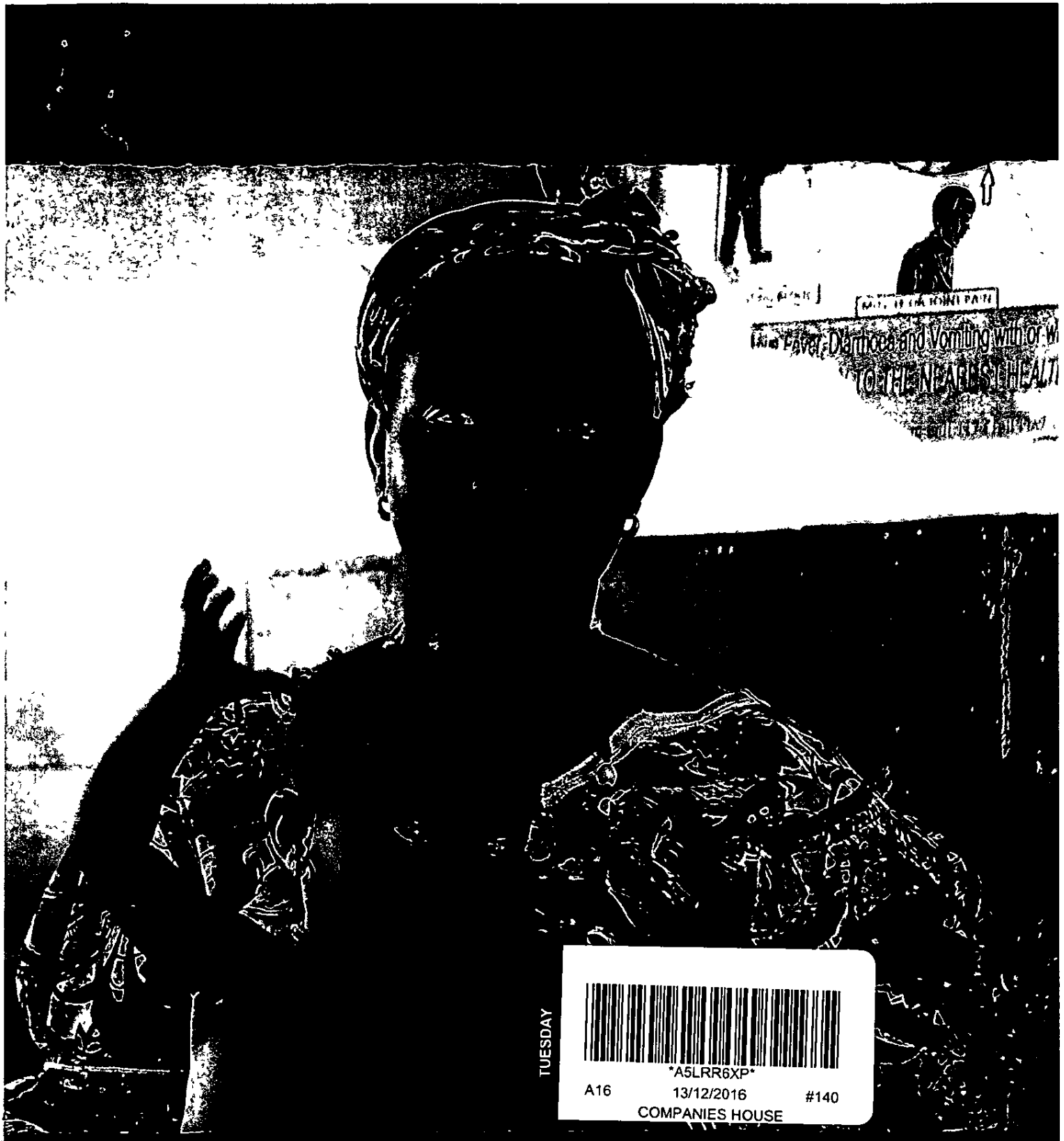


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COMPANIES HOUSE

2015-2016

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Cover image A mother returns to the health clinic as Sierra Leone recovers from its Ebola outbreak © Hazel Healy

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Message from Director and Chair

The past year has been another of real impact, exciting change and difficult challenges – not only for us as an organisation, but for those we work closely alongside in all of our country programmes Through the changes and challenges we have seen the strength and resilience of the partners and communities we work with, and that of our own staff

Difficult times also bring out the energy and determination of all who contribute to this work, not least those among you who make it all possible by donating your money or time You are people who are not prepared to sit and watch as the most marginalised people in the poorest places around the world get an unfair deal Instead you choose to do something in solidarity with them

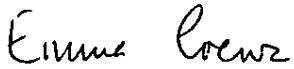
Whether you contributed in the form of a donation, took part in a sponsored event, or campaigned on an issue by writing to your MP, you have added strength to a global movement for social and health justice We are so grateful for your generosity and commitment, and want to say a heartfelt thank you

This year we have been proud that our ongoing campaigns continue to actively challenge policies which cause social injustice and inequality across the globe We made significant first steps in changing the rhetoric around global drug policy, and we challenged policies on tax and trade, as well as the research and development of crucial medicines

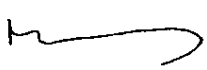
In our country programmes too we have strived to follow an integrated approach to health To us health is very much an issue of social justice and not a narrow medical one For this reason we tackle health from all of its angles, addressing issues including nutrition, gender equality, sexual and gender based violence, education, and the strengthening of livelihoods

We feel deeply privileged to work alongside such talented and committed staff, partners and people in communities around the world as we help each other to take this multi-faceted approach

We are also very proud of how practical we are as an organisation When it comes to our spending, 97p from every pound gets put into the projects we work on, and for every pound raised from the public we are able to raise a further £14 from large institutional funders We are lucky to be part of movement that both nurtures integrity and achieves incredible results



Emma Crewe
Chair of Trustees



Martin Drewry
Director

Strategic report

Charitable objects

Our purpose

Health Poverty Action's charitable purpose is enshrined in its objects 'to preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'

Our vision

A world in which the poorest and most marginalised enjoy their rights to health

Our mission

We work to strengthen poor and marginalised people in their struggle for health

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit in accordance with our vision and mission, promoting a world in which the poorest and most marginalised enjoy their rights to health The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit

Objectives and activities

In 2015 we initiated a new Strategic Framework to outline our principles and identify our key priorities It is a living document subject to ongoing informed reflection, and is deliberately not a traditional Strategic Plan This allows us to be flexible, and to continuously adapt our strategic direction to suit circumstances

Health Poverty Action works to strengthen poor and marginalised people in their struggle for health We work with communities to help them demand health justice, and to challenge the power imbalances that currently deny them their rights

We believe health is not just the absence of disease, but a combination of physical, mental and social well-being

We draw strength from the knowledge that we are not alone, but part of a global movement for health justice – the *People's Health Movement (PHM)* The PHM is today's embodiment of the primary health care movement that achieved ground-breaking success at the UN Alma-Ata Conference in 1978 Such was the power of this moment, that almost 40 years later the radical vision it set out continues to rally health workers and policymakers worldwide

The distinct philosophy underlying our work embodies the four key areas of the Alma-Ata principles

Justice-oriented approach

We believe in health for all, without exclusion We recognise that development organisations tend to cluster together in the same places, leaving large populations with almost no support at all We make these most neglected people our highest priority They may be living in places that are hard to reach because of conflict or political problems, because of geographical remoteness, or they may be marginalised for other reasons

We also recognise that health justice cannot be achieved without social and economic justice These are inseparable – each being both a cause and a consequence of the other

The reasons so many are denied their health rights worldwide are not primarily biological factors, but political, social and economic injustices This is a global scandal, which results in unnecessary suffering on a massive scale We challenge unjust power relations at all levels, from practices within the family and community, all the way to regional, national and global policies

We have a moral duty to speak out, and through our policy work and campaigning, we seek to be a progressive voice for change We do this not just through our own independent action, but also by exerting influence within and through the development sector as a whole

Strong community roots

We emphasise the importance of policy makers and service providers being accountable to the communities they serve – and work with communities to make this a reality

We support communities to actively participate in their own health care – reclaiming power, demanding and monitoring high quality health services, as well as taking community action together to improve their health care

Health care must be decentralised, easily accessible, and culturally appropriate, irrespective of people's ability to pay

Applying the same principles to ourselves, we strive always to ensure our work is rooted in strong relationships in which we are accountable to those whose rights we serve – seeking not just feedback but genuine dialogue, and reflecting on and challenging our own organisational power dynamics

Most of the communities we work with have learned through painful experience just how dangerous it can be to trust outsiders We therefore attach immense importance and respect to the trusting relationships and local understanding we have developed with them over many years It is these relationships, perhaps more than anything else, that determine the quality and effectiveness of the work we do together

Relationships such as these take time to develop We therefore aim to work with communities for the long term to build on our understanding, and improve our effectiveness over time

Comprehensive and integrated health systems

Tackling one cause of poor health in isolation can give the appearance of improving health by reducing incidence of a particular sickness, but for the world's poorest people this might do little more than change the cause of death We take a comprehensive and integrated approach that addresses all the key determinants of health, and saves lives

We help develop comprehensive health systems, providing services that integrate not just within the health sector, but also with the work of other sectors For example, food distribution can be done through maternal health care centres, to increase uptake of those services and access to other forms of health education

We never set up parallel structures, but work to support local people to build on what is already there, and develop strong, sustainable, accountable and culturally appropriate comprehensive health care

One element of our integrated approach has proven profoundly effective This is to strengthen both the supply and demand side of health care at the same time – supporting communities to demand and use high quality services, while simultaneously helping service providers develop the capacity to deliver them

Social determinants of health

The health sector alone can never deliver health justice

We work not only to strengthen health services but also to tackle the social determinants of health These include education, water supply, hygiene, violence against women, food security and income generation Health levels and poverty levels are inextricably linked – and we emphasise the need to reduce inequality at all levels

It is often women and girls who suffer the most when health rights are denied, and we attach high priority to addressing gender inequality We also recognise the rights of ethnic and cultural minorities, such as Indigenous People

When emergencies and humanitarian crises arise, it is important to respond both quickly and appropriately We build on our local relationships and understanding to provide support in crises- integrating it as far as possible with the longer term development work We also work with communities and service providers to help ensure they are as equipped as possible to deal with emergencies before they happen

On the ground

We currently work in 13 countries in Africa, Latin America and Asia All of our programmes aim to improve the health and livelihoods of those we work with and for Our work on the ground is therefore key to fulfilling the goals set out by our Strategic Framework Our projects range from improving access to education for girls in Rwanda to educating on the health risks of smoking in China, from livelihood building and nutrition in Laos to improving access to maternal health services in Guatemala

We measure our success in a number of ways, tailoring our approach to the project we are undertaking As you will see from our facts and figures on page 13, tracking numbers is very important to measure our impact, whether that is how many children we have vaccinated, or how many ambulances and supplies we have provided However, it is not the only way of judging impact Often the best way is to talk with the communities most deeply involved in the projects, and ask how our work together has impacted on their lives We constantly do this through community meetings, surveys, and direct feedback mechanisms such as comment boxes and feedback phone numbers This allows us to assess our impact, whilst also adapting and making improvements along the way

Speaking out

Implementing programmes on the ground is not the only way in which we strive to fulfil our goals We must tackle global power imbalances and social injustice if we are to meet our long term goal of health for all This is why we campaign and lobby to influence policy both nationally and internationally to create long term change

This year we built partnerships and worked with allies to tackle issues of global injustice We also ran regular campaign activities of our own to engage audiences, and provide a deeper political understanding of health for all

One of our major priority areas this year was our work to rethink drug policy We worked with the development sector and the public to build awareness of how the current prohibitionist War on Drugs is a global issue of social justice

Other activities included working to influence policy on Research and Development to ensure affordable medicines for the world's poorest people, lobbying for culturally appropriate healthcare and the collection of ethnic data, and, campaigning for tax and health justice All of these priority areas contribute towards our long term goals to tackle social injustice and realise the right to health for all

Raising funds

More than 90% of Health Poverty Action's income comes from restricted project funding, and we have had increasing success in winning large institutional grants in recent years Whilst this is something to be celebrated, our project funding does not cover all of our organisational costs Raising unrestricted funds is crucial to supplement our project funding, in order for us to be able to increase our impact on the ground as well as invest in growing as an organisation Our priority for the year was to continue focusing on maximising income within our existing areas of fundraising, as well as responding to and creating new opportunities

Communications

To support all areas of our work, it is important for us to have strong communications This is especially true when spreading our campaign messages, raising awareness of key issues, or raising donations from the public

One of our goals has been to improve the quality and regularity of communications in order to support our fundraising and campaigns goals We aimed to improve our website through mobile optimisation, and stronger branding We also aimed to gain more press coverage to raise our profile, and spread our campaign messages more effectively

A key goal was to use our communications to increase our unrestricted income through donations and events We also reviewed the way we communicate to ensure it fully matched our values and goals as presented in the Strategic Framework

Meeting goals

This year we continued to make a significant impact, improving the health and livelihoods of many, and beginning to impact certain areas of policy which will result in long term change Although we still have much further to go before we reach our ultimate goal of health for all, we believe our work this year has taken us further towards this goal in a sustainable way that will contribute to long term development

Achievements, performance and impact

On the ground

Africa

Ethiopia

In Ethiopia we continued to work with nomadic pastoralists across the Southern Nation, Nationalities and Peoples Region and Somali regional states to increase access to healthcare Our pastoralist-appropriate reproductive, maternal and child health projects had a particularly large impact In the South Omo and Dollo Ado areas we trained Traditional Birth Attendants (TBAs) to provide support and referral options to women As a result, 913 pregnant women were referred to health centres, and 39% of births took place at health facilities last year Over 60% of women are attending at least four antenatal care visits (up from 30% last year)

Community Conversations have taken place to encourage interactive discussions about health issues, which can often be taboo This empowers communities to seek healthcare, and discuss harmful traditional practices such as Female Genital Mutilation (FGM) As a result we have seen a decreasing trend of FGM practice between mother (64%), first daughter (30%), second daughter (18%) and third daughter (14%) within a family

The percentage of parents reporting they would not have their daughters undergo FGM rose from 31% at the start of the project to 52% this year, showing immense progress

In the Hamer and Dassanech regions a new boat ambulance was purchased to reach communities isolated by water Last year 722 mothers used the service, and 1,648 mothers from the region delivered their babies in health facilities supported by the project This has allowed women to access health facilities for delivery, and reduced the danger from complications during childbirth

Kenya

Building on our previous work, new funding was secured to continue working in the Mandera region to strengthen maternal, neonatal and child health for pastoralist communities We worked closely with communities to promote safe motherhood and address negative and harmful cultural practices The quality of health services has been improved greatly through the training of health workers High maternal and child mortality has been addressed by reducing the delays which increase these risks, for example by the provision of an ambulance service to ensure the hospital can be reached quickly and easily in an emergency During the year, 230 mothers with complications were referred to hospital,



Mandera County, North Eastern Kenya Community Conversation is used to engage diverse groups in critical dialogue around FGM and associated practices, which are linked to high maternal death rates

ensuring they received good levels of care, and 34% of mothers delivered with a skilled birth attendant compared with just 5% at the start of the project 66% of women were also attending antenatal checkups compared to 5% at the start of the project

Essential drugs and equipment were provided to 12 supported health facilities, reducing child mortality from illnesses such as diarrhoea and dehydration All facilities have used the basic obstetric equipment provided to them, saving the lives of many mothers and their babies

Mobile clinics were run for pastoralist communities in hard to reach areas These provided antenatal and postnatal care, as well as immunisation services for children under five Essential drugs and nutritional supplements were also supplied, and health education provided to ensure pastoralist communities could demand their right to health, and seek out the services they need

Namibia

In Namibia this year we continued to work with the indigenous San people in the Tsumkwe region Due to the remoteness of the area and the lack of roads or clinics, many women would die during labour as they were unable to access emergency care Our new project is focused on reducing maternal and neonatal mortality by improving community awareness, government reach and health service access

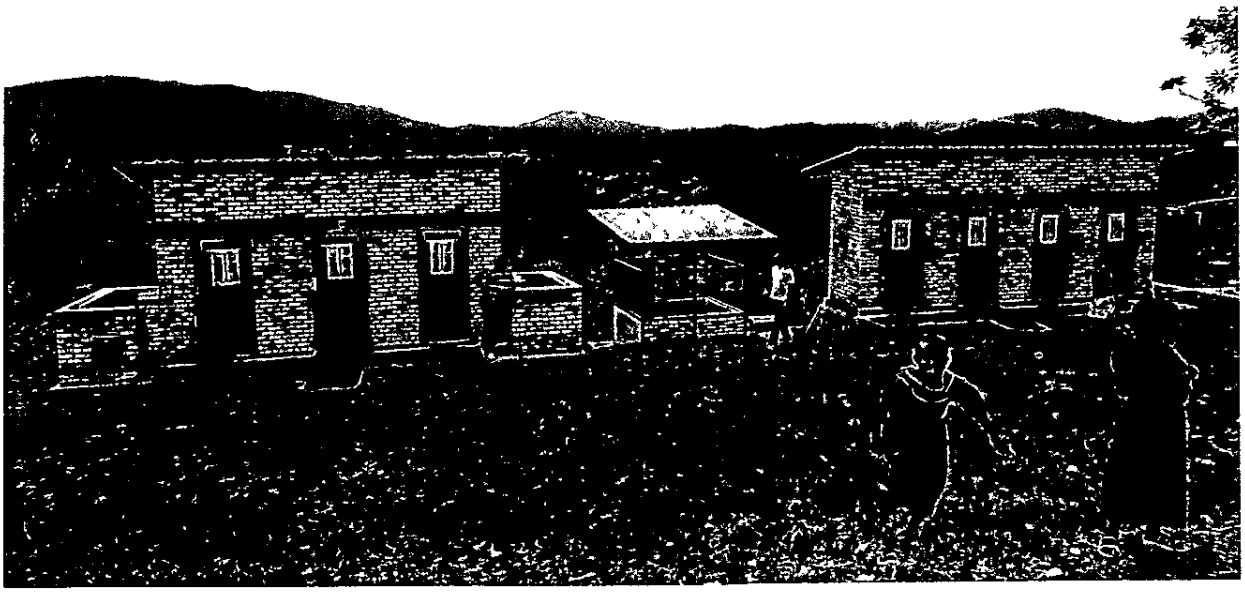
This year 180 community members, including 35 TBAs, received training in high risk pregnancies, the right to access health facilities for maternal health services, and the important role of skilled attendants during delivery Community referral plans were also put in place, with the provision of mobile phones and donkey cart ambulances to enable pregnant women to be transported to Birth Waiting Homes These homes are close by to clinics, allowing easy access to skilled care at the time of delivery

We also continued to work with communities in the area to educate people about tuberculosis (TB), and treat those infected Education has raised awareness about TB prevention methods, and the importance of fully completing the course of treatment This has resulted in 100% of patients with TB fully completing their course of medication during the period

Rwanda

In Nyaruguru we continued to work with schools to tackle barriers to girl's education This year we supported local people to build 119 Ecological Sanitation toilets in 14 schools These toilets are waterless and allow human waste to be converted into compost for school community gardens, which are growing a range of crops from potatoes to beans This produce is then used for school lunches to provide nutritious food to students The toilets are separate for boys and girls, and lock from the inside to improve privacy and safety The addition of facilities such as a handwashing station has also improved hygiene

The 75 Mother Daughter Clubs we set up have continued as a forum to discuss sexual reproductive health These groups also received start-up funding to begin income generation activities This allows the groups to make small profits which they use for school fees, uniforms and other school materials



New Ecological Sanitation toilets in use at a school in Rwanda

In addition, this year we began a youth programme to provide workforce readiness training to over 6,000 students, 2,800 students have already completed the programme successfully This has helped them develop skills to prepare them for employment, or to set up their own businesses

Positive results have been seen in the 28 schools involved in these projects, with improved literacy and numeracy results This has already led to the replication of these project interventions in national level policy, resulting in a long term impact on education and health for years to come

Across the district we also worked with communities to construct and improve 61 clean water springs, increasing access to safe drinking water by 25% in these communities The projects have led to a 49% reduction in waterborne and sanitation diseases since they began

Sierra Leone

Since the beginning of 2015, Sierra Leone has seen a decline in the number of Ebola cases, with just two cases recorded in 2016 The impact of Ebola has been unprecedented and has had a devastating effect on a country which, prior to the the outbreak, had a fragile health system and was ill-prepared for an outbreak of this scale When the epidemic began, health workers were ill-equipped to correctly diagnose and prevent the transmission of Ebola and were one of the groups hardest hit by it Ministry of Health (MoH) data demonstrates that many people, particularly women and adolescent girls, stopped attending health facilities out of fear of contracting Ebola

We have been strengthening the health system after this huge blow, and integrating Ebola and other infection prevention and control into sexual and reproductive health work As a result, ante-natal care visits and deliveries at health facilities have increased to even higher rates than the pre-Ebola levels, with 49% of targeted women accessing family planning services this year compared to just 8% during the Ebola outbreak

Along with this work to improve sexual and reproductive health in Northern Bombali, we have been working to reduce FGM and sexual and gender based violence (SGBV) We are using innovative approaches to improve health within communities by re-training TBAs to become Maternal and Newborn Health Promoters (MNHPs) These MNHPs support pregnant women to deliver at a health facility through home counselling and referrals, and support women to speak about FGM and SGBV

252 MNHPs received refresher training, allowing them to continue making home visits to pregnant and lactating women This provides crucial support to women who may otherwise not be able to attend check ups at clinics Last year 37,357 women were referred to a primary health unit to receive further health services as a result of these checkups

Somaliland

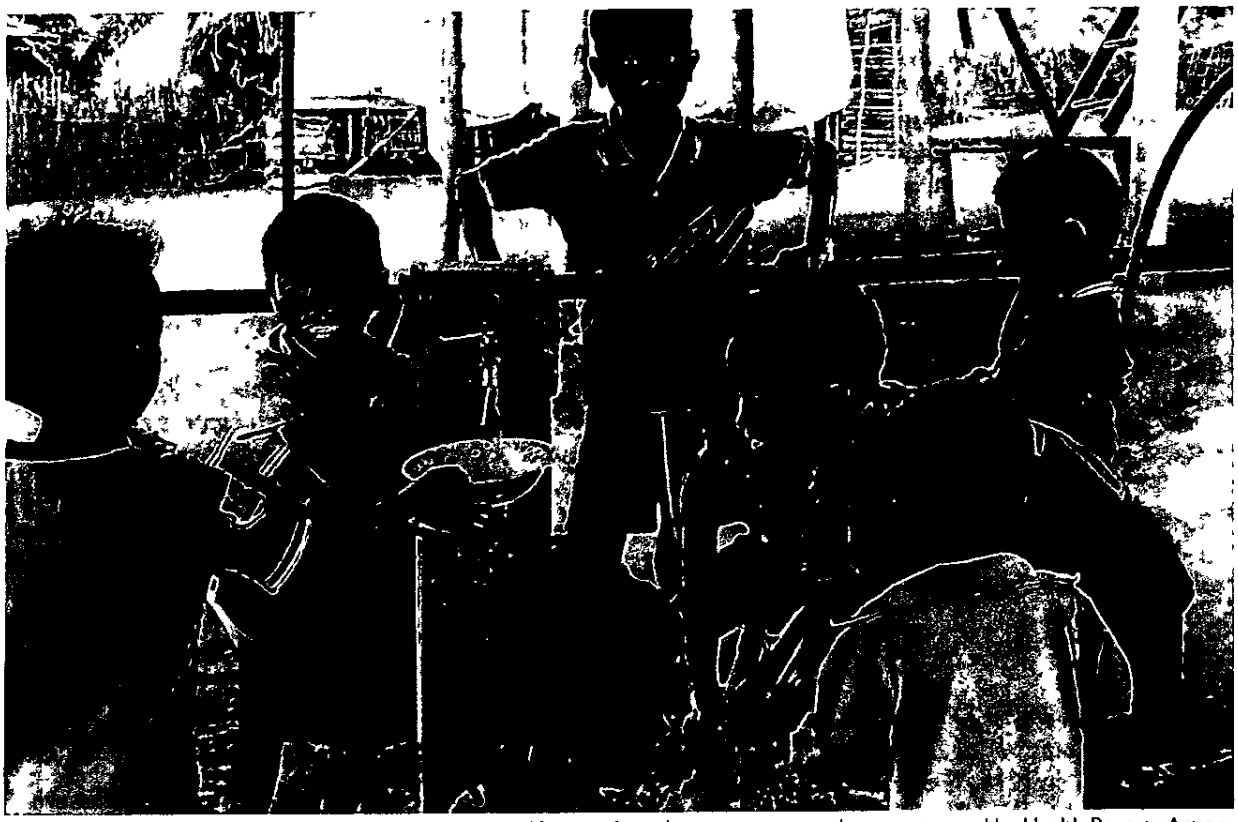
We continued to work in three (out of six) regions of Somaliland, namely Maroodi Jeex, Sahil and Togdheer (in Burao district, specifically) In Maroodi Jeex HPA supported 11 health centres to provide reproductive, maternal, neonatal and child health programmes We specifically worked to support vulnerable and marginalised women, internally displaced people (IDPs) and returnees to access the care they need The health centres were supported to provide a wide range of services, and we worked with staff to establish new shift patterns to ensure 24 hour opening

In Sahil, we successfully concluded the implementation of our essential hospital service and sexual reproductive healthcare (SRH) programme after five years of implementation 150,000 people are estimated to have benefitted indirectly from improved health services in the Sahil region as a result of our work, giving a much wider impact than those targeted

We have expanded our work on SGBV with a new project working with partners to cover all the three regions and expand the shelter home for survivors of SGBV The shelter home provides accommodation, food, emotional support, counselling and legal advice to survivors of SGBV from Sahil and Burao

Across all our projects in Somaliland we continue to provide nutritional support to malnourished children and pregnant women We also support and train TBAs to fulfill their new roles of promoting referrals from households to facilities for increased uptake of antenatal, skilled birth and postnatal care in health facilities The recent addition of home visits providing these check ups has resulted in a rise in the uptake of these services in the past year

We also completed our pilot study on beneficiary feedback mechanisms, which allowed patients to give direct feedback on the health centre services using free calls, community meetings and comment boxes This system worked extremely well, and we are beginning to roll out this model across our other programmes



Children in Cambodia use a new water source renovated by people in their community who were trained by Health Poverty Action

Asia

Cambodia

We have continued to work to improve child health and nutrition in Cambodia Last year 8,621 children received growth monitoring, and 498 were referred to health centres to be treated for acute malnutrition

We worked to build capacity of sexual and reproductive health (SRH) services to increase awareness of family planning and health rights Mother's Group meetings were organised to discuss health services, specifically maternal and child health Of the mothers interviewed, 89% reported increased satisfaction with health service provision Of the children born in the area, 91% were delivered at one of our supported health centres, and 86% of pregnant women attended at least two antenatal care visits 56% of women also attended two postnatal checkups, increasing from the 46% the previous year, and additional check ups were undertaken when mothers came to have their babies immunised

Community groups were set up to train people about their health rights, and the services available This increased demand for health services and empowered communities to make informed decisions relating to those health services This led to increased access to quality health services in these communities Video shows were also a popular way in which health information was spread, with high attendance in remote areas where media channels are not accessible

Myanmar and China

In the past year in Myanmar we continued to focus on populations who are marginalised due to ethnic, political and geographic factors – particularly women and children We have immunised 56,000 children against Polio, and have also vaccinated against TB, Measles and Hepatitis We have provided nutrition supplements for undernourished children, and improved services for pregnant women, mothers and babies Networks have been established to refer complicated pregnancies for safe delivery and ante and postnatal care

New health staff have been trained this year, including 60 new auxiliary midwives who ensure women can deliver safely in more remote areas 150 health workers were trained in vaccinations to ensure disease prevention for babies Training and equipment has also been provided to local birth attendants These measures have resulted in over 1,900 women delivering their babies in safe and

hygienic environments in project areas

This year we also expanded our work to regions in the North of Myanmar Due to conflict there has been limited access to health services in these areas in recent years Here we immunised over 1,200 children against Measles and Rubella, and conducted awareness raising sessions on child nutrition We also expanded our work to include sexual and reproductive health

We have strengthened our links with organisations, institutions and governments across East Asia to prevent the spread of diseases such as malaria across borders, and to influence policy and services that impact the management of this health risk 100,000 mosquito nets were distributed to prevent infections, and volunteers have been trained to recognise symptoms, enabling fast referral

In China we have been implementing a tobacco control project to reduce harm as a result of smoking, particularly for children and pregnant women A local partner has been carrying out this work with remote communities near the border with Myanmar

Laos

In 2015 we completed our nutrition programmes across 36 villages in Attapeu province Our work here has a huge impact improving nutrition in these remote rural communities We helped to support the livelihoods of 1,753 families by providing tools, livestock and agricultural inputs for raising ducks, chickens, frogs, fish and seedlings We provided training to improve nutrition, and ensure the longevity of livelihood programmes such as frog and fish farming and planting fruit trees

We worked with local people to establish better links to the formal healthcare system by training health centre staff, and a network of 144 Village Nutrition Facilitators (VNFs) The VNFs are community members who provide education on the importance of breastfeeding, eating nutritious foods, and good sanitation practices The overall reduction in malnourished children was significant, from 36 53% at the start of the project down to 17 05% at the end

We continued to provide social protection and rural livelihood assistance to marginalised groups by supplying livestock assets, monthly cash stipends and other small income generating inputs to 400 poor households In less than a year this project has allowed families to expand their livestock, with 348 new offspring Many households have begun new businesses as a result, such as small grocery shops, allowing for sustainable income sources

During the year we trained 595 Village Malaria Volunteers and 100 health centre staff to allow better testing and treatment of Malaria We have intensified Malaria screening activities at border checkpoints and bus stations, and established Malaria Outposts in extremely remote locations along forest fringe areas

Latin America

Guatemala

We have continued to promote culturally appropriate health care, and improve access for marginalised communities living in remote areas We particularly focused on improving the reproductive health of indigenous women, and protecting them from violence and abuse We trained 25 health service staff to detect signs of sexual violence, and gave 261 TBAs training on how to recognise violence against women This allows TBAs to be the first point of contact with survivors of violence, and help women access the support they need This resulted in a TBA taking the lead in reporting a local rape case

We also trained TBAs on HIV and family planning to spread knowledge of these issues in the community In total 49 TBAs were also provided with safe domestic delivery kits to improve the safety of home deliveries where access to a health facility is particularly difficult A further 72 health workers were trained in domestic visits to give those in remote communities better access to health care

An important step was training 39 staff from the MoH in the Ministry's public policy on culturally appropriate birthing methods This policy has been in place since 2010, but was not implemented Our training has led to new local practices in line with this policy, such as TBAs being allowed to accompany mothers to delivery rooms

MoH delivery rooms have been remodelled to improve maternal health services, with vertical birth bars installed, and rooms painted in culturally appropriate colours Culturally appropriate gowns are now also being provided, and staff have been trained to give indigenous mothers the option of vertical birthing methods using the birth bars at health centres

Nicaragua

This year we continued to assist victims of domestic and sexual violence in Puerto Cabezas The project

successfully established a system of care for women and girls who had been victims of violence in the community, with 3,965 victims receiving comprehensive care in 2015 A hostel for girls and women who had been victims of violence was improved, and the services strengthened

To change attitudes to SGBV, communities were trained to understand the problems of gender-based violence, and educated about the laws that enable them to enforce their rights 185 police officers and 64 judges were trained to understand the problems of gender-based violence, and 24 community promoters were also trained to spread the message, helping victims access the support they need

To provide an integrated service to victims of SGBV we established a partnership to work with state institutions This was a challenging partnership to establish, but is now set up and working well, and the government is taking a greater role to run the service This includes a commitment to support the sustainability of the hostel for girls and women

Our work here has reduced sexual violence by 24%, and domestic violence by 37% in the targeted areas

Facts and figures

Category	Amount
We trained:	
Health workers including nurses, midwives and doctors	2,520
Traditional Birth Attendants/Traditional Healers	670
Community Health Volunteers/Workers	4,513
Community leaders and representatives	301
Community committee members	4,308
Teachers	1,142
Students in workplace readiness (internships)	5,971
Peer educators	1,624
Human rights defenders	34
Judges/judicial staff	64
Police	233
We supplied:	
Condoms	349,358
Other contraceptives and family planning services	79,888
Mosquito nets/supplies for protecting nets	136,101
HIV testing and counselling, treatment and care	20,906
Emergency nutrition	65,471
We immunised:	
Children against childhood diseases	288,649
Women	21,703
We supported:	
Civil society groups	120
with a total membership of	2,152
Women to access maternal health services	293,992
Children to access child health services	220,855



Traditional Birth Attendants receive training in Guatemala

We provided:	
People with general health services	308,638
People with malaria testing and/or treatment	151,709
People with TB testing and/or treatment	8,570
People (men, women and children) with nutrition packages or supplements	116,207
Improved or newly built water sources	99
Improved or newly built latrines	574
Top-up funding for doctors and nurses	290
Drug users with clean needle, healthcare and support	1,382
Ambulances (motor/boat/animals)	14
SGBV survivors with health care, emotional and legal support	4,810
Clinics, health centres, safe homes and birthing homes with supplies/renovations	476
Families with livestock such as chickens, fish and pigs	1,256
Communities with nutritional food through community gardens	10
Families with tools and resources to grow nutritional food	4,688
People with agricultural training	1,902
We produced and broadcast:	
Radio, video and TV programmes	127
We reached (estimate):	
People with health messages relating to disease prevention, sanitation and hygiene, nutrition, child health, sexual and reproductive health, health care rights and women's rights	376,768

Speaking out

Strong and culturally appropriate health systems

We continue to share learning and expertise from our work around the world to push for strong, fairly financed and culturally appropriate health services To demonstrate the important role of tax financing for health, we published a report examining how fairer taxation of the extractives industry in Sierra Leone can contribute to funding healthcare in the wake of Ebola One of our key demands has been for progress against the Sustainable Development Goals to be measured by data that is broken down by ethnicity, in order to understand who is being excluded from health and other services We are delighted that the new global goals agreed by the UN in 2015 commit to break down data by ethnicity to track progress for different groups

Exposing the root causes of poor health

We worked to highlight and address the root causes of poor health and global inequality We published briefings on the impact of tax and trade policies on health, and letters in the national press on the root causes of migration We continue to campaign for the research and development of lifesaving medicines to be based on need, not profit, through the 'Missing Medicines' campaign This year 876 of our supporters pledged their support for the campaign and 330 engaged their MPs on this issue

Establishing drug policy as a development issue

This year saw great strides in our work to increase awareness of illicit drug policy as a development issue We published a briefing on drug policy and the Sustainable Development Goals and an animation to raise public awareness of the issue which has been widely shared on social media We have established ourselves as a key source of expertise on the development impacts of drug policy We attended a major UN meeting, spoke at numerous conferences, and published articles in the national press We have successfully established and are leading a group of development NGOs to develop collaborative policy solutions and campaign on this issue This has been established as a Working Group in Bond – the primary network for UK NGOs working on international development issues

Fundraising

Events

We had 27 runners in the London Marathon 2015, some of whom had run for us before, raising an incredible £45k We are so grateful to have such a great group of people dedicating their time, effort and imagination to raise funds for our work

Following on from our success in 2014 we took part in Live Below The Line (LBTL) 2015, almost doubling the number of participants and money raised Special thanks to actress Samantha Giles and our incredible bloggers for taking part in LBTL and encouraging others to join in This year we also introduced a LBTL Corporate Day, where employees lived on £1 for a day during LBTL week Our corporate teams raised a brilliant £916 in a single lunchtime, with Marsh and Parsons employees going on to take part in the London Marathon 2016

Alongside these larger fundraising events, we also had amazing fundraisers take part in the Bupa 10k, London Triathlon, Spartan Race, Oxford Half Marathon, Royal Parks Half Marathon, World Jamboree, Folk Off Ebola, and March for Mothers

Community outreach

In September 2015 we launched a new school fundraising initiative – the School Stomp In the first two terms we worked with 23 schools across London who 'stomped' all the way to £4,205, and



Health Poverty Action supporters at the London Marathon



Pupils at Emmanuel Community School enjoying their Stomp!

it continues to be a growing success

We grew our festive carol singing in stations across London raising a total of £5,984, more than double 2014 A huge thanks to all our wonderful choirs who took part, especially our school choirs who have since gone on to Stomp with us!

We also had the kind support from 22 University Societies across the country who debated, baked, sang and danced to raise funds

Individual giving – direct marketing

Direct marketing has long been our most important means of generating unrestricted income As such, we have run an annual door-to-door campaign for the past 12 years This has helped us bring on board most of our current regular donors, whose kind support enables us to plan effectively and ensure sustainability Door-to-door fundraising has been our key direct marketing campaign for so long but, with the changing fundraising landscape and escalating costs, door-to-door is no longer viable for us and we ran our last campaign in 2015 Due to the nature of this fundraising activity, the costs incurred will continue to generate income in subsequent years We expect to see a return from the 2015 investment by 2020, whilst this is almost two years longer than we have seen previously, the campaign took place during a tumultuous period for the charity sector and so this extended time frame was anticipated

We are especially thankful to everyone who has continued to support us with a regular gift, and those who generously increased this or made additional donations to our appeals during the year The generosity of our regular givers is crucial in enabling us to stay focused on establishing and maintaining effective, high-quality programmes in the world's poorest communities Last year 97% of our total expenditure was spent directly on our programmes work, with the other 3% covering all administration, governance, fundraising and global financial management costs We will continue to ensure we meet the highest standards of fundraising practice and keep our supporters close to the heart of our work

Trusts and Foundations

Trusts and Foundations remain one of our crucial sources of income, enabling us to support our programmes around the world We are pleased to continue strong relationships with a number of key ongoing supporters – including Emerging Markets Benefit Ltd, whose annual fundraising ball was a highlight of the year We were also thankful to receive significant support from Medicor Foundation Additionally, we established several important new relationships with funders, who we hope to continue working with in the future

Overall, we raised £417,426 from Trusts and Foundations (up from £244,000 the previous year) However, the sector remains competitive and fundraising in this area a challenge We will need to continue to diversify our portfolio and seek new and a wider range of opportunities over the coming years to ensure we maintain a high level of funding from this area

Communications

Central to our fundraising and campaigns is the way in which we communicate our work We refreshed key parts of our website, ensuring consistent branding and an improved level of user friendliness We also mobile optimised the website to best suit our visitors needs and behaviours As a result we saw a 23% increase in visits to our website over the course of the year compared to the previous year

Our following on social media continues to grow steadily, with a 31% growth in our Twitter following over the past year to over 5,200 followers Our Facebook likes grew to over 3000 this year (an increase of 16% on last year) And our mailing list grew to over 16,000 subscribers, many of those coming through our campaign pledges on the website

Media highlights this year included coverage around the *Live Below the Line* (LBTL) campaign including articles in *The Daily Record*, *Digital Spy* and *The Weekly News* We also secured coverage in *The Guardian* for our campaign to rethink drug policy with an article entitled 'A war on drugs? We'd be better off paying for a war on hunger' This was also one of our most popular articles of the year on social media

Financial review

Overview

During 2015-16 we maintained our financial strategy of investing in our country programmes, which resulted in a significant increase in revenue (up £7 7m, or 58%, on last year)

As a result of the increase in programme activities, the year end surplus of nearly £3 7m far exceeded the budget for the year The majority of the surplus at the year end (£3 4m) was generated through restricted income, and the increase from budgets set at the start of the year is due to additional contracts being awarded in year, and the timing of activities in existing country programmes

Incoming resources

Total income in 2015-16 was £20 9m, compared to £13 2m in 2014-15, which represents an increase of £7 7m As well as being awarded additional contracts in the year, there were also increased activities in existing contracts

Our donations and legacies increased from £0 7m to £0 9m due to a combination of factors We built on the success of previous years to increase Trusts and Foundations income, as well as building on previous successes in the London Marathon, and starting a new schools fundraising initiative

Charitable activities

Our increased commitment and investment into developing our programme work saw the charitable expenditure increase to £17 0m (up £3 1m, or 22% on last year) We have significantly increased our programme work, which has grown from £7m in 2010-11 to its current level of £17 0m This remarkable achievement has been accomplished without a corresponding increase to our support activities

From a geographical perspective, the main area of increase was our activities in Myanmar, China and Somaliland, where we continued our work in the most hard to reach areas

Risks, uncertainties and mitigation

Health Poverty Action works to strengthen poor and marginalised people in their struggle for health The risks we face are mostly inherent to the environments we work in and the way that international development is funded

In common with many charities, the current funding environment creates uncertainty about meeting both unrestricted and restricted income targets The nature and location of Health Poverty Action's work, combined with its funding model (based largely on restricted project grants), means that at any point in time the scale and allocation of future funding is hard to project with certainty

The Board has adopted a formal Risk Policy, and the Trustees and Senior Management have identified risks and ranked these by likelihood and impact Key risks are regularly reviewed and monitored by Senior Managers as part of ongoing risk management throughout the year, while the Trustees review the major risks that face the organisation on at least a quarterly basis and more often if needed The Board has established systems and clear reporting mechanisms to monitor, manage and mitigate the exposure to risk

The principal risks and uncertainties are outlined in the table below

Risk	Management
Risks related to operating in an unstable environment	• Specialist local staff in the countries we operate in, with strong local knowledge, have systems in place to manage the risks associated with that specific environment • Proactive monitoring, reporting and investigation of incidents that might have a negative impact • Regular visits and continual supervision by Senior Managers to assess and mitigate risks of fraud, malpractice, and harm • Consolidation of strong relationships with donors, UN agencies, governments and civil society to ensure HPA programmes are supported and meet their goals
Risks related to operating in a post-Brexit environment	• Consider impact of volatility in markets when completing foreign currency transactions and consider forward currency arrangements to mitigate fluctuations in short term • Continue to diversify portfolio of funding institutions to reduce importance of EU funding given future uncertainties
Keeping cash flow positive in spite of the constraints imposed by funding programmes	• Prioritising and monitoring by Senior managers and Trustees of timely and accurate reporting to donors • Preparation of long-term global cashflow forecasts, including the volume and timing of pre-financing requirements
Non-compliance with donor imposed restrictions resulting in claw backs	• Prioritising staff allocation to ensuring and monitoring donor compliance, including a Senior Donor Compliance Manager with overall oversight, and a team of specialist Programme Finance Officers ensuring donor compliance in each country • Consolidation of strong and close relationships with institutional donors to ensure HPA is fully informed about compliance requirements, and donors understand our implementation in detail
Meeting matched funding requirements on projects	• Continuing global assessment of match requirements during each proposal application to avoid incurring matched funding beyond our capacity • Monitoring of long-term global forecasts to anticipate and prepare for matched funding demands far in advance • Increase income from high net worth individuals, trusts and corporates

Senior staff based in London visit all field offices at regular intervals and most projects at least once a year Trustees are also encouraged to visit programmes when appropriate and practicable, and such visits have taken place throughout the year Finances are monitored by the management team regularly using a system of monthly checks and reviews Board meetings are held quarterly and reports on progress in programmes and finances are presented in formats approved by the Board

To increase its own capacity the Board has established a new Finance and Audit Committee to monitor risks (as above) as well as uncertainties This has enabled Trustees to review the organisation's financial progress and security more intensively on at least a quarterly basis

Regarding unrestricted income, the introduction of a new Fundraising Regulator, and accompanying Fundraising Preference Service, is likely to have an adverse impact on our ability to fundraise effectively Whilst we will always pride ourselves on adhering to best practice in our fundraising, we anticipate that there will be an impact on our public fundraising, including the ways in which we communicate and engage with existing and potential supporters Nevertheless, because public fundraising currently represents a small proportion of our income, we will be making it a priority to investigate ways of increasing this to bolster the level of our resources that are unrestricted As mentioned, we currently depend mostly on restricted grants, often with pre-financing and/or match funding requirements, so increasing unrestricted income from high net worth individuals, trusts, corporates and other sources – especially those with a connection with health – over the next three years will enable greater financial security and operational flexibility

In recent years the Health Poverty Action has seen significant growth, and Trustees are optimistic about the prospects for further organisational development and strengthening

Reserves policy

It is the Board's policy to maintain unrestricted reserves at approximately 5% of budgeted income, which equates to approximately £700,000 for the coming year This represents six months budgeted core operating expenditure Free reserves are maintained to help mitigate some of the financial risks facing the organisation and reduce their impact on beneficiaries These risks include loss of income, donor clawbacks and cash flow sensitivity

HPA's work is structured so that international projects and offices are fully covered by restricted funding and there is sufficient coverage in project funding to allow HPA to commit to an orderly winding down of each office Contingency plans are in place to cover end of service liabilities and to minimise the impact on beneficiaries where possible

During the year to March 2016, HPA has increased unrestricted reserves by £257,810, bringing total unrestricted reserves to £971,052

The level of free reserves is higher than the target amount in the reserves policy The Trustees of HPA feel this is appropriate considering the structural changes in the coming year to allow for any unforeseen impacts on funding or cashflow The Trustees will review this level of unrestricted reserves in 2016/17 to determine whether or not it remains necessary



© Hazel Healy

A family who survived Ebola stand under a tree near their home in Sierra Leone

Looking ahead

Our future plans emerge and develop through a process we call "Informed Reflection"

We recognise we work in contexts that are complex and unpredictable – and believe that developing and implementing good strategy must be an ongoing process (as opposed to something that can be separated into a period of planning followed by implementation)

Managing this complexity in order to maximise effectiveness and impact requires a deeper analysis than simply identifying a small number of key indicators and comparing them to a predetermined target Our process of Informed Reflection seeks to not only capture key data, but analyse and understand the reasons for it – and feed this into revisions of current work and development of future plans

Current plans for 2016-17

Programmes

Partnerships – strengthen existing strategic partnerships, and form Health Poverty Action led consortia to respond to bigger calls for proposals (in terms of grant size, theme and geographic coverage)

Funding – secure funding for future years beyond 2017/18 to ensure programme continuity, diversify donor portfolio by pitching to new donors and securing new funding from existing donors

Programme quality – continue to build on efforts to improve programme quality, review audit of the health sector in the regions we work in Myanmar, including capacity assessment, which will raise the profile of our work among donors

Programme themes – look for opportunities to develop and engage in key thematic areas, without losing our technical specialities and uniqueness, build expertise in cross-cutting sectors (i e climate change, mental health)

Systems – strengthen systems and tracking of inputs, outputs and impact by rolling out the SUN financial system globally, and new monitoring and evaluation software (DHIS2), to better capture and analyse data – interpreting this for learning and demonstrating programme impact

Policy and campaigns

Drug policy reform – further develop our outreach, joint advocacy and popular campaigning, including policy research examining the impact of drug policy on poor and marginalised communities

Health systems – develop our policy positions and showcase our expertise in tackling cultural barriers to health access, and use this for advocacy, including through the 'Leave no one behind' agenda of the SDGs

Health justice narratives – continue to challenge misleading narratives on aid and charity, and change perceptions about the causes of poverty and poor health

Missing medicines – continue to engage in the coalition, promoting public campaign activities for reform of the research and development of medicines

People's Health Movement – work together with the PHM to strengthen the global movement for health justice

Funding – seek new sources of funding to develop our policy, campaigns and communications activities

Fundraising

Events – continue our strong track record of London Marathon fundraising, with a new focus on working with corporate teams to help build our relationships within CSR

Community and outreach – launch a new schools fundraising initiative to follow on from the success of the School Stomp, develop suitable outreach initiatives to establish supporter relationships with health workers

Individual giving – re-allocate resources from door-to-door to alternative opportunities for recruitment, including from our online supporter base, focus on improving our stewardship programme for existing supporters, including a refresh of our key publications

Trusts and Foundations – identifying and building relationships with mid-high level donors to diversify our portfolio and reduce over-reliance on a few key grants, continue our long-standing relationship with the Emerging Markets Benefit Ltd and support them with their 2016 Ball

Major gifts – grow this area by seeking to establish strong relationships with philanthropists with an affinity to our work

Communications

Website – continue to improve and optimise the website, reviewing its pages to ensure they are up-to-date, of appropriate length and have engaging content

Press – update our press lists and develop stronger relationships with journalists, alongside developing a press strategy mapping out our expertise on key topics, write more of our own blogs and opinion pieces

Programme communications – work closely with the programmes team to develop a plan to source meaningful communications throughout the year, including a new storytelling project

Supporter journeys – integrate our campaigns, programmes and fundraising to give supporters a better understanding of how all aspects of our work link and are crucial to our key values

Values and frames – assess our communications content, including the framing of our arguments and images, and inform this going forward using 'Values and Frames' research

Finance and Administration

Management information systems – work with key departments to develop accessible and useful management information systems, including regular re-forecasting of budgets

Processes – review current processes across finance and programmes teams to ensure we are maximising use of staff capacity

Resources – review and implement key recommendations from previous IT review to improve organisational efficiency

Internal audits – review procedures and continue to develop and strengthen this function by working closely with programmes staff

Trustees' report

Structure, management and governance

Structure and management

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

In keeping with the principle of devolved management, the number of staff in London has been kept small We also have part time volunteers working from time to time In 1999 we decentralised direct management of our programmes to four regional offices supporting locally recruited project managers Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices

Remuneration policy

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

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

Senior Management remuneration

In relation to deciding remuneration for the Charity's Senior Management, the Charity considers the potential impact of remuneration levels and structures of Senior Management on the wider Charity work-force and will take account of the following additional principles

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered The Charity recognises that it is, on occasion, possible to attract Senior Management at a discount to public sector or private sector market rates

Remuneration for the year ending 31 March 2016 comprised salary and pension contributions There are no other pecuniary benefits for senior or other staff at the Charity

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees All Trustees resign each year, either standing down or standing for re-election In 2004 the Trustees agreed that no trustee should serve for more than eight years The minimum number of Trustees is five and the maximum is twelve, there were ten Trustees at 31 March 2016

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

The full Board of Trustees meets at least four times a year, and met four times in 2015-16 One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting, for example the Fundraising Advisory Group was established in 2015-16 Day-to-day management of the organisation is delegated to the Director and staff

Statement of Trustees' responsibilities

We have set out in the Trustees' Report a review of financial performance and the Charity's reserves position We have adequate financial resources and are well placed to manage the business risks Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure

We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future We believe that there are no material uncertainties that call into doubt the Charity's ability to continue The financial statements have therefore been prepared on the basis that the Charity is a going concern

Trustees

The Trustees who are directors of the company and who served during all or part of the year from 1 April 2015 up to the date of signing these accounts, are stated on page 23 of this document

Trustees' responsibilities

The Trustees (who are also Directors of the company for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of its income and expenditure for that period In preparing these financial statements, the Trustees are required to

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

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities

None of the Trustees had any beneficial interest in any contract to which the Charitable Company was party during the year

Provision of information to auditors

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

Auditors

Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year

The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Emma Crewe, the Chair of the Board

On behalf of the Trustees,

Emma Crewe

Date 7th December 2016

Trustees' administrative report

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

Registered Company Number 1837621

Registered Charity Number (England and Wales)
290535

Registered Office:

Health Poverty Action
Ground Floor
31-33 Bondway
London SW8 1SJ
United Kingdom

Auditors:

Kingston Smith LLP
Devonshire House
60 Goswell Rd
London EC1M 7AD
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London E14 5HQ
United Kingdom

Trustees:

Tom Baker
(resigned 11 October 2016)

Jonathan Barton
(resigned 06 October 2015)

Nouri Brikci

Professor Emma Crewe, Chair
(appointed 08 October 2015)

Deborah Davies, Treasurer
(resigned 31 October 2015)

Dr Isabelle de Zoysa

Dr Rory Honney

Oliver Kemp

Donald Peck, Chair
(resigned 06 October 2015)

Carolyn Ramage, Treasurer
(appointed 09 December 2015)

Ruth Stern

James Thornberry

Simon Wright

Honorary Solicitor:

Joanna Blackburn

Director:

Martin Drewry

Senior Management Team:

Abigail Betts, Head of Fundraising

Sarah Edwards, Head of Policy and Campaigns
(resigned 28 July 2016)

Natalie Sharples, Head of Policy and Campaigns
(appointed 01 August 2016)

Hardeep Singh, Head of Finance and Administration

Mauricio Vazquez, Head of Programmes – Asia and Latin America

Dr Tadesse Kassaye Woldetsadik, Head of Programmes – Africa

Independent Auditor's report to the members of Health Poverty Action

We have audited the financial statements of Health Poverty Action for the year ended 31 March 2016 which comprise Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and the related notes The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 'The Financial Reporting Standard Applicable in the UK and Ireland'

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

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement [set out on page 22] the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error This includes an assessment of whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the directors, and the overall presentation of the financial statements

In addition we read all the financial and non-financial information in the Trustees Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report

Opinion on financial statements

In our opinion the financial statements

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Strategic Report and the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements

Matters on which we are required to report by exception

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

Neil Finlayson

Senior Statutory Auditor

For and on behalf of

Kingston Smith LLP

Statutory Auditor

London

Date 12/12/2016

Devonshire House

60 Goswell Road

London

EC1M 7AD

Accounts
STATEMENT OF FINANCIAL ACTIVITIES

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2016

	Notes	Unrestricted Funds 2016 £	Restricted Funds 2016 £	Total Funds 2016 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	17,587,856	17,587,856
Donations and legacies	2	546,040	322,888	868,928
Gift in Kind Income	2	-	2,459,877	2,459,877
Investments	2	17	7,209	7,226
Total incoming resources		**546,057**	**20,377,830**	**20,923,887**
RESOURCES EXPENDED				
Raising funds	3	397,875	-	397,875
Charitable activities	4	68,030	16,946,508	17,014,538
Total resources expended		**465,905**	**16,946,508**	**17,412,413**
NET INCOME/(EXPENDITURE) FOR THE YEAR		80,152	3,431,322	3,511,474
Transfer between funds	14	-	-	-
Foreign exchange gains in year		177,658	-	177,658
NET MOVEMENT IN FUNDS FOR THE YEAR		**257,810**	**3,431,322**	**3,689,132**
Total funds brought forward at 1 April 2016		**713,242**	**2,183,451**	**2,896,693**
TOTAL FUNDS CARRIED FORWARD at 31 March 2016		**971,052**	**5,614,773**	**6,585,825**

The statement of financial activities includes all gains and losses recognised in the year All incoming resources and resources expended derive from continuing activities

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2015

	Notes	Unrestricted Funds 2015 £	Restricted Funds 2015 £	Total Funds 2015 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	11,128,626	11,128,626
Donations and legacies	2	444,382	223,621	668,003
Gift in Kind Income	2	-	1,403,042	1,403,042
Investments	2	21	4,748	4,769
Total incoming resources		**444,403**	**12,760,037**	**13,204,440**
RESOURCES EXPENDED				
Raising funds	3	352,465	-	352,465
Charitable activities	4	63,819	13,853,817	13,917,636
Total resources expended		**416,284**	**13,853,817**	**14,270,101**
NET INCOME/(EXPENDITURE) FOR THE YEAR		28,119	(1,093,780)	(1,065,661)
Transfer between funds	14	(67,966)	67,966	-
Foreign exchange gains in year		(5,097)	-	(5,097)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(44,944)**	**(1,025,814)**	**(1,070,758)**
Total funds brought forward at 1 April 2015		**758,186**	**3,209,265**	**3,967,451**
TOTAL FUNDS CARRIED FORWARD at 31 March 2015		**713,242**	**2,183,451**	**2,896,693**

The statement of financial activities includes all gains and losses recognised in the year' All incoming resources and resources expended derive from continuing activities

BALANCE SHEET

HEALTH LIMITED T/A HEALTH POVERTY ACTION BALANCE SHEET AS AT 31 MARCH 2016

	Note	2016 £	2015 £
CURRENT ASSETS			
Debtors	8	1,311,809	1,521,880
Stock		224,306	-
Cash at bank and in hand		5,904,090	2,213,472
		7,440,205	**3,735,352**
CURRENT LIABILITIES			
Creditors Amounts falling due within one year	9	(854,380)	(750,608)
NET CURRENT ASSETS		**6,585,825**	**2,984,744**
LONG TERM LIABILITIES			
Creditors Amounts falling due after one year	10	-	(88,051)
TOTAL ASSETS LESS LIABILITIES		**6,585,825**	**2,896,693**
TOTAL NET ASSETS		**6,585,825**	**2,896,693**
FUNDS			
Unrestricted funds	14	971,052	713,242
Restricted funds	14	5,614,773	2,183,451
		6,585,825	**2,896,693**

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

Emma Crewe
Chair Emma Crewe

Date 7th December 2016

The notes on pages 30 to 44 form part of these financial statements

COMPANY NUMBER: 01837621

CASH FLOW STATEMENT

HEALTH LIMITED T/A HEALTH POVERTY ACTION CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2016

	2016	2015
	£	£
Net Cash Outflow from operating Activities	3,683,392	(866,555)
Returns on Investments and Servicing of Finance		
Bank Interest received	7,226	4,769
(Decrease) / Increase in Cash	**3,690,618**	**(861,786)**
Reconciliation of Excess of Expenditure over Income 2015		
to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	3,689,132	(1,070,758)
Decrease / (Increase) in debtors	210,071	(38,947)
(Increase) in stock	(224,306)	-
Increase in creditors	15,721	247,919
Interest received	(7,226)	(4,769)
Net cash (outflow) inflow from operating activities	**3,683,392**	**(866,555)**
Analysis of Net Cash Resources		
Cash		
Opening balance	2,213,472	3,075,258
Flow	3,690,618	(861,786)
Closing balance	**5,904,090**	**2,213,472**
Location of Cash Resources		
HQ bank accounts	3,242,246	358,121
In-country bank accounts	2,661,845	1,855,351
	5,904,090	**2,213,472**

NOTES

1. PRINCIPAL ACCOUNTING POLICIES

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

a) Accounting convention

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

The Charity has adopted FRS 102 for the first time when preparing these financial statements The transition date to FRS 102 was 1 April 2014 and the last financial statements prepared under the previous financial reporting framework were prepared for the year ended 31 March 2015 An explanation and reconciliation of how the transition has affected the reported financial position and financial performance is provided in the notes to the financial statements

b) Going Concern

The trustees have assessed whether the use of going concern and have considered possible events or conditions that might cast significant doubt on the ability of the charitable company to continue as a going concern The trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements After making enquiries, the trustees have concluded that there a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future The charitable company therefore continues to adopt the going concern basis in preparing its financial statements

c) Incoming resources

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

- Donated services and facilities are included at the value to the charity where this can be quantified No amounts are included in the financial statements for services donated by volunteers

- Voluntary income includes income received from statutory and other government supported agencies, and income from other private sources

" - Gifts in kind are recognised as both income and expenditure The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods The value of the gifts received from the Donor in the year is recognised as income Only the gifts distributed in the year are recognised as expenditure Any gifts not yet distributed at year end are held in stock

d) Resources expended

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

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

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

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the

general objectives of

Health Poverty Action Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal

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

f) Foreign Currencies

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

g) Pensions

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

h) Operating leases

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

i) Liabilities

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

j) Other financial instruments

"i Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less "

"ii Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest "

k) Critical accounting estimates and areas of judgement

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

l) Transition to FRS 102

This is the first year that the charitable company has prepared its financial statements under FRS 102 The last financial statements prepared under previous UK GAAP were for the year ended 31 March 2015 and the date of transition to FRS 102 was 1 April 2014 There have been no changes to accounting policies that have affected the position as at 31 March 2015 or caused a restatement as at 31 March 2015

2. INCOMING RESOURCES FROM GENERATED FUNDS

	2016	2015
	£	£
VOLUNTARY INCOME		
Restricted Funds - Charitable activities		
Department for International Development	6,862,785	5,283,579
European Commission	1,153,072	1,445,701
Global Fund	2,218,177	1,597,033
Big Lottery Foundation	688,659	519,161
Liverpool School of Tropical Medicine	113,513	301,208
World Food Programme	514,655	276,105
UN bodies	1,329,175	614,868
Irish Aid	70,290	156,024
Other	72,066	56,018
Concern Worldwide	115,253	86,279
Christian Aid	47,345	40,000
Cordaid	384,043	289,346
Department of Foreign Affairs and Trade	684,263	160,075
Comic Relief	151,895	145,448
DEERF	14,927	157,781
Malaria Consortium	26,255	-
World Bank	15,475	-
3MDG	2,974,884	-
EDC	151,345	-
WHO	(221)	-
	17,587,856	**11,128,626**

Other trading activities		
Trusts, foundations and individuals	322,888	223,621
Gift in Kind	2,459,877	1,403,042
	2,782,765	**1,626,663**
Total Restricted Funds	**20,370,621**	**12,755,289**
Unrestricted Funds		
Donations from individuals	433,039	288,740
Legacies	-	28,454
Consultancy	18,463	16,134
UK and European trusts / foundations	94,538	110,054
Total Unrestricted Funds	**546,040**	**443,382**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	7,209	4,748
Unrestricted Funds	17	21
	7,226	**4,769**
TOTAL INCOMING RESOURCES	**20,923,887**	**13,203,440**

3. RAISING FUNDS

	Direct	Support costs	Total 2016	Direct	Support costs	Total 2015
	£	£	£	£	£	£
Costs of generating voluntary income - Other	228,567	169,308	397,875	266,206	86,259	352,465

For further breakdown of support costs please refer to Note 5

4. CHARITABLE ACTIVITIES

	Direct	Support costs	Total 2016	Direct	Support costs	Total 2015
	£	£	£	£	£	£
Costs of health projects	16,164,464	850,074	17,014,538	13,586,101	331,535	13,917,636

For further breakdown of support costs please refer to Note 5

5. SUPPORT COSTS

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

Support costs and basis of apportionment

	Total	Cost of generating other voluntary income	Health projects	Basis of apportionment
	2016	2016	2016	
Nature of cost	£	£	£	
Human resources	783,237	140,764	642,473	Number of employees
Establishment costs	115,992	15,170	100,822	Number of employees
Office & Administration	120,153	13,374	106,779	Number of employees
	1,019,382	**169,308**	**850,074**	

	Total	Cost of generating other voluntary income	Health projects	Basis of apportionment
	2015	2015	2015	
Nature of cost	£	£	£	
Human resources	302,975	71,716	231,259	Number of employees
Establishment costs	44,439	7,729	36,710	Number of employees
Office & Administration	70,380	6,814	63,566	Number of employees
	417,794	**86,259**	**331,535**	

6. NET INCOME FOR THE YEAR

Is stated after charging

	2016	2015
	£	£
Annual Audit		
Statutory audit	20,000	31,200
Additional fee for overruns incurred	12,944	-
Rentals in respect of operating leases,		
plant and machinery	3,695	1,915
other - office	30,000	30,000

It should be noted that overrun fees detailed above relate to audit completed for year ended 31 March 2015 completed by Crowe Clarke and Whitehill LLP

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2016	2015
	£	£
U.K. STAFF		
Wages and salaries	747,870	771,097
Social security costs	74,952	84,034
Pension costs	35,624	45,140
	858,446	**900,271**
OVERSEAS STAFF		
Wages and salaries	2,365,217	2,472,009
Pension costs	159,315	164,797
	2,524,532	**2,636,806**
TOTAL STAFF COSTS	**3,382,978**	**3,537,077**

One employee received remuneration of between £70,000 - £80,000 in 2014-15 (2015 one) Employer's pension cost relating to that individual was £3,607 (2015 £3,607)

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

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

Total salary costs relating to key management personnel in the year was £321,317 (2015 £305,565)

The Trustees neither received nor waived any emoluments during the year (2015 £Nil)

Total reimbursements received by the Trustees in the year amounted to £1,227 (2015 £237) These reimbursements were received by 3 trustees (2015 1 Trustee)

The average number of employees, analysed by function was

	2016 Number	2015 Number
Charitable activities	362	389
Raising funds	4	4
	366	**393**

8. DEBTORS

	2016 £	2015 £
Other debtors in UK	416	-
Other overseas/project debtors	71,007	208,049
Prepayments	7,290	2,603
Accrued income - Gift Aid & Other	11,023	17,264
Accrued income - Grants	1,222,073	1,293,964
	1,311,809	**1,521,880**

All debtors, except prepayments of £7,290 (2015 £2,603), are financial instruments measured at present value

9. CREDITORS: Amounts falling due within one year

	2016	2015
	£	£
Project creditors	358,555	318,897
Other creditors	98,096	99,841
Other taxes and social security	18,767	22,013
Field Severance Pay Liability	308,789	274,478
UK Accruals	70,173	35,379
	854,380	**750,608**

All creditors, except for the social security creditor of £18,767 (2015 £22,013), are financial instruments measured at present value

10. CREDITORS: Amounts falling due after one year

	2016	2015
	£	£
Project creditors	-	88,051
	-	**88,051**

All creditors are financial instruments measured at present value

11. MEMBERS' GUARANTEE

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

12. LEASEHOLD COMMITMENTS

Commitments under non-cancellable operating leases are as follows

	2016	2015
Committed to payments of:	£	£
Within One Year		
Plant and Machinery	2,314	3,966
Other - office	30,000	30,000
Between Two and Five Years		
Plant and machinery	-	2,314
Other - office	82,500	112,500

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2016	Restricted Funds 2016	Total Funds 2016
	£	£	£
Fund balances at 31 March 2016 are represented by			
Current assets	1,107,916	6,332,289	7,440,205
Current liabilities	(136,864)	(717,516)	(854,380)
Long Term Liabilities	-	-	-
Total Net Assets	**971,052**	**5,614,773**	**6,585,825**

	Unrestricted Funds 2015	Restricted Funds 2015	Total Funds 2015
	£	£	£
Current assets	66,296	2,869,056	3,735,352
Current liabilities	(153,054)	(597,554)	(750,608)
Long Term Liabilities		(88,051)	(88,051)
Total Net Assets	**713,242**	**2,183,451**	**2,896,693**

14. STATEMENT OF FUNDS

	Funds at 2015	Income	Expenditure	Transfers	Funds at 2016
	£	£	£	£	£
Burma & China	451,678	9,392,018	(6,914,094)	-	2,929,602
Cambodia	240,654	660,577	(503,068)	-	398,163
Ethiopia	148,952	424,276	(258,848)	-	314,380
Global	20,108	96,227	(90,360)	-	25,975
Guatemala	319,015	163,281	(173,531)	(198,900)	109,865
Kenya	157,589	337,899	(521,862)	-	(26,374)
Laos	30,140	1,476,733	(1,037,637)	-	469,236
Namibia	20,722	243,447	(119,281)	-	144,888
Nicaragua	117,765	155,303	(334,019)	226,524	165,573
Peru	3,089	-	(172)	-	2,917
Rwanda	183,050	734,099	(789,212)	(27,624)	100,313
Sierra Leone	275,872	1,039,508	(1,112,688)	-	202,692
Somaliland	214,817	5,654,462	(5,091,736)	-	777,543
Total restricted funds	**2,183,451**	**20,377,830**	**(16,946,508)**	**-**	**5,614,773**
Unrestricted funds	713,242	723,715	(465,905)	-	971,052
Total funds	**2,896,693**	**21,101,545**	**(17,412,413)**	**-**	**6,585,825**

	Funds at 2014	Income	Expenditure	Transfers	Funds at 2015
	£	£	£	£	£
Burma & China	1,406,748	4,261,738	(5,189,130)	(27,678)	451,678
Cambodia	102,928	501,541	(392,095)	28,280	240,654
Ethiopia	171	325,579	(176,798)	-	148,952
Global	58,683	30,000	(62,152)	(6,422)	20,108
Guatemala	13,400	670,615	(378,140)	13,140	319,015
Kenya	(1,036)	669,928	(538,438)	27,135	157,589
Laos	189,249	550,160	(695,952)	(13,317)	30,140
Namibia	33,929	92,748	(106,002)	47	20,722
Nicaragua	85,911	167,325	(149,823)	14,352	117,765
Peru	3,487	56,821	(57,220)	-	3,089
Rwanda	381,858	698,931	(928,108)	30,369	183,050
Sierra Leone	276,331	873,623	(876,064)	1,982	275,872
Somaliland	657,606	3,861,028	(4,303,895)	78	214,817
Total restricted funds	**3,209,265**	**12,760,037**	**(13,853,817)**	**67,966**	**2,183,451**
Unrestricted funds	758,186	444,403	(421,381)	(67,966)	713,242
Total funds	**3,967,451**	**13,204,440**	**(14,275,198)**	**-**	**2,896,693**

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

It should be noted that transfers between restricted funds for the year ended 31 March 2016 relate to the transfer of funds between projects for the same programme of activities that are being implemented in different countries

15. STATEMENT OF FUNDS

	2016		2015	
Big Lottery Fund	**Receipts**	**Expenditure**	**Receipts**	**Expenditure**
ICB/2/010415059 Ethiopia (main grant)	126,156	134,741	85,705	142,870
ICB/2/010445412 Cambodia (main grant)	83,147	131,435	160,981	167,104
ICB/2/010462606 Guatemala (main grant)	79,326	85,805	85,101	97,881
URN 0010065516 Sierra Leone (main grant)	108,809	68,248	155,325	114,584
URN 0010237333 Nicaragua (development grant)	5,000	-	5,000	5,000
URN 0010237333 Nicaragua (main grant)	106,594	106,477	-	-
URN 0010231645 Namibia (main grant)	171,523	54,853	23,976	302
URN 20243776 Namibia (development grant)	5,000	5,000	5,000	4,000
Christian Aid	**Receipts**	**Expenditure**	**Receipts**	**Expenditure**
AB058 Myanmar	-	8,732	-	-
AB290 Myanmar	30,000	17,600	-	-
Irish Aid	**Receipts**	**Expenditure**	**Receipts**	**Expenditure**
CSF019-1201 Rwanda and Nicaragua	-	159,499	156,024	127,045
CSF07-15 Rwanda and Nicaragua	70,290	6,539	-	-

DFID funding	Receipts	Expenditure	Receipts	Expenditure
GPAF - IMP - 045 Somaliland	164,133	171,449	373,529	375,712
GPAF - IMP - 081 Kenya	145,620	154,738	188,951	193,712
GPAF - IMP - 069 Laos	123,327	133,343	159,014	159,141
AGA 203400 - 107 Myanmar	2,716,524	1,828,595	1,235,277	1,291,209
AGA 203138 -102 Myanmar (Phase 5)	1,264,860	1,226,818	1,340,086	1,634,284
UKAD-IMP-119 Myanmar	104,719	38,353	-	-
UKAD-IMP-120 Kenya	88,392	83,457	-	-

Girls Education Challenge - GEC	Receipts	Expenditure	Receipts	Expenditure
6317 Rwanda	340,122	383,708	278,740	321,419

DFID Emergency Ebola Relief Fund - DEERF	Receipts	Expenditure	Receipts	Expenditure
DFID-DEERF-017 Sierra Leone	(10,325)	16,007	88,125	61,793
DFID-DEERF-037 Sierra Leone	94,908	87,155	-	7,753

Cordaid	Receipts	Expenditure	Receipts	Expenditure
110811 Sierra Leone	25,816	39,871	60,182	45,633
111634 Sierra Leone	180,657	187,409	154,845	123,146
111077 Ethiopia	71,691	62,414	74,319	41,247

Medici con l'Africa CUAMM	Receipts	Expenditure	Receipts	Expenditure
CFMCH-109957 Ethiopia	61,156	60,798	20,108	16,993

Comic Relief	Receipts	Expenditure	Receipts	Expenditure
219206 Ethiopia	151,895	51,388	-	-

16. RELATED PARTY TRANSACTIONS

There are no related party transactions to report



Health Poverty Action works to strengthen poor and marginalised people in their struggle for health.

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