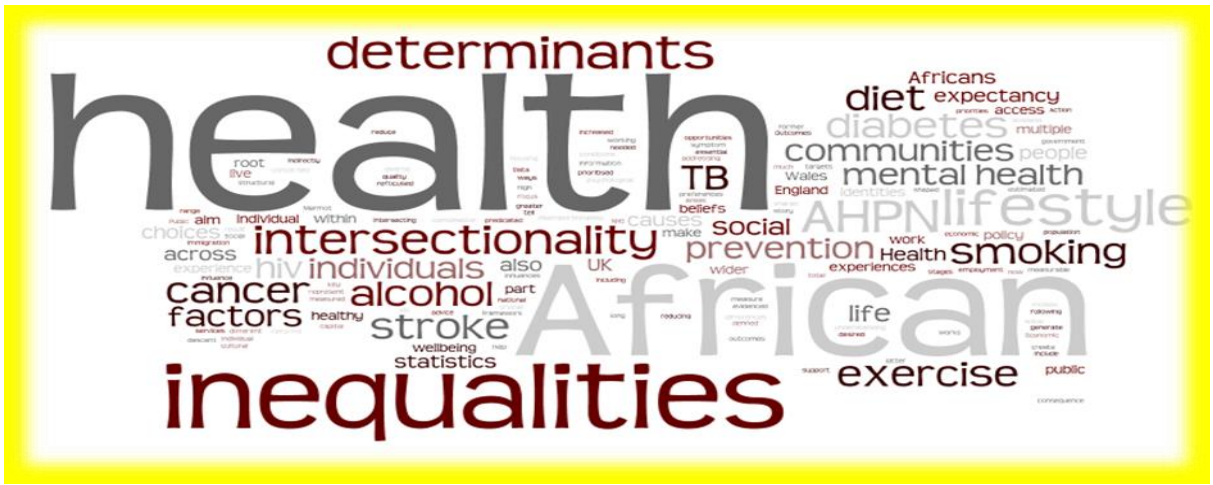
AHPN African Health Policy Network
Improving Health and Wellbeing

Annual Report & Financial statements

For the year ended 31st March 2019

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 **2019.**

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 2019

During the financial year ending **March 2019** 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 which focus on faith,migration and poverty.

The work of AHPN is divided into five core functions: Policy; Membership; Research; Ffena service users/volunteers; and Projects & Campaigns. In the year **2018-19** 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 continue work on the six main health conditions set out therein. We are planning a revised position paper.

We have contributed to policy discussions with major pharmaceutical companies including Gilead and ViiV (GSK).

We have updated our 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. We showcased our policy and research work and discuss campaigning initiatives.

We have previously worked with BHIVA in the revision of the Standards of Care for People Living with HIV.

AHPN has also continued to develop 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 with AHPN as a key contributor.

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'.

AHPN celebrated World Aids Day with a London seminar. This was an important landmark event in respect of policy making, bringing together key policy decisions, the user voice, analysis and assessment of progress, and finally the charting of a roadmap forward for the BME community based organisation community.

A brave new piece of research/campaigning has been embarked upon by AHPN in collaboration with five sister BME community based HIV organisations. The objective is to examine the reasons behind the lack of PreP takeup by BME groups and the highlighting of PReP in the African community. This work is funded by Public Health England.

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 our policy work at the ICASA conference on HIV in Africa held in the Ivory Coast. Contributions from Gilead assisted our attendance. We were also represented at the INTEREST conference held in Accra, Ghana, with some assistance again from Gilead.

African Communities and HIV in the UK

Strategies in Countering Stigma and discrimination

AHPN African Health Policy Network
Improving Health and Wellbeing

Introduction

AHPN's mission is to improve the health and wellbeing of Africans and people of African descent living in the UK who are disproportionately affected by HIV (and other co-morbidities as they age). AHPN does this by policy development, direct project work and programmes and by facilitating service user networks.

African descent PLWHIV in the UK are our primary focus. Our vision is to narrow the health inequality gap by ensuring that Africans have equal access to services, support, information and programmes. This is achieved through an intersectional and human rights based approach that ensures that the design, delivery and monitoring of health and care services are tailored around the needs of Africans and BME people, and that programmes are delivered which are also tailored to their needs.

Our values commit the AHPN to being a leading independent voice for achieving their human rights through:

- Inclusivity and involvement
- Education and empowerment
- Partnership and collaboration
- Community focus and a global perspective

In this small scale study we examined one hundred evaluation and monitoring questionnaires returned by our service users during the last year. Typically service users will have been participants in one of AHPN's activity based peer support programmes. Our standardised monitoring forms and exit questionnaires not only chart participants' progress but also gather information about a range of issues including isolation, general health perceptions, physical function, social function, pain, mental health and perceptions about stigma and discrimination. Notably issues regarding stigma, along with immigration issues have consistently been key concerns for African migrant communities.

Methods

One hundred Africans living in the UK with HIV were surveyed, and participants in the research came from AHPNs extensive national UK service user networks, taking part in our peer support activities. All surveys were completed anonymously in order to encourage a maximum response.

AHPN utilised its own established format for gathering information involving a mix of methods:

*Patient reported experience measures (PREMs) and Patient reported out-come measures (PROMs) examining health related quality of life issues. A small range of wellbeing scales were employed including Warwick/Edinburgh mental wellbeing scale and similar scales that cover general health perceptions, physical function, social function, pain and mental health (eg Lubben Social Network Scale and Herth Hope Index). We then added, following discussion with peers, significant HIV related concepts such as stigma and discrimination, energy and fatigue, cognitive functioning, health distress and quality of life.

*Written and video recorded diaries; due to language barrier, literacy or reluctance to fill surveys. We allowed these participants the opportunity to record milestones in their journies and share views through voice/video recorded or written diaries adhering to the survey question

Findings

- Post migration stressors such as immigration issues invariably outweighed issues relating to health in a hierarchy of issues causing anxiety but this was a complex and intersectional issue
- Stigma and issues around discrimination, despite considerable progress being made, still impacted heavily on participants' lives. Over 75% said it had
  Of those that said that they had not tested at the earliest opportunities over 50% said that this was due to fear or stigma
- Stigma and discrimination was as likely to come from within indigenous communities or faith group, as from outside or health care
- Majority of participants believed that improved anti-stigma approaches would impact late diagnoses rates in African communities
- There was still a majority view that media campaigns and interventions singled out Africans thereby exacerbating wider stigma
- A majority felt that the political discourse over the past 2 years had led to an increase in hostile attitudes and as Africans LWHiv they said they had felt this hostility of environment
- Racism and xenophobia: Over 60% said that they suffered discrimination not solely due to their HIV but also because of accompanying prejudices and hostilities based on skin colour, immigration status

"...The health system was supposed to be helping me, but the service I got was so negative. I didn't know if it was because of HIV or because of the refugee thing. And the sad thing was I couldn't even turn to my church..."

Conclusions

The stigma and discrimination historically felt by African people living with HIV in the UK persists and is keenly felt by our service users. This can be threefold: Internalised, or from within African communities themselves, or from wider society; and our surveys showed evidence of all three. There was also a correlation between stigma and a greater feeling of vulnerability and isolation amongst our participants and certainly an association with poor mental health.

The heightened rate for late diagnoses in the UK African community is a major concern and there was a perceived link between this and a lack of effective anti-stigma approaches that actually work within the African communities. If individuals were not fearful of being stigmatised they will be more likely to test, to test earlier, and less fearful of disclosure when appropriate.

The key factor across all our findings was the sheer weight of multiple discriminations (and hostilities) that weighed upon our participants. These might come from any number of sources: health, social care, immigration, housing, benefits, faith settings and even family. And there is clearly no 'one size fits all' panacea. Our women, our men, our MSM, our youngers and our elders are all experiencing these intersecting discriminations in differing ways.

"...This is why we need our support groups. It was only when I came here that I felt supported. Everything else was just grinding me down..."

Recommendations

African community-led responses to HIV have achieved significant successes, and continue to represent the most effective means of responding to HIV in the African communities. Community-led action to oppose stigma and discrimination; to tackle ignorance; promote prevention; and respond to specific challenges including the interaction between HIV and faith, immigration and poverty, continues to be essential. These form a core part of the work of AHPN and our sister community based organisations such as Africa Advocacy Foundation, AAEGRD, House of Rainbow, Embrace UK and French African Welfare Association.

- Effective and intersectional anti HIV stigma strategies and interventions at local and national levels should be developed in collaboration between Public Health England and African led community based organisations
- Educational programmes and greater information dissemination about HIV, transmission and the efficacy of treatment needs to be carried out, again with adequate resources and with African community based agencies to the fore (in order that communities are reached effectively). U=U and PrEP are effective vehicles for this drive
- Testing, earlier testing and the dangers of late diagnosis also need to be an accompanying part of the message immediately above
- Faith groups and faith leaders should always be approached and closely involved with the above
- Disclosure: PLWH should be able to have complete confidence in the health services in relation to disclosure, privacy and client confidentiality. The Department of Health should ensure that relevant resources are available to ensure that all staff are conversant with guidance and adhere to it

"...Brexit and recent politics has seen the scapegoating of migrant communities. For those of us living with health conditions this has made things worse. Who would think that in 2019 stigma would be worse than before..."

CONTACT

AHPN continues 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 to **2020** and beyond. This 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 under pin 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 **2018** 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 HIV and mental health. 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 ViiV supported Peer Champions project has seen us develop resources for BME PLWH and develop and support peer champs, skilled and vocal at representing the community in multifarious fora. 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 Pharmaceuticals, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst, Pink Ribbon 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 2019

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
INCOMING RESOURCES					
Incoming resources from generating funds:					
Voluntary income		55,492	37,370	92,862	82,362
Investment income		-	-	-	-
TOTAL INCOMING RESOURCES		55,492	37,370	92,862	82,362
RESOURCES EXPENDED					
Charitable activities		(57,861)	(37,376)	(95,656)	(79,756)
TOTAL RESOURCES EXPENDED		(57,861)	(37,376)	(95,656)	(79,756)
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR		(2,369)	(425)	(2,794)	(2,606)
RECONCILIATION OF FUNDS					
Total funds brought forward		13,515	651	14,166	11,560
TOTAL FUNDS CARRIED FORWARD		11,146	226	11,372	14,166

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 2019

	Note	2019 £	£	2018 £
FIXED ASSETS				
Tangible assets			**1**	1
CURRENT ASSETS				
Debtors		**11,508**		14,385
Cash at bank		**4,972**		6,593
		16,480		20,978
CREDITORS: Amounts falling due within one year		**(5,109)**		(6,813)
NET CURRENT ASSETS			**11,371**	14,165
TOTAL ASSETS LESS CURRENT ASSETS			**11,372**	14,166
NET ASSETS			**11,372**	14,166
FUNDS				
Restricted income funds			**226**	651
Unrestricted income funds			**11,146**	13,515
TOTAL FUNDS			**11,372**	14,166

Chair

Charity Registration Number: 1088641