

The focus of AHPN is the reduction of health inequalities and improving health outcomes, across specific health conditions as well as the wider social, cultural, lifestyle and economic determinants of health for African descent people. The

priority health conditions for AHPN are: HIV and sexual health; diabetes; cancer, especially breast and prostate cancer; stroke; mental health; and TB. The wider determinants of focused on include faith, immigration and poverty.

The policy work of AHPN is divided into core functions: Policy; Membership; Research; Ffena service users/volunteers; and Projects & Campaigns. In the year **2017-18** significant steps forward were made against each of these functions.

POLICY

AHPN continued with its Beyond HIV campaign. This fulfils one of our policy objectives of raising the profile of the HIV/ health policy needs of African descent people and communities and also provides an avenue to focus on some of the intersectional issues that continue to impact disproportionately on African descent PLWHIV but which are often overlooked or side-lined.

We have continued to take forward the foundations laid down by our established and published Policy Position document and continued to work on the six main health conditions set out therein. We are seeking funds to promulgate a new revised position paper.

We have published a well received document on HIV and the African Community in the UK. This was partially made possible by funding from MacAids Foundation.

AHPN was represented at the annual British HIV Association conference in Edinburgh. We ran a conference stall which attracted considerable interest and allowed AHPN to showcase its policy and research work and discuss its campaigning initiatives. We have previously worked with BHIVA in the revision of the Standards of Care for People Living with HIV.

AHPN has also contributed to the key policy document published by MIND the mental health charity, 'Developing Peer Support in the Community; A Toolkit'. This was developed in conjunction with St George's University of London and the McPin Foundation.

AHPN has continued with its Strategic Direction as set out in previous years.

We have continued to strive to become: 'the active voice of all African descent people in the UK living with and affected by HIV, sexual health & long term conditions'.

Additionally AHPN has continued to provide front line health interventions for African descent communities. This involves Peer Support initiatives & programmes, Mentoring, Point Of Care testing/health campaigns/Awareness

raising/Anti Stigma & Discrimination initiatives/Mental health & Wellbeing strategies. The metrics utilised in monitoring and evaluating this project work has yielded good quality information which has fed into our policy work and directives. AHPN was invited to present issues raised by this policy work at the ICASA conference on HIV in Africa held in the Ivory Coast in December 2017. Contributions from Gilead assisted our attendance.

With generous assistance from Gilead and Janssen AHPN held its 20th Anniversary event at the School for Oriental and African Studies, University of London in December 2017. This was an important landmark event in respect of policy making, bringing together key policy decisions of the previous decade, analysis and assessment of progress, and finally the charting of a roadmap forward for the BME community based organisation community.

AHPN has this year continued to prove that it is an organisation that demonstrably:

- Shapes the agenda on behalf of African descent people in the UK living with and affected by HIV and long term conditions
- Develops funded interventions and initiatives designed to alleviate these on a point of care basis
- Provides thought leadership on HIV and long term conditions and has redefined itself as the 'go to' hub for relevant issues
- Grows its membership and keeps it by disseminating good quality information monthly
- Asserts authority as an independent voice, representative of African descent people in the UK living with and affected by HIV and long term health conditions
- Explores other associated issues around HIV and long term health within the context of health e.g. immigration, poverty, housing, racism etc

Our Board of Trustees have taken the reigns of a significant piece of work which is designed to drive AHPN forward to 2020. This is in progress and involves the:

- a. Preparation of a communication strategy and messages, in which AHPN restates and clarifies its strategic focus, rationale, purpose, values and key priorities.
- b. Development of a robust fundraising strategy the gains from which will underpin the continuing process of change and the projects undertaken going forward
- c. Review of staffing structure, skills and capacity required and ensure appropriate HR systems etc are in place
- d. Recalibration of the organisational focus of AHPN, emphasising the critical process of change management that the organisation has been undergoing since the shift from DH funding and its role as an overarching grant managing body to an intervening, point of care, front line agency
- e. Development of AHPN as the 'Go To' information hub for African descent health issues. Identify and define key policy areas with some thoughts given to determining how best to disseminate them to a wider world and member organisations. This may be in the form of reports, consultation submissions, briefings, media stories and lobbying. It will also be necessary to develop a method to measure how successful AHPN is in imbedding these issues in those policy areas into the thinking and practice of policy making bodies (central Government, NHS), community organisations, forums etc; establish a policy/research think tank
- f. Redefinition and clarification of the membership; move towards a more informal process of incorporating members or affiliates
- g. Commence research activities and begin the process of creating and disseminating knowledge, in partnership with others; Convene a policy network/virtual think-tank
- h. Redevelop *Ffena* with extended membership and broader involvement /remit (youth/LGBTq)
- i. Step up the level of engagement with government (DH and beyond), politicians, health service bodies, international organisations and media.
- j. Review and update of Memorandum of Association and establish robust governance with the assistance of 'in-kind' contribution
- k. Raise the AHPN profile. Organise events, seminars and conferences both locally and nationally

MEMBERSHIP

Our Community and Engagements lead officer has run a programme to enhance organisational membership. We continue to send out our monthly newsletter to membership and members of Ffena service user network. This contains both AHPN and member news. Working with our members has continued to be an important objective of AHPN. This year we have attracted many new members as well as engaging former members. Our members have participated in our research and campaigns, including in particular in our mental health work, our faith work and our research into HIV and service provision to African and BME communities. AHPN continues to augment community contacts by working through other community groupings, barbershops, hairdressers and faith groups of Christian and Muslim denominations.

RESEARCH

AHPN has this year held a series of focus groups which have consisted of African descent people LWHIV. Discussions have been based around lessening stigma and increasing participation in newer treatments such as PrEP. Findings have been written up as briefings.

FFENA

Ffena, our service user Network, continues to grow and strengthen. Volunteers have been extremely active in relation to gathering grass roots information and perspectives on important current issues such as HIV medication and switching to generics, the worth of 'buddying-up' for medical appointments and peer support. These issues have been the subject of focus group discussions facilitated by AHPN.

Ffena celebrated World Aids Day event in December 2017 with a major event held in London.

The 14 existing Ffena satellites continue to feed through to AHPN via the Community and engagement lead officer. In this respect Ffena has inputted to AHPN policy work cultural issues and HIV provision and particularly our intersectional work on HIV which is looking 'Beyond HIV' services and is more

and more focusing on associated factors, including ageing, comorbidities and mental health.

Ffena members in London have started a music group. This is set up and facilitated by AHPN along peer support principles.

Ffena members have continually been at the fore in AHPNs longstanding African Yams programme offering peer support and mentoring to African descent communities living with long term conditions in Northampton and London.

PROJECTS

AHPNs established projects and new additions have continued successfully. African Yams mental health peer mentoring has been extended to Hackney borough in London. Our Faith Positive and Faith Positive Plus projects continue under the umbrella of our Ffena volunteers work taking an anti stigma and anti discrimination message into Black led churches in respect of. ViiV (GSK) have continued to support our mentoring work with the African community LWHIV. Issues covered have been nutrition, mental health, immigration issues, benefits and understanding medication. We are looking to augment this work with further initiatives which build the evidence base for peer support in this field. Our MacAids funded Ffena and empowerment work has gone from strength to strength.

Our work with in the East end of London in partnership with EECF has seen AHPN deliver mentoring and anti stigma projects. And partnership with Gilead pharmaceuticals and subsequent core funding contributions have allowed us to develop a Positive Nutrition project serving African descent PLWHIV from across the 32 London Boroughs. AHPN is indebted to our supporters East End Community Foundation, Gilead, Viiv, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst and others for the dedicated support that have given us throughout this period which has enabled our ongoing work.

CAMPAIGNS

Beyond HIV is our ongoing campaign to take the discussion of HIV and ethnicity beyond the established frameworks and discuss issues of intersectionality. To this end our research and presentational work has involved discussions on poverty, immigration, mental health, social care, TB housing and benefits; as well as focussing on specific African communities (for they are not homogeneous) and specific groupings eg women, MSM and youth.

We have continued to promulgate our policy stance on FGM.
AHPN has spoken in Europe on the issue. AHPN has been involved with the Positive Conversations initiative with Gilead Pharmaceuticals.

AHPN staff have again been involved in delivering training and empowerment sessions for HIV and migrant organisations in Germany (in both Berlin and Dusseldorf). And the AHPN Community Engagement unit has led on national presentations/sessions on migrant groups and shared decision making in HIV; African descent womens' experiences of ageing with HIV and group work on 'Undetectable = Untransmittable' in HIV.

Financial Report and Funding

AFRICAN HEALTH POLICY NETWORK

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2018

Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2018 £	Total Funds 2017 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	45,418	36,944	82,362	98,472
Investment income	-	-	-	-
TOTAL INCOMING RESOURCES	45,418	36,944	82,362	98,472
RESOURCES EXPENDED				
Charitable activities	(43,463)	(36,293)	(79,756)	(101,673)
TOTAL RESOURCES EXPENDED	(43,463)	(36,293)	(79,756)	(101,673)
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR				
	1,955	651	2,606	(3,201)
RECONCILIATION OF FUNDS				
Total funds brought forward	11,560	-	11,560	14,761
TOTAL FUNDS CARRIED FORWARD	13,515	651	14,166	11,560

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK

BALANCE SHEET

YEAR ENDED 31 MARCH 2017

	Note	2018 £	£	2017 £
FIXED ASSETS				
Tangible assets			1	1
CURRENT ASSETS				
Debtors		14,385		15,010
Cash at bank		6,593		3,987
		<u>20,978</u>		<u>18,997</u>
CREDITORS: Amounts falling due within one year		<u>(6,813)</u>		<u>(7,438)</u>
NET CURRENT ASSETS			14,165	11,559
TOTAL ASSETS LESS CURRENT ASSETS			<u>14,166</u>	<u>11,560</u>
NET ASSETS			<u>14,166</u>	<u>11,560</u>
FUNDS				
Restricted income funds			651	-
Unrestricted income funds			13,515	11,560
TOTAL FUNDS			<u>14,166</u>	<u>11,560</u>

Chair

Charity Registration Number: 1088641