

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

DOCTORS OF THE WORLD



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WELCOME FROM THE PRESIDENT

2024 was a year where you didn't really want to look at the news in the morning. It was easier to stay in our bubbles to switch off from political and world events, and to remain detached from the growing hostility towards vulnerable communities here in the UK. Unfortunately, 2024 was a year of immense suffering and harm including from the evolving conflicts in Gaza and in Ukraine. In the UK, contextual and broader societal hostility towards migrants and asylum seekers further dehumanised people who really needed our empathy and our help.

Thanks to your support, Doctors the World has been here as a constant, aware, engaged, advocating, mobilising and providing support for people who have needed us. We are not enough, not by a very long way, but we do what we can, and we delivered in 2024.

There is a widespread belief that the NHS is free and accessible for all. But for many people, that simply isn't the case. Language barriers, a lack of awareness, restrictive rules on free hospital care, fear of arrest, discrimination, and digital exclusion all prevent access, particularly for the most vulnerable in our society. Through our services including static and mobile clinics, advice line and community partnerships, we continued to provide support and care to help people and to enable healthcare access. In 2024, we adapted to new challenges, delivering support and health assessments in asylum seeker hotels, meeting people at their point of need.

We exist to help people access healthcare, and in doing so, we help bridge gaps in a health system under pressure. Our Safe Surgeries programme is pioneering in this regard. By the end of 2024, over 2,250 GP surgeries had signed up to become Safe Surgeries. We delivered direct training to over 1,000 primary care staff, and a further 2,400 completed our e-learning over the course of the year. The programme is endorsed by the British Medical Association, integrated into NHS England training, and consistently rated highly. It is helping make primary care more aware, more accessible, and more compassionate at a time when these values are desperately needed.

We were also present in less welcoming environments. Our presence at Wethersfield was essential, both to provide support and to bear witness. We are not agitators, but we have a duty to speak the truth. Conditions in Wethersfield were typically extremely difficult for residents, and it was a tough experience for our teams trying to support. Our messages were hard to deliver but contributed to meaningful change. Our advocacy work has been relentless and has again been highly effective in influencing policy. Our experts by experience continued to drive community awareness, champion healthcare rights, and powerfully advocate for change.

Internationally, we responded to crises that have devastated millions. The humanitarian catastrophe in Gaza has been beyond words. Through our Doctors of the World/ Médecins du Monde network, we have been present. Though our contribution is far from enough, we have delivered mental health and psychosocial support and supplied health facilities with critical medical aid. We will continue to expand this work and advocate urgently and unrelentingly, for the protection of civilians and an end to this appalling conflict. Similarly, in Ukraine, we remain active, addressing urgent health needs, building capacity, and helping to sustain a shattered health system. We also work in areas and crises under the radar of societal consciousness, like in Madagascar where less than a quarter of the population has access to safe drinking water.

I am proud of our work in 2024, though there is so much more to do in 2025 and beyond.

Thank you so much to our staff and volunteers who do such amazing work with dedication and care- you are incredible people and should be really proud of what you do. Thank you to my Trustee colleagues grafting behind the scenes.

Finally, a huge thank you to you, our supporters. These are not easy times to give, and we hugely appreciate that you are chosen to support us. We will do our utmost to ensure that we represent you, honour your trust, and deliver our absolute best every day to make a difference.

Dr James Elston
President

TRUSTEES' REPORT

The trustees present their report together with the audited financial statements for the year ended 31 December 2024.

Reference and administrative details

Charity name:
Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010.

Company registration number:
3483008

Charity registration number:
1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year:

Dr. James Elston
President

Dr. Lisa Harrod-Rothwell
Joint Vice President
Resigned 29th April 2025

Julia McDonald
Treasurer

Dr. Hannah Theodorou
Joint Vice President
Resigned 27th August 2024

Avril Lee

Colin Herrman

Philomene Uwamaliya

Srijamya Raghuvanshi
Resigned 17th September 2024

Dr. Nikita Kanani
Appointed 29th August 2024

Dr. Steven Lloyd
Appointed 29th August 2024

Mark Ward
Appointed 29th August 2024

Registered office

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www.doctorsoftheworld.org.uk

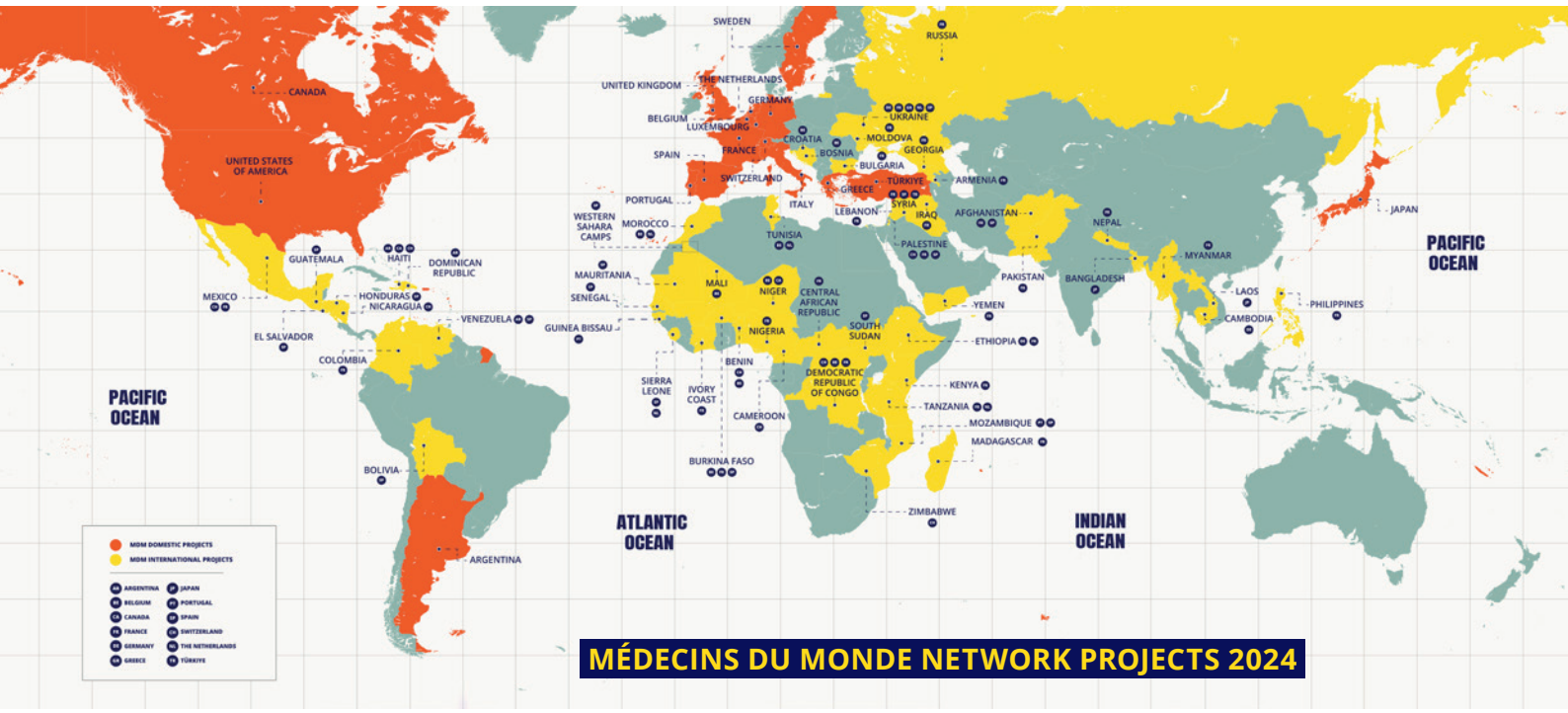
Auditor

Sayer Vincent LLP
110 Golden Lane
London, EC1Y 0TG

Bank

Lloyds Bank
3-5 Whitechapel Road
London E1 1DU

WHAT WE DO & WHY WE DO IT



MÉDECINS DU MONDE NETWORK PROJECTS 2024

Doctors of the World is the UK chapter of the Médecins du Monde international network, a human rights organisation made up of 17 chapters around the world working on both domestic and international health projects.

Founded in 1998, Doctors of the World provides emergency and long-term medical care to vulnerable people – wherever they are. We strengthen people's access to quality medical services, and fight for universal access to healthcare by advocating for sound evidence-based public health policy.

In 2024, the network delivered over 400 innovative medical programmes and evidence-based advocacy initiatives to improve access to healthcare in more than 70 countries.

OUR FOUR PRIORITY AREAS

- **People in crisis**
  We provide life-saving humanitarian healthcare in times of war and natural disasters.
- **People in vulnerable situations**
  This includes advocating for the right to health, in terms of both physical and mental health, across Europe for people who have migrated, people experiencing homelessness, Gypsies, Roma and Traveller communities and others excluded from health care.
- **People at risk of harm**
  Especially those at risk from HIV or hepatitis C, such as drug users and sex workers.
- **Women and girls**
  We believe strongly in the right to sexual and reproductive health, and work to empower women and girls around the world to access sexual and reproductive health services.

In the UK, Doctors of the World runs clinics in London, a national adviceline, outreach programmes and a policy and advocacy programme. With an incredible team of volunteers, we support marginalised people including people seeking asylum, survivors of trafficking, undocumented people, and people with no fixed address by providing medical care, information, and practical support.

In 2024, through our clinics and adviceline, we supported 1,600 people who were struggling to access NHS care, we delivered 437 clinic & adviceline sessions and 2,553 engagements. This is alongside 6,775 follow-up calls to ensure continued care. These UK based activities were in addition to our significant support to our international network to help those living through crisis abroad, including in Occupied Palestinian Territories (both Gaza and West Bank), continued support to Ukraine and emergency preparedness in Madagascar.



OUR WORK IN THE UK



WHO WE HELP

Everyone living in the UK is entitled to free primary care, regardless of who they are or their immigration status.

To access primary care services in the UK a person must be registered with a GP and have an NHS number. GP practices may request proof of residential address and ID for registration, and an inability to provide these can lead to being wrongly denied GP registration. Other barriers include limited support for those for whom English is not a first language, a general lack of information about rights, restrictive laws that prevent people without status from access free NHS hospital care, discrimination, fear of arrest, immigration enforcement and technological barriers such as availability of internet or phone credit.

Following our support, over 90% of our patients at our London clinic and over our advice line were able to safely register with GP services. 70% of our clients are homeless or vulnerably housed and 84% live below the poverty line.

HOW WE HELP

Our CQC registered clinics, adviceline and health advocacy outreach work provide free and accessible medical support, rights education and support to register with an NHS GP. This work is delivered by a team of highly trained volunteers, made up of doctors, nurses, support workers and case workers supervised by our expert staff. Our goal is to support people to register with a GP so that their health is protected for the long term, and to provide immediate medical help where it is required.

Our highly trained volunteers conduct full social consultations for our clients, exploring social circumstances, immigration status, housing, physical and mental health, safeguarding concerns, and family circumstances, as we recognise that these factors have an impact on a person's health and wellbeing. We advocate for our clients to enable them to access the health services they require, advise them on their rights to access health services, support them to register with a GP and signpost to other specialist services. These conversations are not formulaic, as many clients do not speak English as first language, may have experienced trauma, may fear immigration enforcement and need to be supported to feel safe in discussing their issues.

LONDON CLINIC

Our London clinic continued to provide a safe and welcoming space for people struggling to access healthcare. This year we partnered with the charity Visioncare for Homeless People to provide free eye tests and glasses to people in vulnerable circumstances from our Stratford clinic. With more than 70% experiencing destitution, this partnership added real value to our holistic approach to healthcare.

ADVICELINE

Our adviceline provides direct casework support via telephone to people who need support to register for NHS health services as they cannot reach our clinic or outreach services in person. Last year our adviceline team managed just under 8,000 calls with people who needed support to access healthcare.

FOCUS ON THE ASYLUM SYSTEM

RAF Wethersfield

We continued responding to the needs of people living in the new mass asylum accommodation in Wethersfield RAF barracks in Essex. Until the end of 2024 one of our mobile clinics was based at the gates of the site, offering access to healthcare with a focus on mental health support. Our medical team provided vital care and referred high-risk individuals to safeguarding and emergency services. 62% of all people who came to us showed severe psychological distress, and 30% had suicidal thoughts or self-harmed. We found that 75% of men at RAF Wethersfield were too vulnerable to be placed there – breaching the Home Office's own guidelines. were told of frequent medical emergencies and suicide attempts on the site. we heard of safeguarding failures that continued to put lives at risk

We were informed of frequent medical emergencies and suicide attempts on the site. We reported safeguarding failures that continued to put lives at risk.

Our findings exposed a mental health crisis and systemic failure at RAF Wethersfield, showing that the UK government's mass containment policy is causing serious harm to asylum seekers. In March 2025, medical evidence from our mobile clinic helped secure a landmark High Court ruling, which found the Home Secretary had broken the law by placing three vulnerable men at the asylum camp.



Home Office Contingency Hotel Accommodation

In 2024 our service was commissioned by the NHS to support newly arrived asylum seekers living in contingency hotel accommodation in London, by providing comprehensive initial health and social assessments, supporting people with GP registrations and sharing information on how to navigate the healthcare system. We also helped people access wider services to support their health and wellbeing through referrals and signposting to appropriate services. Using our frontline data, insights and delivery experience, we are working closely with our partners to evidence the needs of asylum-seeking populations in hotel accommodation and recommend improvements that could be made to NHS primary care services to support healthcare needs in a timely manner.

Community partnerships and communities

We continued our health advocacy work partnering with community groups supporting people living in vulnerable situations. We collaborated with the support network and campaign organisation Voice of Domestic Workers on a monthly basis to deliver health rights education and information to new members. Anyone facing barriers to primary healthcare was referred to our services for one-to-one support to access the care they needed. We delivered rights education to various community groups including charities Kalayaan, Newham Nurture and Praxis, and Latin American and Hispanic migrant communities in Hackney, East London.

In 2024 we also collaborated with the Africa Advocacy Foundation to run a mobile clinic, providing free, discreet, and accessible testing for HIV and other sexually transmitted infections within Black communities. Our partnership focused on raising awareness, reducing stigma, and improving access to prevention and treatment services for those at higher risk of HIV exposure.

Policy and Advocacy

Our policy and advocacy work aims to make the government deliver systemic changes to how those currently excluded from healthcare can access health services in the UK. During 2024 we continued to work to protect the health and welfare of asylum seekers in response to new anti-migrant legislation and policies. A key focus of this work was advocating for much needed reforms to asylum accommodation. In May we published a report on the Home Office site at RAF Wethersfield in Essex which documented the mental health crisis we observed in residents. The High Court heard a legal challenge on the use of the site, brought by a number of our patients, which found some people had been placed at the site unlawfully. We provided a witness statement, based on our medical evidence, to assist the court.

We worked to ensure policy makers had access to evidence on refugees and migrants, submitting our medical data to several policymaking consultations including the government consultation on No Recourse to Public Funds (NRPF) and the Healthy Start (maternity) grant, the NHS 10-year plan survey and NHS England's consultation on translation and interpretation. The UK Covid-19 inquiry granted Doctors of the World UK core participant status in the inquiry, and our team worked intensively to prepare evidence on the experiences of refugees and migrants during the pandemic and their access to vaccines and therapeutics.

In 2024 we continued to coordinate and hold regular meetings with the Expert Consortium on Refugee and Migrant Health, a group of senior stakeholders and experts including the BMA and medical royal colleges.

Our policy and advocacy work relies on high quality research and data from our medical programmes. In 2024 we worked in partnership with academic institutions, including providing data and insights for two important journal publications; **a study on vaccination decision-making in the context of the UK asylum system in SSM – Qualitative Research in Health** and **a study on health and structural violence in Home Office accommodation in *Frontiers in Public Health***.

Safe Surgeries

Our work to support GP Practices to help them deliver inclusive registration and access across England has grown significantly over the last 12 months. We know that people seeking asylum and undocumented migrants can face significant barriers in accessing primary care due to restrictive practices (e.g. requiring documentation) which is wrongly requested by some GP practices.

At the end of 2024 we were supporting a thriving network of over 2,250 GP practices that have joined our Safe Surgeries initiative, with 630 new surgeries signing up during 2024. In the last 12 months we delivered 29 training sessions to over 1,000 people working in primary care. 2,400 primary care staff completed our e-learning course, and overall GP surgeries gave our training sessions an average score of 4.7 out of 5 when asked if our training has improved their knowledge of rights to NHS services.

Our expertise is valued by our peers working in primary healthcare. During 2024 our Safe Surgeries initiative was included in **NHS England's new training course on GP registration for people experiencing homelessness** and featured in the **NHS England podcast**, the British Medical Association's magazine, ***The British Medical Association's The Doctor magazine*** and a **Royal College of General Practitioner's blog**.

Experts by Experience

We continue to develop and extend the input of our team of 35 volunteers with lived experience of healthcare exclusion. Our volunteers have played a key role in our work with community groups to raise awareness of healthcare rights; in 2024 they co-delivered healthcare rights training to over 400 people in the refugee and migrant communities.

The Board previously included two representatives with lived experience (Experts by Experience), one of whom has since stepped down. The remaining representative continues to engage in regular dialogue with other Experts by Experience, ensuring that the perspectives, concerns, and insights of those directly affected by healthcare exclusion are meaningfully reflected in the Board's discussions and decisions.

Our Experts by Experience group also played an active role in our wider policy work, participating in over 50 advocacy activities over the course of the year. In the lead up to the general election we worked with the groups to track the position of political parties on key issues and then, following the election, the group produced a ***Prescription for Change*** for the new government, which lays out what is needed now to improve the health and wellbeing of people living in the UK, especially the most vulnerable. This document now informs our day-to-day policy work.



OUR INTERNATIONAL WORK

As a member of the Médecins du Monde International Network, we regularly support our operations responding to emergencies globally. In 2024, through the support of our UK based supporters and donors, we were able to assist our international operations in Madagascar, Ukraine and the Occupied Palestinian Territories (Gaza and West Bank).

UKRAINE

Since the 2022 invasion by Russia, the country has been under extreme bombardment from Russian forces making access to healthcare increasingly difficult. Doctors of the World are currently providing emergency frontline healthcare in Ukraine in some of the most affected parts of the country and have supported refugees in the neighbouring countries of Poland, Slovakia, Romania and Moldova with the provision of direct access to primary healthcare services.

Ukraine's hospitals and health centres have been deeply affected in the last two years. Attacks on medical facilities, rising costs and damage to roads, power lines and infrastructure substantially impact people's ability to safely access care.

Direct health services are being provided by our Mobile Units in Kyiv, Chernihiv, Zaporizhzhia, Chernivtsi, Dnipro, Vinnytsia, Kharkiv and Odessa Oblasts. Mobile Units work in shelters and Health Facilities in remote areas provide consultations, medication, and referrals to specialized care to vulnerable populations, including internally displaced people, people with disabilities, elderly people, and children.



Our psychologists work as part of Mobile Units, conducting group and individual mental health consultations, alongside their medical care colleagues. As the conflict continues and the need grows, we have expanded our mental health services and are also providing online sessions to enable us to support more people alongside those who are much harder to reach face to face. We are also training Ukrainian health workers to ensure that we can increase the number and reach of much-needed mental health services in conflict-affected areas.

Our efforts in Ukraine continue to focus on addressing urgent health needs, maintaining capacity and ensuring our patients and humanitarian workers are safe from missile strikes, gliding bombs and short-range combat.

GAZA AND WEST BANK

Médecins du Monde has been operational for over 20 years in Gaza and West Bank providing mainly mental health support and primary health care to communities. This long-standing relationship has allowed our teams to scale up when needed and respond to the displaced populations affected by the conflict, which started 7th October 2023.

We increased our response to the immediate needs in mental health support and provision of medical items for the remaining semi-functioning health structures that remain in Occupied Palestinian Territories (OPT). These services included increase direct support to:

Mental Health and Psycho-Social Support (MHPSS) through individual counselling, awareness sessions, psychoeducation, stress management sessions and recreational activities.

Protection through awareness sessions, individual counselling and referral. The services were initially provided at Al-Qadisiya MHPSS unit at Al-Qadisiya IDP (Internally Displaced People) camps in West Khan Younis Governorate expanding the population to almost 100,000 living in desperate circumstances. These though were relocated many times due to the forced displacement on the civilian population by Israeli forces.

Medical Supplies were procured through local supply routes for health structures inside Gaza.

During 2024, we provided 1,104 MHPSS consultations, of which a vast majority (87%) were to women and children.

One often neglected area of support is to ensure the wellbeing of humanitarian staff working tirelessly in the field providing these services. We have clearly seen the need to provide psychosocial support to all humanitarian staff who are responding, both medical and mental health, as we must not forget that they are themselves war victims who have had to abandon their homes along with their families and have suffered material and human losses, while continuing to carry out their work caring for others. We ensured that they also could receive such support as part of the ongoing services.

During our response in Gaza & West Bank, the Israeli blockade on aid deliveries, as the lack of medical supplies, equipment and fuel for generators makes it increasingly difficult, to carry out our response. Unfortunately, there is little NGOs can do to mitigate or prevent these restrictions, in this highly volatile and unpredictable environment.

In 2024, one of our offices in Gaza City was bombed and destroyed despite its clear identification as a humanitarian facility. We have lost a fellow member of staff. Our teams on the ground have been displaced, often multiple times, and struggle to find shelter and food, like the rest of the civilian population.

Despite these challenges we continue to deliver humanitarian aid through provision of direct services and supplies through six clinics. We have evolved our way of working to become more flexible and agile and follow the movement of displaced civilians in Gaza.





MADAGASCAR

Having been operational in Madagascar since 1986, 2024 saw another project supported by Doctors of the World, this time a more precautionary project with a focus on the imminent threat of an expanding cholera outbreak. These preventive measures are incredibly important and more impactful in saving lives than responding to established outbreaks.

On the 2nd of February 2024 an outbreak was declared by the Ministry of Health of the Comoros islands, located a few hundred miles from Madagascar North-West. Madagascar had seen the last cholera outbreak in 2007 and is now the only remaining country of the Mozambique canal not being hit by cholera. The spread of this disease without adequate level of preparation could lead to unnecessary deaths and has the potential to overwhelm local health structures. The health system in Madagascar has little capacity to prepare and respond to infectious disease epidemics, a cholera outbreak was considered imminent and inevitably would have led to serious consequences in a vulnerable population including deaths on a large scale.

Madagascar is one of the three countries in the world with the least access to safe drinking water including access to a basic water supply, only 27% of the country population has access to soap and water at home. Over 50% of all health structures do not have an improved water source, and only 60% have access to hygienic latrines. 80% of people drink water contaminated with Escherichia coli (E. coli), i.e. faecal matter (MICS 2018), 80% of people do not have access to adequate basic sanitation; in particular, 40% practice open defecation. Currently, 14% of children under 5 years suffer from acute watery diarrhoea, and more than 70% of medical consultations are due to water-related illnesses. All of these clearly indicated that Madagascar is a high risk of an outbreak and would not be able to respond in time.

Doctors of the World staff trained 44 health staff (including cholera diagnosis and case management) in the most vulnerable and affected 3 regions. Support was also provided to prepare 3 health structures to equip them to face cholera epidemics. A full programme of community sensitization to develop awareness activities regarding cholera (recognize the cholera signs and acquire prevention measures, dead body management to prevent further infections, etc). We also prepared the humanitarian community through the UN humanitarian coordination platforms especially Health and Water, Sanitation and Hygiene (WASH).

Where such preparedness was not possible, direct support from Doctors of the World UK allowed us to undertake all of the above activities, to be in a position to respond in the event of an outbreak and minimise the impacts.

Since 2020, Madagascar has been facing the worst drought in 40 years, plunging the country into a major food crisis. Added to this is the lack of health infrastructure, which deprives the population of access to a minimum level of care to deal with illnesses such as acute watery diarrhoea, respiratory infections, fever and malaria. Doctors of the World has been working there since 1986, with programs offering sexual and reproductive health services, pediatric surgery, medical support to sex workers, and emergency health responses.

OUR ORGANISATION

Overview

Doctors of the World UK is a registered charity in England and Wales and part of the Médecins du Monde international network. It is an independent organisation that shares the values and principles of the Médecins du Monde network. We benefit from the technical and financial support being part of a wider network provides, as well as being able to support our network colleagues in resourcing international operations and advising on international governance.

The charity Doctors of the World UK is a company limited by guarantee (1997) and governed by its Memorandum of Articles. The directors of the company are also trustees for the purposes of charity law and meet every six weeks to review the activities and strategic plans of Doctors of the World UK, and to receive and consider financial updates and forecasts.

The day-to-day management of the organisation is delegated to the Executive Director who is responsible for executing the strategic and operational plans agreed by the trustees.

A Senior Management Team meets weekly. It is responsible for delivery of the organisation's strategy and policies.

Executive Director
Simon Tyler

Head of Finance
Britto Bernadet
(Departed 30th June 2024)

Head of Finance
Olga Zakharenko
(Appointed 12th July 2024)

Head of Services
Amardeep Kamboz

Head of Policy and Advocacy
Anna Miller

Head of Fundraising and Communications
Kate Delaney
(Departed 3rd January 2025)

Associate Director of Research
Lucy Jones
(Departed 5th February 2025)

Trustees

By the end of 2024, the number of trustees had increased to 9 (from 8 in 2023) with retirement of two and recruitment of three new trustees.

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK. The trustees are covered by an indemnity insurance policy, which is renewed annually.

Trustees are recruited to ensure a spread of relevant skills across the Board which is guided by an annual skills audit to identify additional needs the charity and Board might require. All trustee roles are advertised and appointed via an open and transparent process including an interview. Applications are treated equally. The aim is to have a Board that is balanced in terms of diversity and includes people with the skill sets the charity needs.

These include medical field experience, senior leadership in UK public health, financial management, marketing/public relations, fundraising, legal/compliance and lived experience.

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities, the last such benchmarking exercise being completed in late 2023 and implemented in early 2024 resulting in a revised pay structure and grid. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook and relevant Reward Policy.

The overall goal of the charity's pay policy is to offer fair pay to attract and retain appropriately qualified staff to lead, manage, support and/or deliver the charity's aims. The scales are reviewed annually by the Board, who consider cost of living and other external factors also in setting proposed salary increases.

Future plans

We annually review our aims, objectives, and activities as part of a strategic and budget planning process. This review looks at what we achieved and the outcomes of our work in the previous 12 months.

This critical review also looks at the success of each key activity and the benefits it has delivered to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused and enable us to deliver our strategic objectives in the most efficient way possible.

In response to the outcomes of this process, Doctors of the World is evolving to meet the needs of our service users. We no longer remain focused on fixed static clinics as a way of service delivery and have moved on in our strategic ambition to become more responsive and flexible in our service delivery approach. This will be embedded in our new 2026 – 2028 Strategic Plan which we will start working in mid-2025.

As part of this shift, we plan to grow our mobile clinic services, delivered in partnership with trusted local organisations, to reach people in their communities, build stronger relationships with those most at risk of exclusion, and take an iterative and evaluative approach to what and how we deliver as we continue to better understand needs. We also intend to explore the impact of rights-based education with communities and to whether this is a modality we should expand. These changes will help us deliver more sustainable, accessible, and impactful support – and ensure we remain responsive to the evolving needs of the people we serve.

Furthermore, we are investing in the expansion of our Adviceline to improve its reach and accessibility, helping more people to overcome barriers and claim their right to healthcare.

Our advocacy and campaigning work continue to focus on strengthening the healthcare rights of those who are systematically and intentionally excluded from NHS services, using evidence and data from our services to challenge the NHS Migrant Charging Policy. We will also work to ensure that our patients and the UK medical sector have a strong voice in debates around immigration and asylum policy.

Internationally, we have forged agreements within the Medecins du Monde Network to grow our support for international operations by the inclusion of specific positions in the UK office to provide resources for emergencies and longer-term health-based projects. Considering the MDM Network works in 71 countries globally, this is seen as a significant step towards Doctors of the World becoming a more proactive member of the Network.

Volunteers

Our ability to secure essential care for people in vulnerable circumstances depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics, run our adviceline and casework services, and help run our administrative office. Overseas, we depend upon the skills, dedication, and determination of a broad range of volunteers to deliver network initiatives. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that medical care is available to those who need it most.

Fundraising approach

Our volunteers and frontline staff make such a difference to people's lives because of their expertise and empathy. We want all our professional relationships to emulate their warmth and support, and that informs our fundraising approach.

We foster a personable and competent fundraising team, who build strong and enduring relationships with our supporters, so that their involvement with Doctors of the World UK continues to evolve and strengthen.

We remain committed to using the money from our donors and fundraisers in the wisest and most ethical ways; and are happy that our voluntary income streams deliver a good return on investment.

Our policies and approach to fundraising standards are outlined below:

- We are registered with the Fundraising Regulator and are committed to complying with the regulator's Fundraising Promise and the Code of Fundraising Practice.
- We have a policy to protect vulnerable people, and we insist on checking the policies of our suppliers as part of any tender process.
- We give our supporters the opportunity to opt out of further contact as part of every approach for a donation.
- We do not share or sell data.

In 2024, we remained registered with the Fundraising Regulator, adhering to their Code of Fundraising Practice. We had no instances of non-compliance with the code during the year. Our Supporter Care team responded to all queries. There were no complaints concerning our fundraising activities. We would take any complaints very seriously and use them to improve both our service and performance for the future.

Lastly and most importantly, at the forefront of our minds is that all our work simply would not be possible without our supporters, donors, partners, volunteers, and fundraisers.

Grant making policy

By being a member of the Médecins du Monde International Network, part of our charitable activity is to provide grants to colleagues within the network to facilitate their implementing programmes that meet our objectives, often emergency humanitarian interventions. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity. In 2024 the chapters we supported were France, Spain and Greece.

FINANCIAL REVIEW & HIGHLIGHTS

Overview

Total incoming resources for the year amounted to £1,708,937 (2023: £1,247,661), representing a year-on-year increase of £461,276 (27%). This growth was primarily driven by increased income from international activities.

Of the total income, restricted income accounted for £1,013,157 (2023: £570,538), while unrestricted income was £695,780 (2023: £677,123). Gifts in kind were valued at £48,943 in 2024, compared to £114,744 in the previous year.

Total expenditure for the year was £1,726,332 (2023: £1,457,547), marking a 16% increase. Of this, £1,537,401 was spent on charitable activities (2023: £1,309,917). Other costs, including fundraising and a proportion of overheads, amounted to £188,931 (2023: £147,630).

Grants to Médecins du Monde chapters totalled £579,323 (2023: £87,797), an increase of £491,526 or 85%. This was due to a renewed effort by Doctors of the World UK to support our international colleagues responding to humanitarian emergencies globally.

A detailed breakdown of income and expenditure is provided in the Statement of Financial Activities (SOFA) and the accompanying Notes to the Accounts, outlining the areas of activity and related costs.

We successfully met our fundraising target for the year, ensuring sufficient unrestricted reserves to protect the charity's financial sustainability.

Looking ahead, a strengthened Senior Management Team has undertaken a thorough review of operational models, leading to streamlined expenditure. These changes are aimed at ensuring balanced budgets for 2025 and beyond.

The Board of Trustees regularly reviews organisational risks, including financial risks, and ensures that reserves are maintained at an appropriate level to sustain core activities. Financial performance is closely monitored through six-weekly reviews of financial reports, including comparisons against the most recent budget forecasts. The Finance and Fundraising sub-committee play a key role in tracking income and expenditure.

Income sources have remained reliable and in line with forecasts. Based on the assumptions underpinning the 2025 budget, the financial statements have been prepared on a going concern basis.

Reserves policy

At 31 December 2024, the total reserves amounted to £312,310 (2023: £329,705) of which £204,707 (2023: £179,124) were unrestricted. This is a significant uplift by 25%.

Restricted reserves represent the amount paid by donors to undertake specific programmes, which were recognised in the financial year under review. Doctors of the World UK does not carry any designated funds. £204,706 unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management as well as being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that our organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level, which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties. At the end of 2024, the unrestricted reserve represented 3.03 months of budgeted costs (2023: 3.01 months).

The Board of Trustees meet every six weeks via the established Finance and Fundraising group and Audit and Risk group to review financial risk to ensure the ongoing financial health of the charity.

Risk management

At Doctors of the World, we manage identified risk through the use of our risk register, this allows us to regularly review the risk exposure and consider the likelihood and impact any such risk might have on the organisation, staff, service users, trustees and other stakeholders as well as on our own reputation. It also allows us to mitigate such risk by adopting relevant systems and procedures.

Risk assessments are carried out continuously by the senior management team and the risk register is regularly reviewed by the Audit & Risk sub-committee and by the Board of Trustees quarterly. Key risks identified and included on the organisational risk register with the perceived highest potential impact are summarised in Table 1.

Table 1: Key organisational risks with highest potential impact under regular review

PRINCIPLE RISKS & UNCERTAINTIES	MITIGATION
Unrestricted income does not cover overhead costs	• Annual budgets are set with unrestricted income targets. • Budgets undergo regular review and if necessary, revision. • Fundraising team monitors the progress weekly and reports into the Senior Management Team. • Small deficits can be met from existing reserves to the extent that such reserves are sufficient. • Finance and fundraising sub-committee regularly review and offers advice/recommendations on these issues.
Critical incident in programme delivery caused by clinical negligence	• The organisation is registered, compliant and reviewed by the CQC. • The UK Clinic Manager is a registered manager with the CQC. • The organisation has a Clinical Lead Board member with responsibility for Safety and Quality. • Insurance in place to react to the various risks involved in this activity. Quarterly Safety and Quality meetings provide oversight and report to the board. • Staff and volunteers are trained, supported and regularly supervised. • The organisation has a safeguarding and clinical governance policy which is available in the clinic. • Each clinic session ends with an all staff/volunteer debrief to identify any issues to follow-up. • Updated Local Security Plans are in place and observed by all staff. • Assess the risk to staff members as a group and individually. • Daily/regular updates to all staff as necessary.
Data breach/loss of personal data through cyber theft	• Use of up-to-date cloud-based software. • Ensure all MS Office applications are up to date. • Strong policies in place re use of email and IT. Ensure all staff and trustees use official DotW emails and do not share files online through email. • Risk register is routinely checked. • IT Consultant updated monthly on potential threats. • Ensure staff, trustees and volunteers follow IT and data protection policies. • Ensure business continuity plan (mandatory) and cyber insurance are considered.
Failure to deliver quality programmes in line with statutory donor requirements	• Ensuring all budgets include adequate funding for all required internal staff costs and that budget lines are not amended during project without approval by Heads of team. • DOTW submits regular reports to donors and updates on any changes. MoUs in place are realistic and achievable. • All contracts are reviewed by Finance to review assess financial risks. • Ensure adequate recruitment is in place or is achievable.

ACKNOWLEDGEMENT OF SUPPORT

We'd like to thank all the donors who helped us in 2024 and whose ongoing support makes it possible for us to continue to provide access to healthcare for people in vulnerable situations, both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The trustees (who are also directors of Doctors of the World UK 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 affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for the year.

In preparing these financial statements, the trustees are required to:

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

The trustees are responsible for keeping adequate accounting records that 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.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware;
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approval

This report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. It was approved by the Board of Directors and Trustees on 17 June 2025 and signed on its behalf by:



Dr James Elston
President

INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Doctors of the World UK's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or

- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, 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, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
  - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
  - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

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



Noelia Serrano
(Senior statutory auditor)

Date 04 August 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating an income and expenditure account) For the year ended 31 December 2024

	Note	Unrestricted £	Restricted £	**2024 Total £**	Unrestricted £	Restricted £	2023 Total £
Income from:							
Donations and legacies	2	**520,400**	**–**	**520,400**	390,663	–	390,663
Charitable activities							
International actions	3	**–**	**600,702**	**600,702**	–	97,532	97,532
National actions	3	**175,380**	**412,455**	**587,835**	286,460	473,006	759,466
Total income		**695,780**	**1,013,157**	**1,708,937**	677,123	570,538	1,247,661
Expenditure on:							
Raising funds	4	**188,931**	**–**	**188,931**	147,630	–	147,630
Charitable activities							
International actions	4	**134,422**	**602,702**	**737,124**	19,323	87,797	107,120
National actions	4	**312,372**	**487,905**	**800,277**	704,572	498,225	1,202,797
Total expenditure		**635,725**	**1,090,607**	**1,726,332**	871,524	586,023	1,457,547
Net expenditure before transfers	6	**60,055**	**(77,450)**	**(17,395)**	(194,401)	(15,485)	(209,886)
Transfers between funds		**–**	**–**	–	29,184	(29,184)	–
Net outgoing resources and net movement in funds		**60,055**	**(77,450)**	**(17,395)**	(165,217)	(44,669)	(209,886)
Reconciliation of funds:							
Total funds brought forward		**179,124**	**150,581**	**329,705**	344,341	195,250	539,591
Total funds carried forward		**239,179**	**73,131**	**312,310**	179,124	150,581	329,705

All the above results are derived from continuing activities. There were no other recognised gains and losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements,

BALANCE SHEET

Company no: 3483008 / As at 31 December 2024

	Note	£	2024 £	£	2023 £
Fixed assets:					
Tangible assets	11		**34,473**		49,661
			34,473		49,661
Current assets:					
Stock	12	**1,502**		1,779	
Debtors	13	**71,258**		102,940	
Cash at bank and in hand		**604,250**		383,986	
		677,010		488,705	
Liabilities:					
Creditors: amounts falling due within one year	14	**399,173**		280,661	
Net current assets			**277,837**		280,044
Total net assets	15		**312,310**		329,705
The funds of the charity:					
Restricted income funds	16		**73,131**		150,581
Unrestricted income funds	16		**239,179**		179,124
Total charity funds			**312,310**		329,705

Approved by the trustees on 17 June 2025 and signed on their behalf by:



Dr James Elston
President

STATEMENT OF CASH FLOWS

For the year ended 31 December 2024

	Note	£	2024 £	£	2023 £
Cash flows from operating activities					
Net cash provided by/(used in) operating activities	17		**220,264**		48,689
Cash flows from investing activities					
Purchase of fixed assets		–		(1,399)	
Net cash used in investing activities			–		(1,399)
Change in cash and cash equivalents in the year			**220,264**		47,290
Cash and cash equivalents at the beginning of the year			**383,986**		336,697
Cash and cash equivalents at the end of the year			**604,250**		383,986

NOTES

1 ACCOUNTING POLICIES

a) General information

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is The People's Place, 80-92 High Street London, E15 2NE.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the likelihood of renewal of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) 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.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income includes associated gift aid tax reclaims.

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

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

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

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

j) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

Costs of raising funds relate to the costs incurred by the charitable company in encouraging third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.

Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

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

NOTES

1 ACCOUNTING POLICIES (CONTINUED)

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity:

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

l) Grants payable

Grants payable are made to third parties in furtherance of the charity's objectives. Single or multi- year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

m) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate prevailing at the date of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year.

n) Tangible fixed assets

Purchases are capitalised as fixed assets where the price exceeds £350. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- Computer equipment 4 years
- Fixtures and fittings 5 years
- Motor Vehicle 7 years

Restricted fixed assets are initially recognised within restricted funds. Following completion of the programme the asset and any associated depreciation are derecognised and transferred into unrestricted funds.

o) Stocks

Stocks are stated at the lower of cost and net realisable value. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash in bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

s) Pensions

The charity provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the charity contributes 6% of salary.

t) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of financial activities on a straight line basis over the minimum lease term.

NOTES

2a INCOME FROM DONATIONS AND LEGACIES (CURRENT YEAR)

	2024 Total £
Functioning grants from Médecins du Monde France	166,008
Other donations and gifts	354,392
	520,400

2b INCOME FROM DONATIONS AND LEGACIES (PRIOR YEAR)

	2023 Total £
Functioning grants from Médecins du Monde France	85,107
Other donations and gifts	305,556
	390,663

All income in both 2024 and 2023 is unrestricted.

Other donations and gifts include pro-bono legal advice in 2024 £14,800 (2023: £18,182) and the provision of rent-free offices by Canary Wharf Management to the value of £55,517 in 2023 (2024: nil).

NOTES

3 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted	Restricted	**2024 Total**	2023 Total
	£	£	**£**	£
Africa Advocacy Foundation	–	19,707	**19,707**	–
Allen and Overy Foundation	–	10,000	**10,000**	–
James Tudor Foundation	–	8,000	**8,000**	–
Médecins Sans Frontières	–	43,206	**43,206**	–
DISRUPT Foundation	–	34,800	**34,800**	–
NHS North East London ICB	–	34,196	**34,196**	–
London Borough of Enfield	–	–	**–**	12,500
Trust for London		18,750	**18,750**	37,700
Tolkien Trust	80,000	–	**80,000**	80,000
Paul Hamlyn Foundation		54,424	**54,424**	53,309
National Lottery	–	80,471	**80,471**	32,905
The British Red Cross	–	–	**–**	14,330
The Metro Centre Ltd and Spectre CIC	–	–	**–**	21,014
University College London	–	–	**–**	26,643
The Big Give Trust	15,469	–	**15,469**	12,600
The Fyrish Foundation	–	–	**–**	20,000
Swire Charitable Trust	–	–	**–**	22,500
City Bridge Trust	3,000	50,000	**53,000**	60,230
Pickwell Foundation	10,000	–	**10,000**	10,000
MDM Network – Observatory Project	–	–	**–**	21,731
Metropolitan Housing Trust	–	–	**–**	21,667
AB Charitable Trust	30,000	3,610	**33,610**	33,000
Blue Thread	–	–	**–**	27,000
Other income from National Actions	36,911	55,292	**92,203**	252,338
Sub–total for National Actions	**175,380**	**412,455**	**587,835**	**759,466**
Choose Love	–	120,629	**120,629**	67,205
Muslim Charity	–	63,658	**63,658**	13,969
Ukraine Donation	–	20,000	**20,000**	16,358
START Network	–	396,415	**396,415**	–
Sub–total for International Actions	–	600,702	**600,702**	97,532
Total income from charitable activities	175,380	1,013,157	**1,188,537**	856,998

Other income from National Actions includes the donation of volunteer time and programme expenses for clinic and caseworker activities to the value of £34,143 (2023: £163,787).

4c ANALYSIS OF EXPENDITURE (CURRENT YEAR)

		Charitable activities				
	Cost of raising funds	International actions	National actions	Governance costs	Support costs	**2024 Total**
	£	£	£	£	£	**£**
Staff costs (Note 7)	100,676	23,378	480,165	29,925	148,771	**782,915**
Fundraising and publicity costs	49,376	–	–	–	–	**49,376**
Direct activity costs	4,426	–	174,174	–	–	**178,600**
Grant funding (Note 5)	–	579,324	–	–	–	**579,324**
Other costs	–	–	–	19,391	116,726	**136,117**
	154,478	602,702	654,339	49,316	265,497	**1,726,332**
Support costs	29,056	113,364	123,077	–	(265,497)	**–**
Governance costs	5,397	21,057	22,861	(49,316)	–	**–**
Total expenditure 2020	**188,931**	**737,124**	**800,277**	**–**	**–**	**1,726,332**

Of the total expenditure, £635,725 was unrestricted and £1,090,607 was restricted.

4b ANALYSIS OF EXPENDITURE (PRIOR YEAR)

		Charitable activities				
	Cost of raising funds	International actions	National actions	Governance costs	Support costs	**2023 Total**
	£	£	£	£	£	**£**
Staff costs (Note 7)	58,402	–	620,276	27,226	36,370	**742,274**
Fundraising and publicity costs	45,844	–	–	–	–	**45,844**
Direct activity costs	16,754	–	365,553	–	–	**382,307**
Grant funding (Note 5)	–	87,797	–	–	–	**87,797**
Other costs	–	–	–	18,290	181,035	**199,325**
	120,999	87,797	985,830	45,516	217,405	**1,457,547**
Support costs	22,020	15,978	179,407	–	(217,405)	**–**
Governance costs	4,610	3,345	37,561	(45,516)	–	**–**
Total expenditure 2020	**147,629**	**107,120**	**1,202,798**	**–**	**–**	**1,457,547**

Of the total expenditure, £871,524 was unrestricted and £586,023 was restricted.

NOTES

5 GRANT MAKING

	Grants to institutions	**2024**	2023
	£	**£**	£
Cost			
Médecins du Monde – France	432,0507	**432,056**	75,828
Médecins du Monde – Canada	133,268	**133,268**	11,969
Médecins du Monde – Germany	14,000	**14,000**	–
At the end of the year	579,324	**579,323**	87,797

6 NET EXPENDITURE BEFORE TRANSFERS FOR THE YEAR

This is stated after charging / crediting:

	2024	2023
Depreciation	**15,187**	33,250
Operating lease rentals:	**8,174**	15,024
Auditor's remuneration (excluding VAT):	**10,550**	13,717
Foreign exchange loss / (gain)	**45**	530

NOTES

7 ANALYSIS OF STAFF COSTS, TRUSTEE REMUNERATION AND EXPENSES, AND THE COST OF KEY MANAGEMENT PERSONNEL

Staff costs were as follows:

	2024	2023
	£	£
Salaries and wages	684,856	662,047
Social security costs	58,722	45,426
Employer's contribution to defined contribution pension schemes	39,337	34,801
	782,915	742,274

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2024	2023
£70,000 – £79,999	**1**	1

The total employee benefits of the key management personnel were £344,383 (2023: £286,570).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Trustees' expenses represent the payment or reimbursement of travel and subsistence costs totalling £1,714 (2023: £239)

8 STAFF NUMBERS

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2024	2023
	No.	No.
International actions	**0.3**	0.1
National actions	**12.0**	9.9
Fundraising and Communications	**2.6**	2.9
Office management and admin	**3.3**	3.1
Total headcount	**18.2**	16.0

NOTES

9 RELATED PARTY TRANSACTIONS

There were no related party transactions during the year (2023: nil)

10 TAXATION

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 TANGIBLE FIXED ASSETS

	Fixtures and fittings	Computer equipment	Motor Vehicle	**Total**
	£	£	£	**£**
Cost or valuation				
At the start of the year	3,208	53,782	136,142	**193,132**
Disposals in year	–	–	–	**–**
At the end of the year	3,208	53,782	136,142	**193,132**
Depreciation				
At the start of the year	2,888	46,820	93,764	**143,472**
Charge for the year	320	4,696	10,171	**15,187**
Disposals in year	–	–	–	**–**
At the end of the year	3,208	51,516	103,935	**158,659**
Net book value				
At the end of the year	–	2,266	32,207	**34,473**
At the start of the year	320	6,963	42,378	**49,661**

12 STOCK

	2024	2023
	£	£
Medical supplies		
	1,502	1,779

NOTES

13 DEBTORS

	2024	2023
	£	£
Other debtors	**45,811**	37,429
Prepayments	**25,447**	32,869
Accrued income	**–**	32,642
	71,258	102,940

14 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	**39,786**	69,030
Taxation and social security	**18,164**	16,007
Other creditors	**10,473**	4,307
Accruals	**330,750**	119,317
	399,173	208,661

15a ANALYSIS OF NET ASSETS BETWEEN FUNDS (CURRENT YEAR)

	General unrestricted	Restricted	**Total funds**
	£	£	**£**
Tangible fixed assets	34,473	–	**34,473**
Net current assets	204,706	73,131	**277,837**
Net assets at the end of the year	**239,179**	**73,131**	**312,310**

15b ANALYSIS OF NET ASSETS BETWEEN FUNDS (PRIOR YEAR)

	General unrestricted	Restricted	**Total funds**
	£	£	**£**
Tangible fixed assets	5,258	44,403	**49,661**
Net current assets	173,865	106,179	**280,044**
Net assets at the end of the year	**179,124**	**150,581**	**329,705**

NOTES

16a MOVEMENTS IN FUNDS (CURRENT YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	**At the end of the year**
	£	£	£	£	**£**
Restricted funds:					
National actions					
London Clinic					
City Bridge Trust	–	50,000	(50,000)	–	**–**
National Lottery	2,240	52,300	(50,871)	–	**3,669**
Volunteer donations in kind	–	34,143	(34,143)	–	**–**
Other restricted donations and grants	–	23,000	(23,000)	–	**–**
Migrant Health Project					
MSF	–	43,206	(43,206)	–	**–**
NEL RAS Outreach Service					
NHS North East London ICB	–	34,196	(34,196)	–	**–**
HIV Screening Clinics					
Africa Advocacy Project	–	19,707	(12,416)	–	**7,291**
Mobile Clinic Vehicle	17,022	–	(11,155)	–	**5,867**
Mobile Clinic Vehicle					
Tolkien	43,893	–	(10,171)	–	**33,722**
Safer Surgeries Project (National Advocacy)					
Paul Hamlyn Foundation	14,000	54,424	(55,595)	–	**12,829**
National Lottery	–	18,444	(18,444)	–	**0**
Right to Care (Experts by experience)					
Trust for London	11,977	18,750	(30,727)	–	**–**
Disrupt	–	29,800	(29,800)	–	**–**
Other restricted funds	–	2,815	(2,815)	–	**–**
Policy & Advocacy – General	59,448	16,333	(68,370)	–	**7,411**
National Lottery	–	9,727	(9,727)	–	**–**
Other restricted donations	–	5,610	(3,270)	–	**2,340**
International actions					
Gaza Emergency Response project	2,000	184,287	(186,287)	–	**–**
Ukraine Donation	–	20,000	(20,000)	–	**–**
Madagascar Cyclone Preparedness	–	396,415	(396,415)	–	**–**
Total restricted funds	150,581	1,013,157	(1,090,607)	–	**73,131**
Unrestricted funds:					
General funds	179,124	695,780	(635,725)	–	**239,179**
Total unrestricted funds	179,124	695,780	(635,725)	–	**239,179**
Total funds	329,705	1,708,937	(1,726,332)	–	**312,310**

16a MOVEMENTS IN FUNDS (PRIOR YEAR)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	**At the end of the year**
	£	£	£	£	**£**
Restricted funds:					
National actions					
London Clinics					
Volunteer donations in kind	–	163,793	(163,793)	–	**–**
Other restricted donations and grants	–	66,230	(66,230)	–	**–**
British Red Cross Society	–	14,330	(14,513)	183	**–**
Right to Care & GLA Project					
Trust for London	33,720	37,700	(59,442)	–	**11,977**
Mobile Clinic – Outreach					
Other restricted donations and grants	–	21,014	(10,344)	(10,670)	
Mobile Clinic – Vehicle	22,000	–	(4,979)	–	**17,022**
MdM Network Observatory Report	–	21,731	(20,976)	(755)	**–**
Safer Surgeries Project					
Paul Hamlyn Foundation	2,863	53,309	(42,172)	–	**14,000**
Clinical Commissioning Groups	4,810	–	–	(4,810)	**–**
Joseph Roundtree Charitable Trust	6,597	–	(7,171)	574	**–**
Policy & Advocacy – General	65,224	54,667	(60,443)	–	**59,448**
Big Lottery	–	32,905	(30,664)	–	**2,240**
Tolkien	54,064	–	(10,171)	–	**43,893**
Other restricted donations	–	7,328	(7,328)	–	**–**
International actions					
Gaza Appeal	–	13,969	(11,969)	–	2,000
Yemen	–	67,205	(64,378)	(2,827)	**–**
Mozambique Appeal	–	16,358	(11,451)	(4,907)	**–**
Refugee Appeals	920	–	–	(920)	**–**
Global Clinic Crowdfunder	5,052	–	–	(5,052)	**–**
Total restricted funds	195,250	570,538	(586,023)	(29,184)	**150,581**
Unrestricted funds:					
General funds	344,341	677,123	(871,524)	29,184	**179,124**
Total unrestricted funds	344,341	677,123	(871,524)	29,184	**179,124**
Total funds	539,591	1,247,661	(1,457,547)	–	**329,706**

NOTES

NATIONAL ACTIONS

The fund for national actions is established based on restricted donations to further our work in the UK, primarily in support of our London clinic and other national programmes.

- **London Clinic**
  Providing direct support to asylum seekers and migrants who are currently excluded from accessing healthcare.
- **Migrant Health Project**
  In partnership with Medecins sans Frontières, supporting incidental operational costs incurred in providing healthcare to asylum seekers in Essex.
- **NEL RAS Outreach Service**
  Support for direct service provision for health screening and GP registration for Asylum Seekers in NE London through the North East London Integrated Care Board.
- **HIV Screening Clinics**
  In partnership with Africa Advocacy Foundation through Southwark Local authority to provide HIV screening and sexual health support.
- **Policy & Advocacy (General)**
  This fund comprises funds received to support national policy and advocacy work to strengthen the right to health in the UK.
- **Safer Surgeries Project**
  This fund comprises funds received to support production of health rights resources and the provision of training for NHS primary care services.
- **Right to Care (Experts by experience)**
  This fund comprises funds received to coordinate and oversee the work of Doctors of the World UK's expert by experience group.
- **Mobile clinic vehicle**
  This fund comprises restricted income received for the purchase of a vehicle to support the delivery of outreach and clinical services. The cost of the van was capitalised, and the associated depreciation is charged annually to this fund in line with the organisation's depreciation policy.

INTERNATIONAL ACTIONS

The fund for international actions is established upon grants received by Doctors of the World UK for projects implemented by MDM France, MDM Greece and MDM Spain outside the UK.

- **Gaza Emergency Response project**
  Support via Muslim Charity and Choose Love to purchase medical supplies and provide direct primary healthcare and mental health and psycho social care services to those displaced in Gaza and West Bank, Occupied Palestinian Territories.
- **Ukraine Donation**
  Individual giving one off donation made directly to support our work in Ukraine.
- **Madagascar Cyclone Preparedness**
  Supported by the START Network, to enable our teams in Madagascar to prepare for upcoming cyclone season by pre-positioning medical supplies in the event of a disease outbreak, namely cholera.

NOTES

17 RECONCILIATION OF NET (EXPENDITURE) / INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024	2023
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	**(17,395)**	(209,886)
Depreciation charges	**15,187**	33,250
Increase in stocks	**276**	1,000
Increase in debtors	**31,683**	130,127
Decrease in creditors	**190,512**	94,197
Net cash used in operating activities	**220,264**	48,688

18 LEGAL STATUS OF THE CHARITY

The charity is a company limited by guarantee and has no share capital.

The liability of each member in the event of winding up is limited to £1.

19 OPERATING LEASE COMMITMENTS

The charity's total future minimum lease payments under non–cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2024	2023	**2024**	2023
	£	£	**£**	£
Less than one year	**7,324**	17,089	**850**	3,267
One to five years	**–**	–	**–**	–
	7,324	17,089	**850**	3,267

20 CONTROLLING PARTY

There is no single ultimate controlling party.


MÉDECINS
DU MONDE



DOCTORS OF THE WORLD UK
A registered charity and company Limited by Guarantee
Company number: 3483008 • Charity number: 1067406