

WORLD CHILD CANCER UK

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

WORLD CHILD CANCER UK

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WORLD CHILD CANCER UK

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS FOR THE YEAR ENDED 31 DECEMBER 2015

Trustees

Corporate trustee - World Child Cancer Trustees, whose Directors are:

Anu Vedi, CBE, ACA, MCIH

David Henderson, MA (Hons)

Professor MD Olle Bjork

Louise Soanes, RGN/RSCN, BSc, MSc

Dr Janice Kohler, FRCPCH

Nicola Bishop

James King, DipPFS

Professor Kathy Pritchard-Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci

John Perry, MA Cantab

Charity registered number

1084729

Principal operating office

17 Rudolf Place, London, SW8 1RP

Independent auditor

Crowe Clark Whitehill LLP, 10 Palace Avenue, Maidstone, Kent, ME15 6NF

Bankers

C Hoare & Co, 37 Fleet Street, London, EC4P 4DQ

Solicitors

Bates Wells & Braithwaite LLP, 2-6 Cannon Street, London, EC4M 6YH

WORLD CHILD CANCER UK

CHAIRMAN'S AND CHIEF EXECUTIVE'S STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2015

2015 has been an exceptional year for World Child Cancer and we have expanded our work in a number of different ways. Our direct project costs rose over the year by 50% as our programmes grow. Our staffing has also grown by 50% as a result of the programme growth and a decision to invest in further fundraising capacity. We are currently supporting eight paediatric oncology programmes in Ghana, Malawi, Cameroon, Bangladesh, Philippines, Myanmar and two regional collaborations in Africa and Central America. Across these programmes we helped provide improved care for almost 4000 children with cancer.

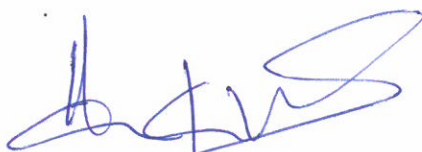
During the year we funded and facilitated twinning partner visits to deliver training, mentoring and support for the local healthcare teams in Bangladesh, Cameroon, Ghana, Malawi, Myanmar and the Philippines. We invested in extending our network of satellite centres, improving infrastructure and securing better access to essential medicines.

Funding from UK government enabled us to recruit our first in-country co-ordinators to support our work and this has brought about a step-change in our ways of working helping us grow the capability and professionalism of our team.

One highlight of the year was Childhood Cancer Awareness Month in September, when teams in Ghana, Bangladesh, Cameroon and the UK supported the 'Go Gold' theme by running, walking and rallying to raise the profile of our work.

We had an outstanding fundraising year. Being selected as a Deutsche Bank charity of the year by was an amazing opportunity. As well as making a significant contribution to our fundraising for the year, we also learnt a lot and made many new friends and supporters. Through an appeal we were able to raise funds to buy two ultrasound machines for our programme in Malawi, helping them improve diagnosis of abdominal tumours.

We would like to thank all our donors, volunteers, Trustees, and staff for all their amazing efforts during the year. We have much still to do to even the odds for children with cancer in developing countries, and we look forward to your continued support for the coming year.



Anu VEDI CBE
Chairman

Date:



Jon Rosser
Chief Executive

Date:

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

The Trustee presents their annual report together with the audited financial statements of World Child Cancer UK (the charity) for the period ended 31 December 2015. The Trustees confirm that the annual report and financial statements of the charity comply with the Charities Act 2011, the requirements of the charity's governing document and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

World Child Cancer UK is a registered UK charity (No. 1084729) in England and Wales. Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

The Problem of Child Cancer in Low and Middle Income Countries

The diagnosis of cancer in a child is life-changing for them and their family. It's even more heart-breaking in low-middle income countries where the majority of children do not receive a diagnosis, treatment or pain relief. World Child Cancer works to improve diagnosis, treatment and care for some of the world's poorest children facing the frightening ordeal of cancer.

Childhood cancer is highly curable yet in low-middle income countries at least 100,000 children die needlessly every year from the disease – most dying without any effective pain relief. However, this figure is likely to be much higher because there are no accurate records of childhood cancer cases in developing countries and many children are never diagnosed. Poor diagnosis, too few specially trained doctors or nurses and the mistaken belief that childhood cancer is too difficult to cure combine to create very low survival rates. In fact, around 50% of childhood cancers can be cured even within basic health systems with relatively simple and inexpensive procedures which have been known to doctors for decades.

World Child Cancer improves curative and palliative treatment for children with cancer in low-middle income countries by supporting local teams to develop locally appropriate, affordable and sustainable solutions to the problem of childhood cancer in their country.

Why focus on improving care for children with cancer?

We are often asked why we focus on childhood cancer and why it should be a priority? Our answer is that we believe that no child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

The inequality in current care

In the developed world, one of the enormous medical success stories of the last fifty years is the improved chance of survival for children with cancer. This has improved significantly and today 80% of children who develop cancer in this part of the world will survive. In the developing world, the picture is very different and survival rates can be as low as 10%. Thousands of children are dying each year or suffering unnecessarily, when they could be treated or cured. We believe that all children, regardless of where they live, deserve better care.

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Improving access to care

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children. There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness or understanding of cancer in children and a mistaken belief that it isn't curable. Often childhood cancer is not diagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and basic training for front line health workers, we can change this. Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to do this is to 'twin' hospitals in the developed world with local teams in the developing world. This provides a powerful partnership and two-way exchange of knowledge and expertise. It also gives the local team access to resources and techniques which are currently out of their reach. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis; which speed up treatment for children.

Supporting families

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children don't complete their treatment either, as it is often long and expensive; placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family. We believe that families need more support, so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

We can make a difference

Improving childhood cancer survival rates in the developing world is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more as we believe all children, wherever they live, should have an equal right to healthcare so they do not die of a survivable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer.

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Put simply, World Child Cancer does the following:

- Facilitates training for local healthcare staff;
- Covers the costs of twinning partner activities;
- Improves healthcare facilities;
- Pays for additional staffing;
- Improves access to medicines and other much needed resources;
- Supports awareness raising and advocacy campaigns to raise the profile of the inequality in current care;
- Provides practical support for families to help them cope when their child is diagnosed with cancer.

2015 was a tremendous year

World Child Cancer helped 3,911 children and 1,500 healthcare professionals attended training.

Programme highlights of 2015

In 2015, we recruited programme coordinators in Ghana, Bangladesh and Myanmar to strengthen the programmes in those countries. Below are the 2015 highlights of our current programmes.

Bangladesh

Location: Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka

Medical Lead: Professor Afiquel Islam

Twinning Partner Hospitals: UCLH UK & BCCH Vancouver

Programme Start Date: June 2012

- Four Twinning trips have taken place this year, focusing on nursing development and group-work with doctors from Dhaka, Sylhet and Chittagong.
- A local support group was created and has been actively fundraising, providing internal training for the team and opened a playroom at BSMMU for patients.
- A Canadian doctor, one of our twinning partners, has been working closely with the palliative care team at BSMMU, building up the service, ensuring morphine availability and providing training.
- Awareness activities are increasing, with TV / radio interviews, newspaper articles, public rallies and public posters being distributed amongst health centres.
- Several workshops have taken place including one attended by all major centres to start development of National Guidelines for paediatric oncology and regular nurse sessions.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Malawi

Location: Queen Elizabeth Central Hospital (QECH), Blantyre

Medical Lead: Dr George Chagaluka & Professor Elizabeth Molyneux

Twinning Partner Hospitals: RVI Newcastle & VUMC Amsterdam

Project Start Date: January 2009

- George Chagaluka took over as lead of the paediatric oncology unit following Liz Molyneux's departure. He will receive ongoing support from Liz and the team.
- A new five year plan and budget has been developed to provide further support.
- Transport money is provided to all families who need it to return for appointments.
- We have been able to fund 2 ultrasound machines for QECH which will enable faster and more accurate diagnosis and also benefit the other paediatric departments.
- The outcome of patients' is improving over time, with a 20% increase in survival rate over the last 2 years for children with stages 3 and 4 Burkitt lymphoma.
- Support from twinning partners in Amsterdam and the UK remains strong and an important part of the development of the paediatric oncology service in Malawi.

Ghana

Location: Korle Bu Teaching Hospital (KBTH), Accra

Medical Leads: Dr Lorna Renner & Dr Cathy Segbefia

Twinning Partner Hospital: Royal Hospital for Sick Children, Edinburgh

Programme Start Date: November 2010

- Developments have intensified in Kumasi with a parent group branch being opened, regular awareness / fundraising activities and a local donor has renovated the day care.
- Growth has been seen in satellite centres, with three Tamale Teaching Hospital staff (northern region) attending training internships at the hub centre in Accra.
- The Ministry of Health accepted the National Cancer Strategy and this increases the likelihood of support and inclusion of drugs on the Health Insurance Scheme.
- Awareness events have increased in scale; including TV / radio coverage, newspaper articles, posters in health facilities, celebrity ambassadors, training for healthcare reporters and a large community walk attended by 240 people.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Philippines

Location: South Philippines Medical Centre (SPMC), Davao City, Mindanao

Medical Lead: Dr Mae Dolendo

Twinning Partner Hospitals: St Jude, USA & University Hospital Singapore

Programme Start Date: November 2009

- There are now five active satellite centres on the island of Mindanao, increasing the access to care for many children across the region.
- Funding has been identified locally to develop a home from home in Cagayan de Oro, one of the satellite centres. This will enable more children to complete their treatment.
- A new Day Care Centre has been opened at the satellite centre in Cagayan de Oro which includes air conditioning and a safe space for children to receive chemotherapy.
- Dr Mae Dolendo continues to advocate and undertake fundraising campaigns with local donors and institutions to ensure ongoing support for children in the network.
- New hospital spaces are being planned to increase the capacity of the healthcare system in Mindanao to provide appropriate treatment for children with cancer.

Cameroon

Location: Mutengene Baptist Hospital, Bango Baptist Hospital, Mbingo Baptist Hospital

Medical Leads: Dr Francine Kouya / Professor Peter Hesseling

Twinning Partner Hospital: Stellenbosch University / Tygerberg Children's Hospital

Programme Start Date: January 2012

- Nurse Glenn Mbah was appointed as Programme Coordinator and has been actively organising awareness events and traditional healer sensitisation in the community.
- Key members of the team have received focused training in palliative care, nursing and public health. Glenn received the Barack Obama Young African Leadership Award.
- Dr Francine Kouya started her specialist 2 year training in Stellenbosch, South Africa.
- Twinning medical support continues to be provided by Peter Hesseling and Paul Wharin on their twice yearly visits to the country to mentor staff and hold case discussions.
- The team have received a Sanofi Espoir My Child Matters award to implement an early warning signs awareness training programme.

Myanmar

Location: Yangon Children's Hospital, Yangon, Myanmar

Medical Lead: Dr Aye Aye Khaing

Twinning Partner Hospital: Guy's & St Thomas', London & Dana Farber / Boston Children's

Programme Start Date: July 2014

- Two Twinning visits have been made focusing on nursing, diagnosis and solid tumours.
- A local retailer is supporting a nutrition and psycho-social project and children can now access some education in hospital from a local organisation.
- We have funded infrastructure improvements including new sinks for the ward (coinciding with hygiene awareness) and diagnostic equipment for the pathologists.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Collaborative Wilms Tumour Africa Project

Location: Malawi, Ghana, Cameroon, Ethiopia & Zimbabwe

Steering Committee: Dr Israels, Prof Molyneux, Dr Renner, Dr Kouya

Twinning Partner Hospital: VUMC Amsterdam

Programme Start Date: March 2014

- Centres in the collaboration are in Ghana, Malawi, Cameroon, Ethiopia and Zimbabwe.
- Progress is good, with an increase in patients adhering to treatment, less children dying while on treatment and an improved sense of collaboration and support in the region.
- The group have recruited several ambassadors in the paediatric oncology community, have an up-to-date website and have sent out 2 newsletters to supporters.
- Two work meetings have been held; in Accra (Feb) and SIOP Cape Town (Nov).
- The group had strong representation at international meetings and in journals.

Value of voluntary medical aid

Our projects facilitate and leverage valuable voluntary medical aid from our twinning partner hospitals in developed countries and our project teams in developing countries. Twinning partners are experienced paediatric oncology healthcare professionals (doctors, nurses, pharmacists and other experts) from developed countries who donate their time and expertise for free through mentoring and training. The availability of voluntary medical aid ensures that World Child Cancer can achieve sustainable and significant improvements to the treatment of children with cancer in developing countries with relatively low levels of funding and also ensures that our partners receive value for money for their donations.

Looking forward to 2016

In 2016 we will be reviewing our programmes and looking to broaden our focus. Up to now, our primary focus has been on increasing the capacity of our partner hospitals to treat children with cancer – and this will remain absolutely key. In addition, we want to develop our work in a number of crucial ways including:

1. Earlier detection

There is a huge need to improve early detection of childhood cancer and get those affected to the appropriate treatment at an early stage. This is crucial to increasing the numbers of children who will survive; we are planning a pilot project in Ghana to look at the best ways to achieve this.

2. Supporting families

We will also develop a research project to examine the reasons why families stop treatment before it is complete, so that we can develop ways to support them to ensure treatment is completed. One way of doing this is building hostels for parents or carers to be able to stay near the hospital. For poor families, finding somewhere affordable to stay is a major burden which increases the likelihood of them being forced to discontinue their child's treatment. In addition, many children could stay with their families in a hostel which would be better for them, as well as freeing up beds so more children can be treated. We are planning to build a hostel in Cameroon which we will seek funding for in 2016.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

3. Pain relief and care

For those children who will not survive, we need palliative care programmes to ensure that they do not live their final months in pain, and that they and their families receive support during this most difficult time. We are developing a project in Bangladesh to examine the best ways of achieving this.

4. Training more specialists

We want to develop programmes to increase the training of more paediatric oncologists and specialist nurses in all the countries we work with. This needs significant funding but is crucial to the long term development of more capacity to treat all children with cancer. We would like to develop regional training centres so this training can be delivered appropriately and effectively. Finally, we plan to develop an Advocacy Strategy for World Child Cancer to promote our objective of raising the profile and funding of cancer treatment for children around the world. The Sustainable Development Goals adopted by the United Nations set a target of reducing deaths from all Non-Communicable Diseases by thirty per cent by 2030. To ensure this is achieved, we need funders to adapt their programmes and all governments to embed cancer strategies in their national health planning.

A. STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution and Organisational Structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The number of Trustees shall be not less than two persons or a trust corporation, nor more than four. Trustees shall, in the ordinary course, be appointed by resolution of the Trustees.

Trustees

Professor MD Olle Bjork (resigned 19 March 2015)

Corporate trustee - World Child Cancer Trustees, whose Directors are listed below:

Anu Vedi, CBE, ACA, MCIH

David Henderson, MA (Hons)

Louise Soanes, RGN/RSCN, BSc, MSc

Dr Janice Kohler, FRCPCH

Nicola Bishop

James King, DipPFS

Professor Kathy Pritchard-Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci

John Perry, MA Cantab (Appointed 1 February 2015)

Honorary Patrons

Professor Tim Eden MB.BS, DRCOG, MRCP(UK), FRCPE, FRCP (London), FRCPath, FRCPCH, FRCR

Gill Thaxter

Lady Joanna Staughton

Rhys Williams

Caitriona Balfe

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

Officers

Jon Rosser - Chief Executive
Rebecca Ross, BA (Hons), FCA - Finance Director & Company Secretary

Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub committees to aid in the running of the charity. The details of these committees are listed below:

ii) Remuneration & Employment sub-committee

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of new Trustees. In respect of staff it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members:

David Henderson
Louise Soanes
Jon Rosser

iii) Fundraising sub-committee

The purpose of this sub-committee is to monitor and evaluate fundraising strategy and performance, and also to identify fundraising and networking opportunities.

Members:

David Henderson
Nicky Bishop (Chair)
James King
Jon Rosser
Jane Page
Emma Hogg
John Perry

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

iiii) Project sub-committee

This sub-committee reviews new project applications and monitors existing projects. For potential new projects, applications are received and the objectives, outcomes and budgets are reviewed and a recommendation is made to the Trustee whether the project should be approved. Existing projects submit qualitative and financial reports which are reviewed to ensure the objectives of the project are being realised.

Members:

Janice Kohler (Chair)
Louise Soanes
Trijn Israels
Ramandeep Arora
Gabriele Calaminus
Scott Howard
Catherine Lam
Alison Finch
Abby White
Stephen Hunger
Sandra Luna-Fineman
Jon Rosser
Joe Dixon
Liz Burns
Annabel Foot

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the Trustee report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Policies Adopted for the Induction and Training of Trustees

The charity is relying upon the guidance issued by the Charities Commission in relation to the induction and training of Trustees.

Risk Management

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register. The trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks. In summary however, the major risks are considered to be:

- (i) The lack of inclusion of childhood cancer within the UN sustainable development goals thereby meaning that advocacy and lobbying should be a key part of World Child Cancer's work to change this.
- (ii) The importance of local programme coordinators has been demonstrated by their recruitment in Ghana, Bangladesh and Myanmar. It is now important to appoint coordinators in the other countries in which we work to further improve the quality of our programmes.
- (iii) The ability to demonstrate the impact of our work is crucial and continues to be addressed.
- (iv) Ensuring value for money and effective spending at our projects is of utmost importance and is addressed through rigorous financial controls, the employment of local programme coordinators and robust monitoring and evaluation programmes.

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

B. FINANCIAL REVIEW

During the period the income of World Child Cancer UK was £2,374,356 (2014 - £1,956,361). Expenditure on charitable projects was £1,588,327 (2014 - £1,483,641). The fundraising cost ratio in the year was 14% which is a tremendous achievement.

i. Reserves and Reserves Policy

Free reserves amounted to £325,464 (2014 - £448,983). World Child Cancer UK commits to its projects for a period of five years subject to annual reviews. The Trustee has adopted a policy of having 3 months' worth of operational expenditure (excluding project costs) and 12 months' worth of direct project costs in reserves at any one time in order to provide assurance that the charity can meet its commitments. The 12 months' worth of project funds will be recorded as designated funds. Currently the charity meets this policy. The Reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

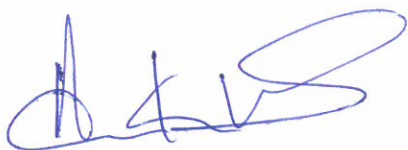
ii. Going Concern

The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

C. PUBLIC BENEFIT

When considering the charity's activities, the Trustee has complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the Charity Commission's general guidance on public benefit.

This report was approved by the Trustee on 23/3/16 and signed on their behalf by:



Anu VEDI CBE
Chairman

WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

We have audited the financial statements of World Child Cancer UK for the year ended 31 December 2015 set out on pages 16 to 28. 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).

This report is made solely to the charity's trustees in accordance with section 154 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

The Trustees' responsibilities 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), and for being satisfied that the financial statements give a true and fair view, are set out in the Statement of Trustees' responsibilities.

The Trustees have elected for the financial statements to be audited in accordance with the Charities Act 2011. Accordingly we have been appointed as auditor under section 144 of the Charities Act 2011 and report to you in accordance with regulations made under section 154 of that Act. 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 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 charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' 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 charity's affairs as at 31 December 2015 and of its incoming resources and application of resources 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 Charities Act 2011

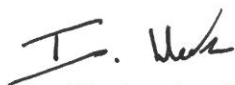
WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Ian Weekes (senior statutory auditor)

For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

10 Palace Avenue
Maidstone
Kent
ME15 6NF

Date: 13th April 2016

WORLD CHILD CANCER UK

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2015**

	Note	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	Total funds 2014 £
INCOME:					
Donations and legacies	2	291,348	2,082,677	2,374,025	1,955,734
Investment income	3	41	290	331	627
TOTAL INCOME		<u>291,389</u>	<u>2,082,967</u>	<u>2,374,356</u>	<u>1,956,361</u>
EXPENDITURE:					
Costs of raising funds	5	-	330,505	330,505	179,248
Charitable activities: Support of treatment programmes	6	360,389	1,279,617	1,640,006	1,533,404
TOTAL EXPENDITURE	4	<u>360,389</u>	<u>1,610,122</u>	<u>1,970,511</u>	<u>1,712,652</u>
NET MOVEMENT IN FUNDS - NET INCOME/(EXPENDITURE) FOR THE YEAR		(69,000)	472,845	403,845	243,709
<i>Total funds at 1 January 2015</i>		<u>148,603</u>	<u>453,130</u>	<u>601,733</u>	<u>358,024</u>
TOTAL FUNDS AT 31 DECEMBER 2015		<u>79,603</u>	<u>925,975</u>	<u>1,005,578</u>	<u>601,733</u>

All activities relate to continuing operations.

The notes on pages 18 to 28 form part of these financial statements.

WORLD CHILD CANCER UK

**BALANCE SHEET
AS AT 31 DECEMBER 2015**

	Note	£	2015 £	£	2014 £
FIXED ASSETS					
Tangible assets	11		15,341		4,146
CURRENT ASSETS					
Debtors	12	65,862		30,103	
Cash at bank		<u>963,341</u>		<u>591,079</u>	
		1,029,203		621,182	
LIABILITIES: Creditors falling due within one year	13	<u>(38,966)</u>		<u>(23,596)</u>	
NET CURRENT ASSETS			<u>990,237</u>		<u>597,586</u>
NET ASSETS			<u>1,005,578</u>		<u>601,732</u>
CHARITY FUNDS					
Restricted funds	14		79,603		148,603
Unrestricted funds:					
Designated funds	14	585,170		-	
Unrestricted funds excluding designated funds	14	340,805		<u>453,129</u>	
Total unrestricted funds			<u>925,975</u>		<u>453,129</u>
TOTAL FUNDS			<u>1,005,578</u>		<u>601,732</u>

The financial statements were approved by the Trustees on 23/3/16 and signed on their behalf, by:

Anu VEDI CBE
Chairman

The notes on pages 18 to 28 form part of these financial statements.

WORLD CHILD CANCER UK

STATEMENT OF CASHFLOWS
FOR THE YEAR ENDED 31 DECEMBER 2015

	Note	2015 £	2014 £
Cash flows from operating activities:			
Net cash provided by operating activities	19	<u>389,124</u>	<u>431,313</u>
Cash flows from investing activities:			
Purchase of tangible fixed assets		<u>(16,862)</u>	<u>(672)</u>
Change in cash and cash equivalents in the year		<u>372,262</u>	<u>430,641</u>
Cash and cash equivalents brought forward		591,079	160,438
Cash and cash equivalents carried forward		<u>963,341</u>	<u>591,079</u>

The notes on pages 18 to 28 form part of these financial statements.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention. The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. The Trustees believe that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

1.2 Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS102 a restatement of comparative items was needed. No restatements were required.

1.3 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

1.4 Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity has entitlement to the funds, certainty of receipt and the amount can be measured with sufficient reliability. For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received.

Donated services or facilities, which comprise donated services, are included in income at a valuation which is an estimate of the financial cost that would have been borne by the charity where such a cost is quantifiable and measurable.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

1.5 Resources expended and liability recognition

Expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the charity and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the charity and compliance with constitutional and statutory requirements.

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

1.6 Tangible fixed assets and depreciation

All assets costing more than £500 are capitalised.

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Leasehold improvements	-	20% straight line
Office equipment	-	20% straight line

1.7 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

1.8 Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the Statement of financial activities.

1.9 Pensions

The company contributes to the personal pension plans of its employees at rates agreed within their contracts of employment.

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

2. DONATIONS AND LEGACIES

	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	<i>Total funds 2014 £</i>
Donations	291,348	1,400,549	1,691,897	1,084,084
Donated services	-	682,128	682,128	871,650
	<u>291,348</u>	<u>2,082,677</u>	<u>2,374,025</u>	<u>1,955,734</u>

We receive financial support from the Department for International Development for two of our projects. In 2015, we received £80,850 from the DFID UK Aid programme.

We also received funding totalling £31,298 from the Global Poverty Action Fund in the year to 31 December 2015.

3. INVESTMENT INCOME

	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	<i>Total funds 2014 £</i>
Investment income	<u>41</u>	<u>290</u>	<u>331</u>	<u>627</u>

4. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

	Staff costs 2015 £	Other costs 2015 £	Total 2015 £	<i>Total 2014 £</i>
Costs of generating voluntary income	143,195	187,310	330,505	179,248
Costs of raising funds	143,195	187,310	330,505	179,248
Direct Costs - Support of treatment programmes	342,493	1,245,834	1,588,327	1,483,641
Governance	25,141	26,538	51,679	49,763
Costs of charitable activities	367,634	1,272,372	1,640,006	1,533,404
Total Expenditure	<u>510,829</u>	<u>1,459,682</u>	<u>1,970,511</u>	<u>1,712,652</u>

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

5. COSTS OF RAISING FUNDS

	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	<i>Total funds 2014 £</i>
Fundraising costs of grants and donations	-	187,310	187,310	97,120
Staff costs for generating income	-	143,195	143,195	82,128
	<u>-</u>	<u>330,505</u>	<u>330,505</u>	<u>179,248</u>

6. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Activities undertaken directly 2015 £	Support costs 2015 £	Total 2015 £	<i>Total 2014 £</i>
<i>Support of treatment programmes:</i>				
Staff costs	342,004	-	342,004	215,933
Voluntary medical aid	682,128	-	682,128	871,650
Project costs	477,809	-	477,809	318,859
Other direct costs	86,386	-	86,386	77,200
Support costs (see note 7)	-	51,679	51,679	49,763
	<u>1,588,327</u>	<u>51,679</u>	<u>1,640,006</u>	<u>1,533,404</u>

The amounts spent were on projects in the Philippines, Colombia, Malawi, Ghana, Cameroon, Bangladesh, Myanmar, Mexico, Zambia, United States of America, AHOPCA – 7 country network in Central America and the collaborative Wilms' Tumour Africa project.

The value of voluntary medical aid has reduced in 2015 compared to 2014 and this is due to the cessation of projects in Colombia and Zambia and also due to additional donated services from corporate partners being recognised in 2014.

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

7. SUPPORT COSTS

	General support 2015 £	Governance function 2015 £	Total funds 2015 £	Total funds 2014 £
Legal and professional fees	-	10,925	10,925	14,384
Audit and accounting fees	-	11,967	11,967	9,076
Staff costs	-	25,141	25,141	18,952
Trustees' expenses	-	-	-	1,018
Other costs	-	3,646	3,646	6,333
	<u>-</u>	<u>51,679</u>	<u>51,679</u>	<u>49,763</u>

8. NET INCOME / (EXPENDITURE)

This is stated after charging:

	2015 £	2014 £
Depreciation of tangible fixed assets:		
- owned by the charity	5,667	2,294
Operating lease costs	37,560	19,414
Foreign exchange (income)/expense	<u>6,849</u>	<u>1,863</u>

During the year, no Trustees received any remuneration (2014 - £NIL).

During the year, no Trustees received any benefits in kind (2014 - £NIL).

9. AUDITORS' REMUNERATION

	2015 £	2014 £
Auditors remuneration	<u>6,630</u>	<u>6,500</u>

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

10. STAFF COSTS

Staff costs were as follows:

	2015 £	2014 £
Wages and salaries	424,442	268,626
Social security costs	41,571	23,958
Other pension costs	<u>20,016</u>	<u>24,430</u>
	486,029	317,014
Other staff costs	<u>24,800</u>	<u>-</u>
	<u><u>510,829</u></u>	<u><u>317,014</u></u>

The average monthly number of employees during the year was as follows:

	2015 No.	2014 No.
Programmes, administration, fundraising and finance	<u><u>12</u></u>	<u><u>8</u></u>

The number of higher paid employees was:

	2015 No.	2014 No.
In the band £60,001 - £70,000	-	-
In the band £70,001 - £80,000	<u><u>1</u></u>	<u><u>1</u></u>

The number of staff employed during the year has increased by 50% and there is therefore a corresponding increase in staff costs. This planned increase in staff numbers is part of our strategy to expand our programmes and reach as many children as possible.

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

11. TANGIBLE FIXED ASSETS

	Office equipment £	Leasehold Improvements £	Total £
Cost			
At 1 January 2015	11,471	-	11,471
Additions	<u>2,479</u>	<u>14,383</u>	<u>16,862</u>
At 31 December 2015	<u>13,950</u>	<u>14,383</u>	<u>28,333</u>
Depreciation			
At 1 January 2015	7,325	-	7,325
Charge for the year	<u>2,790</u>	<u>2,877</u>	<u>5,667</u>
At 31 December 2015	<u>10,115</u>	<u>2,877</u>	<u>12,992</u>
Net book value			
At 31 December 2015	<u><u>3,835</u></u>	<u><u>11,506</u></u>	<u><u>15,341</u></u>
At 31 December 2014	<u><u>4,146</u></u>	<u><u>-</u></u>	<u><u>4,146</u></u>

12. DEBTORS

	2015 £	2014 £
Other debtors	60,712	25,843
Prepayments and accrued income	<u>5,150</u>	<u>4,260</u>
	<u><u>65,862</u></u>	<u><u>30,103</u></u>

**13. LIABILITIES:
Creditors falling due within one year**

	2015 £	2014 £
Other taxation and social security	13,567	9,548
Other creditors	4,713	4,868
Accruals and deferred income	<u>20,686</u>	<u>9,180</u>
	<u><u>38,966</u></u>	<u><u>23,596</u></u>

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

14. STATEMENT OF FUNDS

	Brought Forward £	Incoming resources £	Resources Expended £	Transfers in/out £	Carried Forward £
Designated funds					
Designated Funds	-	-	-	585,170	585,170
Unrestricted funds					
Unrestricted Funds	453,130	2,082,967	(1,610,122)	(585,170)	340,805
Total Unrestricted funds	453,130	2,082,967	(1,610,122)	-	925,975
Restricted funds					
Restricted Funds	148,603	291,389	(360,389)	-	79,603
Total of funds	601,733	2,374,356	(1,970,511)	-	1,005,578

The designated funds are designated for use on our programmes in Ghana, Cameroon, Malawi, the Philippines, Bangladesh, Myanmar and the Wilms' Tumour Africa project. They are expected to be spent within 12 months of the year end.

We have designated £51k for our Malawi project to spend on ultrasound and ward equipment, patient support packs and training costs.

£193k is designated for use on our UK Aid project in Ghana and Bangladesh and will be spent on developing childhood cancer satellite treatment networks.

£40k has been designated for use in Cameroon on chemotherapy drugs, training, parent support costs, a palliative care programme and medic salaries.

£72k has been designated for use on our GPAF project and activities in Myanmar.

We have designated £71k for use on our Latin American network programme, our Wilms' Tumour project and attendance at SIOP conferences.

We have designated £50k for use in the Philippines where it will be spent further developing the successful childhood cancer satellite treatment network.

We have designated £108k for programme expansion in 2016. We are considering the best use of these funds however we plan to spend this amount in full within 12 months and it is likely this will be expanding programmes in the countries in which we already work.

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015**

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted funds 2015 £	Unrestricted funds 2015 £	Total funds 2015 £	<i>Total funds 2014 £</i>
Tangible fixed assets	-	15,341	15,341	4,146
Current assets	79,603	949,600	1,029,203	621,182
Creditors due within one year	-	(38,966)	(38,966)	(23,596)
	<u>79,603</u>	<u>925,975</u>	<u>1,005,578</u>	<u>601,733</u>

16. PENSION COMMITMENTS

The charity does not operate a pension scheme on behalf of employees. Pension contributions are made to the private pension plans of the employees by the charity. During the year the charity made pension contributions of £20,016 (2014 - £24,430) to personal pension plans set up by employees.

17. OPERATING LEASE COMMITMENTS

At 31 December 2015 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings 2015 £	2014 £	2015 £	Other 2014 £
Expiry date:				
Within 1 year	<u>9,390</u>	<u>4,853</u>	<u>-</u>	<u>-</u>

18. RELATED PARTY TRANSACTIONS

No charity Trustee received any remuneration or benefit in kind for professional or other services rendered to the charity). Travel expenses incurred by Trustees' were reimbursed totalling £Nil (2014: £745).

James King, one of the trustees of WCC UK is a partner at Price Bailey, a chartered accountancy firm, who manage an interest bearing bank account on behalf of WCC UK. The year end balance was £150,000 (2014: £300,154).

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015

19. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2015 £	2014 £
Net income for the year (as per the statement of financial activities)	403,845	243,709
Adjustments for:		
Depreciation charge	5,667	2,294
(Increase)/decrease in debtors	(35,758)	173,394
Increase/(decrease) in creditors	15,370	11,916
	<u>389,124</u>	<u>431,313</u>