

World Child Cancer UK

Annual Report and Financial Statements

Year to 31 December 2023

Charity Registration number: 1084729

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Reference and administrative information

Corporate trustee	World Child Cancer Trustees (Company no. 08518700), whose Directors are the trustee representatives of World Child Cancer UK
Trustee representatives	Rachel Hollis (Chair), FRCN Sara Bailey Professor Simon Bailey Karen Brade Anuj Chande Yves Dermaux Helen Griffiths Kate Lee Paul Nabavi Professor Lorna Awo Renner, MBChB, MPH (Liv), FRCPCH (UK) Julie Torode
Company Secretary	Rebecca Ross, BA (Hons), FCA
Key Management Personnel	Luke Thomas – Chief Executive Karen Thompson – Interim Director of Finance Joe Dixon – Interim Director of Programmes
Registered address	1 Betjeman Close Coulsdon Surrey CR5 2LU
Charity registration number	1084729 (England and Wales)
Auditor	Buzzacott LLP 130 Wood Street London EC2V 6DL
Bankers	The Cooperative Bank 80 Cornhill London EC3V 3NJ Metro Bank One Southampton Row London WC1B 5HA

Reference and administrative information

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

In my 2022 report I said we expected 2023 to be another year of change and challenge for World Child Cancer – and that has indeed been the case. However we also have much to celebrate and we see great opportunities for the organisation in the year ahead.

In 2023 the World Health Organization Global Initiative for Childhood Cancer continued to gather momentum in its activities to improve access to cancer treatment and achieve at least 60% survival for all children with cancer by 2030, thus saving an additional one million lives.

World Child Cancer is proud to be a stakeholder to this global movement, with our team standing alongside our partners, our funders, and the children and families we support. We believe it is the human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer.

We know that in the countries we work survival from childhood cancer is around 20%, when here in the UK, and other high-income countries, it is over 80%. We also know that improving survival rates in low and middle-income countries is achievable and affordable. We believe all children, wherever they live, should have equal access to the best possible treatment and care so they do not die when they could be cured with relatively simple and affordable treatments. This is at the heart of the vision we share and we are grateful to our supporters and partners across the world for helping us as we strive to deliver on this vision. With your support, and the work of our amazing team here at World Child Cancer, this year has seen great achievements across all four pillars of our strategy.

Improving treatment and care

Improving the quality of cancer treatment is essential to our work and we continue to train doctors, nurses, and other health care workers through our successful health partnership model, developing more “shared care” centres to bring care closer to home, and improving equipment and infrastructure in our sites. We are improving access to effective palliative care so that where treatment is not successful children do not die in pain.

Family Support

Successful treatment starts and ends with the whole family. Too many families cannot afford the high costs of treatment, travelling long distances to hospital, and living away from home for weeks and months. The result is far too many children having to abandon treatment and dying. Whatever the outcome, the emotional stress on the whole family of having a child with cancer is enormous and our support for families includes financial, social, and emotional components.

Early Diagnosis

Early diagnosis of childhood cancer leads to better outcomes. That is why we are working with communities, health workers and partners to diagnose children earlier. Our work on raising awareness of childhood cancer in the communities and health systems within which we work is a central component of our programmes and a recognised model for good practice.

Advocacy

Our aim is to influence national governments and international agencies to give childhood cancer the attention it deserves. As a founding stakeholder to the Global Initiative for Childhood Cancer, we are active in several WHO focus countries, demonstrating what can be achieved through strengthening health systems.

None of this work would be possible without collaboration with a range of incredible partners. This includes the teams in the hospitals where we work, and the health care professionals who support them; professional organisations; advocacy colleagues, other NGOs, and our funding partners.

I would like to thank our great staff team, here in the UK and in the programme countries and regions in which we work, for their hard work, and commitment over another year. There have been significant changes within the leadership of this team in 2023.

The year began with the retirement of Jon Rosser, our long-standing Chief Executive, who had done so much to grow the charity into the impactful organisation it is today. The Board took the opportunity to review the structure and function of our leadership team, and recruited Julie Worrall into the role of Interim Chief Executive as we took the time to do so. Julie provided exceptional leadership to the organisation during the year she spent with us and has helped us to define what we were looking for in our new Chief Executive. After a robust recruitment process, we are delighted to welcome our new Chief Executive, Luke Thomas, who came into post at the start of 2024. Luke has a strong track record of leadership in fundraising and engagement in UK and international non-profit organisations and has already embraced our cause with energy, passion, and ambition.

During the year, we were sorry to say goodbye to Piera Freccero, our Director of Programmes, who moved on to take up an exciting leadership role in the Global Health Partnerships team at King's College London. We were, however, delighted to welcome back into the organisation Joe Dixon, who has taken up an interim role as Director of Programmes.

By contrast it has been a year of stability on the Board, following changes in 2022, and I would like to thank all my fellow Trustees for their strong support to the organisation over the course of the year.

In 2023 we continued to see the need for support grow across all our programme countries, and beyond. The cost-of-living crisis which we feel here in the UK is experienced even more acutely in many of our programme countries, and continues to hit the poorest hardest. Every year the need is greater, and the resources required to meet that need are greater too. Inflation rates are high, up to 40% in some counties in Africa, where Malawi has also seen a significant devaluation of its currency. Across all our programmes, year on year, our funding simply does not go as far as it did.

The need for increased resources comes at a time when the fundraising climate remains challenging. Despite this we have had some significant successes over the year, and we are incredibly grateful for the amazing support from our Ambassadors group, who, under the leadership of their Chair Mark Everard, have raised an amazing total of £320,000 in 2023. Our Patron Caitriona Balfe delivered the Radio 4 appeal on our behalf, which not only raised

a significant amount of money, but also helped in raising the profile of World Child Cancer, and the importance of the work we do.

We are delighted to have entered into three significant, multiyear partnerships with three very different organisations who share our aims and our vision. Our partnership with Foundation S – The Sanofi Collective is focussed on strengthening health systems and building Shared Care Networks in Cameroon and Nepal. Our collaboration with biotechnology company Amgen Inc has seen the launch of a five-year programme to improve outcomes, with a specific focus on children affected by B-cell lymphomas, including Burkitt Lymphoma, in five target countries. Our partnership with the Else Kroner Foundation will support our work in Malawi, and includes an important element of advocacy.

We continue to receive invaluable support from the UBS Optimus Foundation. It is now five years since this game changing partnership was launched, and Julie Worrall was able to reflect back to them the incredible progress we have made together. You can read the contents of this conversation on our website here: <https://worldchildcancer.org/conversation-with-ubs-optimus-foundation/>

We are incredibly grateful to all our other long-term partners and supporters, and we extend our thanks to them later on in this report.

You can read more about the memorable moments of 2023 here: <https://worldchildcancer.org/2023-end-of-year-review/> and there is much to look forward to in 2024!

We thank 'Project Giving Back' for sponsoring our Nurturing Garden at the RHS Chelsea Flower Show in 2024. We hope to see many of our friends and supporters in the garden! We are delighted that at the end of the show the garden will be relocated to one of the 'home from homes' provided by Young Lives vs. Cancer (the UK charity for children and young people with cancer).

During the year, we will be beginning a review of our organisational strategy, and looking towards to where we want, and our beneficiaries need, World Child Cancer to be in 2030 as the Global Initiative for Childhood Cancer comes to its planned conclusion. We want to ensure that we continue to grow in the impact we make and in our global reach. We need to ensure that our income also grows to match our aspirations and our vision of a world where every child with cancer has equal access to the best treatment and care.



Rachel Hollis, FRCN

Chair

The Trustee presents its annual report together with the audited financial statements of World Child Cancer UK (registered charity (No. 1084729) in England and Wales) for the year ended 31 December 2023. The Trustee confirms 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).

OBJECTIVES AND ACTIVITIES

Evening the odds for children with cancer

World Child Cancer believes that no child should die unnecessarily of cancer. Survival in high income countries is now over 80% and rising. In the under resourced countries where we work, survival can be as low as 10%. That difference is unnecessary and unjust. We believe it is a human right of all children to receive necessary health treatment and we are determined to make that a reality for children with cancer. No child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

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 amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it is not curable. Often childhood cancer is not diagnosed, misdiagnosed, 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 delivering basic training for community 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 achieve this is through building health partnerships between countries. These health partnerships involve volunteer doctors and nurses from the developed world giving their time and expertise to support colleagues around the world. This provides a powerful partnership and two-way exchange of knowledge and expertise. 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 are unable to 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 must 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, and are pushed further into poverty. 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. Some of the support given is in the form of cash grants to families which is used to pay for food, accommodation near the hospital, transport to and from the hospital and diagnostic tests. Such financial support varies from country to country depending on the needs and individual circumstances of the families.

We can make a difference

Improving childhood cancer survival rates in developing countries 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. We believe all children, wherever they live, should have an equal access to the best possible treatment and care so they do not die of a potentially curable 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. The principal activities of the charity are to:

- ◆ Pay for additional staffing and facilitate training for local healthcare staff;
- ◆ Cover the costs of health partnership activities;
- ◆ Improve healthcare facilities, access to medicines and other much needed resources;
- ◆ Support awareness raising and advocacy campaigns to raise the profile of the inequality in current care; and
- ◆ Provide practical support for families to help them cope when their child is diagnosed with cancer.

Approach to fundraising

World Child Cancer UK organises fundraising events in the UK and co-ordinates the activities of our supporters around the world. We do not use professional fundraisers or involve commercial participators and have received no complaints about our fundraising activities this year. The charity is signed up to the Fundraising Regulator's Code of Fundraising Practice and a number of our staff are members of the Institute of Fundraising. All fundraising activities are undertaken to ensure that they are not unreasonably intrusive, persistent or pressurising and all marketing material contains clear instructions on how a person can be removed from our mailing lists.

We are extremely grateful to all our donors and supporters but would particularly like to thank the following for their generous support in 2023 – AD Construction Group Ltd, the Alternative Hair Charitable Foundation, Amgen Inc, the Beatrice Laing Trust, Bristol Myers Squibb, Countryside Partnerships plc, the Eurofins Foundation, Foundation S - The Sanofi Collective, the Foreign, Commonwealth and Development Office, the HelpCare Foundation, Informa plc and Carlyle Group Inc, Love Your Melon, the Omron Foundation, the Randal Charitable Foundation, the Rangoonwala Foundation, the Stavros Niarchos Foundation, the UBS Optimus Foundation and Wiggett Group plc.

ACHIEVEMENTS AND PERFORMANCE

Programme highlights of 2023.

Key achievements

- ◆ World Child Cancer supported over 7,000 children in the programme countries in 2023 with 5,014 newly diagnosed cases of cancer. The psycho-social component of the charity's work has continued to significantly grow significantly, with over 5,751 cash grants being provided throughout the year to cover transport, nutrition, accommodation, diagnostic tests, and drug costs. 7,133 families and children received emotional support, over double the number in 2022. We have trained 839 healthcare staff in psycho-social support (an increase of 716 from 2022), 1,164 in early warning signs and symptoms of childhood cancer and 615 in specialised paediatric oncology skills.
- ◆ World Child Cancer facilitated the delivery of donated drugs in Malawi and Cameroon, in partnership with International Health Partners ("IHP") valued at £2.9 million.
- ◆ In October, we signed an agreement with Amgen Inc. for a \$3m grant to support children with cancer, with a particular focus on B-cell lymphomas, in Cameroon, Malawi, Ghana, Nepal and Indonesia for the next 5 years. One of the initial priorities was to agree Key Performance Indicators with Amgen, setting realistic and achievable targets against them. These indicators and targets have now been agreed and will be used to measure overall impact, outcomes, and outputs of project over the next 5 years.
- ◆ A navigation-focused project has been initiated in Ghana. Our psycho-social support advisor conducted two workshops with parents at the Korle Bu Teaching Hospital ("KBTH") and the Komfo Anokye Teaching Hospital ("KATH") to gather insights into their needs upon arriving at the hospitals. Subsequently, a team of lead nurses created a navigator handbook and provided training to selected parents, empowering them to offer support to other families. Navigation is also a key element in a project that WCC aims to implement in collaboration with Childhood Cancer International ("CCI").
- ◆ The Ghana College of Physicians & Surgeons ("GCPS") fellowship has continued, with 2 fellows graduated in December (one from Ghana and one from Sierra Leone). WCC and our Programme Lead, Prof Lorna Awo Renner, received awards at the 'Maiden College Awards Night' organised by the GCPS for providing support to the college, and for outstanding contribution to the establishment of the Centre of Excellence for Paediatric Oncology Training in the West Africa sub-region. The President of Ghana, Minister of Health and Deputy Chief of Staff were in attendance.

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- ◆ Ghana College of Nurses & Midwives is launching the first paediatric oncology nursing fellowship in 2024. 4 fellows have enrolled in the programme to date. The cascade of paediatric oncology nursing Foundation training has continued in Ghana, with a fourth 'Training of Trainers' course being delivered in Tanzania as part of the work of the Sub Saharan Africa Nursing Network supported by WCC.
- ◆ We were pleased to celebrate International Childhood Cancer Day across all the countries in which we work this year. In 2023 more than ever, World Child Cancer has developed a wide range of communication activities that have reached millions of people.
- ◆ We have continued supporting Yangon and Mandalay Children's Hospitals ("YCH" and "MCH") in Myanmar to provide treatment and psychosocial support to children with cancer and their families. The programme was also able to deliver nutritional management webinars through our partner, Boston Children's Hospital (USA), upskilling 26 doctors and nurses at YCH and MCH in interventions to improve children's nutritional status.
- ◆ We completed the implementation of our FCDO-funded projects in Nepal, Bangladesh and Malawi in the year. These projects reached 9,857 children during their operation and made an important contribution to improving the lives of children with cancer in these three countries.
- ◆ In 2023 the Xploro app was implemented in Cameroon, which means it is now available in 3 WCC programmes, Cameroon, Ghana and Malawi. Xploro helps children understand the cancer diagnosis, treatment procedures and importance of accepting treatment. The app uses gameplay and artificial intelligence to deliver essential health information to young patients and has been proven to strengthen coping mechanisms, reduce stress, increase wellbeing and foster better long-term engagement with health services.
- ◆ The children's palliative care project in Ghana in collaboration with the International Childrens' Palliative Care Network ("ICPCN") has been completed, with research conducted to map out palliative care needs and gaps in Ghana, and an analysis written and shared with key stakeholders via a face-to-face meeting in Ghana led by Professor Julia Downing. Following on from this work, WCC Ghana and ICPCN have continued a formal partnership and have secured funding from the Tropical Health and Education Trust (THET) to run a one-year project from February 2024 to develop CPC in Ghana through educating health professionals.

Key challenges

- ◆ Nepal – Registering the Amgen and Foundation S projects. As per the provisions outlined in the Social Welfare Act 2049, INGOs intending to operate in Nepal are required to apply to the Social Welfare Council, seeking authorization before initiating their activities. WCC's local implementing partners (RGMT & TACC) are responsible for initiating the process which requires an extensive set of documents to be submitted. Upon receiving these documents, the Council holds the authority to grant permission to the INGOs, within a duration of three months from the date of application receipt. The process for both project is now underway but is proving slow due to several challenges

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arising, including Kanti Children's Hospital being under new leadership and putting several conditions on signing an MOU with WCC (required for the registration of the Foundation S grant).

- ◆ As part of the Amgen project, WCC has agreed to organise Rituximab to be shipped to Ghana, Malawi, Cameroon, Indonesia & Nepal. Whilst our partner, IHP will ensure Rituximab is shipped to Ghana, Malawi, and Cameroon, we are struggling to identify a second partner to support the delivery of Rituximab to Indonesia and Nepal.

Strategic partnerships and external engagement

- ◆ We were pleased to sign a memorandum of understanding with City Cancer Challenge ("C/CAN") in the year. C/CAN is a city-based partnership initiative that supports cities around the world as they work to improve access to quality, equitable cancer care. They do this by transforming the way stakeholders from the public and private sectors collectively design, plan and implement cancer solutions. Both WCC and C/CAN are present in Ghana (Kumasi), Myanmar (Yangon) and Mexico (Leon) where there are numerous opportunities for working together.
- ◆ The London Global Cancer Week, held in November, featured a significant event organised by WCC that concentrated on Global Initiatives in the care of Adolescents and Young Adults with Cancer. The session delved into the different approaches being taken globally to decisions about appropriate clinical management, psychosocial support, and survivorship. The event featured presentations and a panel discussion and involved the following speakers Dr Louise Soanes (Chief Nurse at Teenage Cancer Trust), Dr Francine Kouya (Supervisor of Clinical Oncology in Cameroon Baptist Convention Health Services), Dr Sumit Gupta (Staff Oncologist & Clinician Investigator at The Hospital for Sick Children & Chair for PERCC), Prince S.K Nyamadi (childhood cancer survivor, biomedical scientist, and co-founder of Living Dreams Foundation), and Dr Chiara Ionio (Psychologist & Associate Professor of Psychology of Development and Education at the Catholic University of Milan). You can watch the event here: <https://worldchildcancer.org/londonglobalcancerweek/>

ACHIEVEMENTS AND PERFORMANCE

Country reports

In each of the countries in which the Charity works, we have presented some key metrics to demonstrate the impact of the work. In general, the same metrics have been used for all countries, however in some countries not all metrics are shown because either the information is not available or a particular type of support is not provided. For example, in Vietnam, our support does not extend to training staff in paediatric oncology and therefore that metric is not shown.

Malawi

The key highlight from 2023 was the successful completion of the 2-year FCDO project. Despite several challenges throughout 2023, the number of children accessing paediatric oncology treatment exceeded the project target by 40% at the end of 2023. This is a particularly strong achievement, given that the programme in Malawi experienced multiple operational challenges in 2023 including high inflation and devaluation of the local currency

(the kwacha), a cholera outbreak, and a devastating cyclone. This instability is in addition to the previous economic and infrastructural challenges, including but not limited to transport disruptions, fuel shortage, foreign currency scarcity, and increased cost of living. Despite these challenges, the programme delivered an accelerated number of early warning signs trainings across 6 districts in Malawi, delivered cancer awareness events, and continued to support children with cancer and their families in the Queen Elizabeth Central Hospital ("QECH") with transport grants, nutrition, treatment and diagnostic costs.

Children reached: 797

Healthcare staff trained in early warning signs and symptoms: 261

Cash grants distributed: 1,070

Families receiving emotional support: 1,611

Bangladesh

The Bangladesh programme remained committed to adopting a comprehensive strategy, emphasising quality treatment, improving diagnosis, supporting families, and increasing awareness and advocacy campaigns. An annual paediatric oncology conference focusing on the dissemination of standardised treatment protocols for various paediatric cancers marked the completion of the three and half year FCDO-funded project. Extensive training sessions were conducted for healthcare professionals, including Early Warning Signs & Symptoms ("EWSS") training and psycho-social support training sessions. Additionally, specialised training was conducted for nurses to enhance their skills in paediatric oncology nursing development. Family support officers at five partner hospitals continued to provide individual and group information sessions to parents to improve care for their cancer-affected children and financial aid was extended to vulnerable families of cancer-affected children for transportation, diagnosis, and treatment. With the launch of the new BMS-funded haematology project, the programme was extended to five new hospitals outside Dhaka in the latter half of the year.

Children reached: 2,207

Healthcare staff trained in paediatric oncology: 45

Healthcare staff trained in early warning signs and symptoms: 321

Cash grants distributed: 1,215 Families receiving emotional support: 2,253

Myanmar

The overall political situation in Myanmar was less volatile in 2023, although inflation rates increased to 29% during the year. The county also experienced Cyclone Mocha in May, causing food insecurity and transport disruptions. The Ministry of Health has reduced its resourcing of healthcare, with paediatric oncology hit the hardest. Furthermore, the selling of foreign reserves and capital controls led to a shortage of medicines – including cancer drugs. Despite the humanitarian crisis affecting Myanmar, our programme continued supporting children with cancer and their families in YCH and MCH with transport grants, nutrition, and support for the costs of treatment and diagnosis, and supporting the supply of the necessary drugs for treatment and care of children with cancer.

Children reached: 1,281

Healthcare staff trained in paediatric oncology: 0

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Cash grants distributed: 1,341

Families receiving emotional support: 1,110

Cameroon

The Cameroon programme continues to provide support for patients and families accessing treatment, diagnosis and other services related to childhood cancer. In 2023, the programme made greater steps in becoming a more nationally focused programme, supporting the development of a strong and cohesive national paediatric oncology system. Successes included building the capacity of shared-care, non-specialist hospitals to provide basic treatment and palliative care, while also expanding the knowledge of primary healthcare workers regarding childhood cancer.

Children reached: 729

Healthcare staff trained in paediatric oncology: 35

Healthcare staff trained in early warning signs and symptoms: 484

Cash grants distributed: 1,909

Ghana

Ghana remains our major country of operation and it hosts the regional office for Africa and World Child Cancer's partners at Korle-Bu Teaching Hospital. It is the hub centre for paediatric oncology for West Africa. In collaboration with the major funder, UBS-Optimus Foundation, work has continued offering fellowships in paediatric oncology for paediatricians, pharmacists and specialised training for nurses. Regional "Training of Trainers" for nurses has been offered along with training on the early warning signs and symptoms of childhood cancer and retinoblastoma for regional and district health care workers. In addition, awareness-raising activities for the general public were organised. An assessment of the national palliative care services took place and support given to develop nutritional support for children with cancer.

Children reached: 1,020

Healthcare staff trained in paediatric oncology: 397

Healthcare staff trained in early warning signs and symptoms: 0

Cash grants distributed: 1,792

Families receiving emotional support: 922

Vietnam

We recruited and trained the first Family Support Officer in Vietnam at Hue Central Hospital in 2023. They provide holistic support to children with cancer and their families, including financial and emotional support. This position acts as a model service which could be rolled out to other paediatric oncology units across the country.

Cash grants distributed: 56

Families receiving emotional support: 110

Nepal

The year saw the completion of World Child Cancer's first three-year FCDO-funded project in Nepal. This project has provided year-long Paediatric Oncology fellowships for nurses and doctors, established a shared care network, and run a number of nationwide EWSS

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awareness raising events. A paediatrician and three nurses participated in specialised fellowships in India and Nepal. Similarly, Kanti Children's Hospital's shared care centres in Pokhara and Biratnagar were strengthened through trainings and exchange visits. EWSS training sessions were conducted widely across the country, reaching 98 healthcare professionals from five out of the seven provinces in Nepal. Furthermore, psychosocial, and financial support was provided to families of cancer affected children by the family support officer for treatment and diagnosis. World Child Cancer's engagement with key stakeholders including WHO and the Ministry of Health during the first national workshop for the GICC platform in Nepal was another key highlight where the first declaration on childhood cancer response was signed to urge the government to formulate an informed comprehensive childhood cancer plan, aligning with the national cancer strategy.

Newly diagnosed: 167

Healthcare staff trained in paediatric oncology: 88

Healthcare staff trained in early warning signs and symptoms: 98

Cash grants distributed: 115

Families receiving emotional support: 546

Mexico

2023 saw the relaunch of the Mexico programme, with a critical focus on supporting patients and families. Counselling and transport support projects were launched with partners in Mexico to great effect, reaching over 400 children and their families in the first six months. Additionally, two paediatric oncology nurse training courses were developed with two universities in Monterrey and are currently ongoing, which will significantly build the capacity of the paediatric oncology unit at Hospital Universitario Dr Jose Eleuterio Gonzalez ("HU") and support other centres. Diagnostic equipment was also provided to HU and Hospital de la Ninez Oaxaquena in Oaxaca.

Children reached: 205

Families receiving emotional support: 430

Cash grants distributed: 809

Sierra Leone

The Sierra Leone programme took significant strides in providing a more well-rounded paediatric oncology system to patients and families in 2023. Awareness was a big part of this, and strong public awareness campaigns resulted in increases in early referrals of childhood cancer patients. More support is also available to patients and families, including nutrition services. Training successes included the beginning of the strengthening of the shared-care centre in Lunsar, whereby a pharmacist undertook a 3-month training course in Ghana.

Newly diagnosed: 83

Healthcare staff trained in paediatric oncology: 0

Families receiving emotional support: 151

Cash grants distributed: TBC

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 maximum number of trustees or trustee representatives is twelve at any one time. The standard number of terms of office is two, however, by exception a third term may be allowed if it is considered in the best interests of the organisation to do this.

Trustees

World Child Cancer UK has one corporate trustee, World Child Cancer Trustees, whose Directors act as Trustee Representatives. Those who served in the year are:

Trustee representatives	Appointed/resigned
Sara Bailey	
Professor Simon Bailey	Appointed 23 March 2023
Karen Brade	
Anuj Chande	
Yves Dermaux	
Helen Griffiths	
Rachel Hollis	
Kate Lee	
Paul Nabavi	
Professor Kathy Pritchard-Jones	Resigned 23 March 2023
Professor Lorna Awo Renner	
Julie Torode	

Honorary Patrons

- ◆ Professor Tim Eden
- ◆ Gill Thaxter
- ◆ Anu Vedi
- ◆ Caitriona Balfe
- ◆ Gordon Morrison
- ◆ David Thomas

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:

HR and Governance sub-committee

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

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Members (in addition to staff):

- ◆ Helen Griffiths
- ◆ Rachel Hollis
- ◆ Yves Dermaux

Programme sub-committee

The Programme Committee oversees the work of the programmes team, making sure that it adheres to the approved strategy and that it delivers in terms of programme and global targets. The Programme Committee includes representation from World Child Cancer UK, the Netherlands and USA to enhance the integration and harmonisation of our global work.

Members (in addition to staff):

- ◆ Gertjan Kaspers
- ◆ Abby White
- ◆ Alison Finch
- ◆ Rehana Punjwani
- ◆ Sue Horton
- ◆ Festus Muigai
- ◆ Kathy Pritchard-Jones
- ◆ John Van Doorninck
- ◆ Nihad Salifu
- ◆ Rachel Hollis
- ◆ Julie Torode

Finance sub-committee

Since the year end the charity has formed a Finance Committee whose purpose is to assist the Board in its duty to supervise the broad direction of World Child Cancer's financial affairs.

Members (in addition to staff):

- ◆ Karen Brade
- ◆ Anuj Chande
- ◆ Paul Nabavi

Policies adopted for the induction and training of Trustees or their representatives

The charity relies upon the guidance issued by the Charity Commission in relation to the induction and training of Trustees or their representatives and follows guidance and best practice. General practice for inducting new Trustees and trustee representatives includes meeting with key management and other trustees, the provision of a training pack which includes key financial, fundraising and programme information and copies of past board Minutes and papers. In addition, all new trustees undertake safeguarding training.

Key management personnel and pay policy for senior staff

The trustees delegate the day-to-day management of the charity to the key management personnel. These comprise the roles of the Chief Executive Officer, Finance Director, and Director of Programmes. It is the responsibility of the HR and Governance sub-committee to review the pay and benefits for staff once per year and set pay based on industry benchmarks, performance and budget availability.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the HR and Governance sub-committee. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A comprehensive salary benchmarking study was undertaken in the UK in Spring 2020 and in Ghana in Winter 2021, both by third parties, and regular further reviews will be undertaken.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

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 and this is done on a continuing basis. 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:

- ◆ Ensuring that fundraising targets are met, an appropriate income generation plan is in place and ensuring the balance of restricted and unrestricted income and reserves is appropriate. This past year has continued to be financially challenging, with the fundraising environment remaining highly competitive. Coupled with this is the challenge of managing restricted and unrestricted fundraising. Whilst restricted donations contribute hugely towards the success of World Child Cancer's programmes, unrestricted income is also required to ensure the charity can continue to operate effectively. As part of ensuring the Charity operates as efficiently as possible, the aim is always full cost recovery within funding applications and wherever possible, programme management contributions are built into all restricted funding proposals. Bi-monthly proposal meetings are important to identify funding gaps and to agree which fundraising applications should be prioritised.

- ◆ Changes in the political and social landscape of the countries where the charity operates which could result in unrest or instability. This results in a risk to staff and volunteers travelling to those countries on behalf of the organisation, a risk to staff working in-country and a direct risk to the charity's beneficiaries. This risk is especially critical in Myanmar where a military coup took place in early 2021. Public hospitals in Myanmar were closed by the military for part of 2022, and as a result there has been a dramatic fall in the number of children presenting at hospital which has a catastrophic impact on survival rates. An added complication has been the fact banks have been generally closed and when open, only minimal withdrawals have been allowed. Getting funds into Myanmar to support families has therefore been extremely challenging. World Child Cancer is working closely with staff in-country to try and ensure their safety is preserved and they work from home wherever possible to minimise risk. Aside from Myanmar, managing potentially dangerous situations is carried out through observing FCDO advice, reviewing security advice for travel to particular countries and observing local customs and cultures.

In addition to the political situation in Myanmar, the war in Ukraine and the situation in Palestine have had worldwide ramifications which have affected many charities in the sector and not just World Child Cancer. Higher energy and food prices have caused high inflation and in some of World Child Cancer's African programme countries, this has been as high as 40%. This high inflation causes fundraising challenges and puts pressure on staff and of course patients and their families. Additional financial support has been provided to staff where possible, and funding and budgets are regularly revised but World Child Cancer has very limited methods by which to mitigate the impacts of high inflation.

- ◆ We are unable to recruit and retain the right mix of staff and trustees. Recruiting and retaining the right people across the world is fundamental to our being able to deliver excellent outcomes for the children and families we work with. This is challenging in the context of high inflationary environments in many countries where we work and our level of available financial resources to address this risk. We address this risk through a careful and focussed approach to recruitment, strong communication channels across the charity, addressing high inflation risks with one-off payments and linking of salaries to hard currency amounts where possible and regular salary benchmarking surveys that then feed into our financial planning framework
- ◆ Ensuring the appropriate level of free reserves are held. A charity is always faced with the challenge of holding sufficient free reserves to be able to comfortably support itself through a downturn but it equally requires not to hold excessive free reserves which could otherwise be deployed to further the charity's aims. World Child Cancer's reserves policy states that 3 months' of operating costs and 3-4 months' of programme costs should be held as reserves (further detail in the Reserves section of the report). Careful management is required to ensure that this value is held and any deviations are addressed. The reserves policy is reviewed regularly by the Board in the context of the major strategic risks faced by the charity, and free reserves are closely monitored through the regular production of management information. The recently formed Finance sub-committee will support the Board in close monitoring of the reserves position. Operational budgets are flexed where possible to manage the level of free reserves throughout the year.

- ◆ The risk of inadequate safeguarding leading to the abuse of, or injury to a child or vulnerable adult. The organisation has a robust Safeguarding Policy for children and vulnerable adults which all staff and volunteers are required to adhere to. The safeguarding of a child or vulnerable adult, such as a parent of a child with cancer, continues to be of utmost priority. Formal safeguarding e-learning was introduced in 2020 and on-line refresher training took place in March 2023. All staff, volunteers and trustees were required to complete this. Regular refresher training ensures all staff and volunteers are fully briefed in the latest thinking around safeguarding. The charity's Code of Conduct forms part of an employee's employment contract and this further sets out the expected behaviours of all representatives of World Child Cancer. World Child Cancer has well-publicised procedures to follow in the event of any safeguarding concern and to date there have been no safeguarding incidents.

FINANCIAL REVIEW

Financial results and position

Total income in the year was 132% higher than 2022 at £5.9 million (2022 – £2.9 million). However, these headline numbers include exceptionally generous in kind donations of vital cancer drugs for our programmes valued at £2.9 million (2022 – £213,000). Income before donated goods has increased by 11% in the year to £2,987,000 (2022 – £2,683,000) which reflects a number of important new grants secured in the year, most notably from Amgen Inc. We are also lucky to have a broad and committed community of individuals fundraising on our behalf and they have continued to make an important contribution to our income in 2023. Our Ambassadors group have held a number of successful events on our behalf, raising £320,000 of valuable unrestricted income in the year (2022 – £229,000) and our individual givers and major donors have generously donated £365,000 in 2023 (2022 – £374,000), which is a strong result in the context of an ongoing cost of living crisis that is impacting many people's household budgets.

Total expenditure for the year was £5.6 million (2022 – £3.3 million) resulting in an overall surplus for the year of £246,000 (2022 – deficit of £375,000). As with income, total expenditure also includes £2.9 million of donated cancer drugs, which have been shipped to our hospital partners in Malawi and Cameroon in the year.

Expenditure on the support of treatment programmes before donated goods has amounted to £2,440,000 in the year, down from £2,679,000 in 2022. This 9% reduction is the expected result of our FCDO projects in Bangladesh, Nepal and Malawi coming to an end, and an overall lower level of expenditure in those countries as new programmes were planned, funded and commenced.

The result for the year is a surplus of £246,000 (2022 – deficit of £375,000) made up of an unrestricted deficit of £212,000 (2022 – deficit of £314,000) and a restricted surplus of £459,000 (2022 – deficit of £61,000). Trustees are clear that significant unrestricted deficits cannot continue into 2024 and beyond, and the 2024 budget has been set on that basis.

Reserves policy

The Trustee Representative continues to ensure the reserves policy is appropriate and reflects the environment in which World Child Cancer operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer wishes to ensure that essential services to beneficiaries can be maintained, particularly given the backdrop of worldwide economic uncertainty. In the countries in which the charity works, we have committed funding to ensure the programmes can operate and where these programmes are not covered by restricted funding, the Trustee Representative has taken the decision to designate additional funding when needed to allow the programmes to operate for a period of 3-4 months. If required at the year end, these additional funds are disclosed as designated reserves.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves:

- ◆ **Restricted reserves:** funds which have a restriction placed on them by the donor.
- ◆ **Designated reserves:** funds designated for use by the Trustee; the policy adopted is that the total of designated and restricted reserves is sufficient to ensure 3-4 months' worth of direct programme costs are held at the year end, as each programme's budget is agreed annually and most of the programmes do not have alternative sources of funding.
- ◆ **Unrestricted reserves:** funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise.

Having considered all factors, it is considered appropriate that 3 months' worth of operational costs should be held as unrestricted reserves.

As at 31 December 2023, total funds held by World Child Cancer UK amount to £1,137,000 (2022 – £891,000). Restricted reserves are £907,000 (2022 – £449,000). Designated reserves are £nil (2022 – £nil) owing to the fact that restricted reserves already account for 3-4 months' worth of future direct programme costs.

The balance of reserves amount to £229,000 (2022 – £441,000) and are held within the unrestricted fund. Of this, £8,000 (2022 – £8,000) is held as tangible fixed assets which are not part of the free reserves of the Charity as these are not available for immediate realisation. Therefore, the free reserves of World Child Cancer UK at 31 December 2023 are £221,000 (2022 – £433,000), which equates to approximately 3.5 months' worth of operating costs (more than the reserves policy of 3 months).

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.

Going concern

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a 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 the Trustee continues to adopt the going concern basis of accounting in preparing the annual financial statements.

Public benefit

When considering the charity's activities, the Trustee has complied with the duty to have due regard to the Charities Commission's general guidance on public benefit and is satisfied that the organisation fully complies with the Public Benefit requirements.

SUSTAINABILITY STATEMENT

World Child Cancer UK is committed to being a responsible organisation and as such, strives to consider all stakeholders in the way it operates. Indeed, World Child Cancer has as its core 5 values the following:

- ◆ Act for sustainable change;
- ◆ Act with integrity;
- ◆ Act collaboratively;
- ◆ Act with kindness;
- ◆ Act to keep children safe.

Sustainability, or 'Environmental, Social and Governance' (ESG) is embedded into World Child Cancer UK's strategy and this document seeks to set out the ways in which this is being addressed.

Environmental policies

World Child Cancer UK is committed to minimising the impact of its activities on the environment. One of the organisation's key activities is undertaking training and health partnership activities and this has traditionally meant air travel to fly medics from their home countries to the programme countries. Covid has shown that there are alternative ways of working and that some training can be delivered virtually. Whilst there will be times when face-to-face meetings/training are preferable, the organisation has found alternative, effective ways of working and so going forward, air travel will undoubtedly continue to be reduced. In any case, air travel is minimised wherever possible. In addition to this, the environmental policy sets out other ways to minimise the impact on the environment such as sharing documents electronically, recycling and considering a supplier's environmental credentials when they tender for services.

Climate change is a concern and is particularly pertinent in countries in which World Child Cancer UK works as natural disasters are, sadly, more common. These natural disasters can be driven by climate change and hence the drive to minimise environmental impact becomes ever more crucial.

Social policies

World Child Cancer UK strives to be an inclusive and diverse organisation. To this end, there has been a focus over recent years of recruiting in-country and expanding the global workforce. Today, World Child Cancer employs 40 people, over 60% of whom are based internationally. After the London base, the regional office in Ghana is the second largest and is home to 11 staff.

The opinions and ideas of staff are central to how World Child Cancer operates and regular staff surveys are carried out. The surveys ask questions about role, career opportunities, leadership, strategy, working conditions, reward and recognition. In 2023, the survey focussed on methods and content of internal communications, with a number of changes made to our approach to sharing information with staff as a result.

Governance policies

World Child Cancer UK complies fully with all statutory requirements and has robust policies regarding what it expects of its staff and trustees. This is set out in the organisation's Code of Conduct which all parties must agree to. In addition, there are detailed policies on equality & diversity, bribery, ethical sponsorship, risk management and a code of ethics.

In addition, World Child Cancer has adopted the Charity Governance Code and has discussed the latest updates to the Code surrounding equality, diversity and inclusion. This is of particular relevance in recruiting new trustees, new members of staff and ensuring all staff are treated equally and fairly.

Underpinning all of World Child Cancer UK's work is its utmost aim to keep all children and vulnerable adults free from harm and this is enshrined in the safeguarding policy. There is clear guidance in the whistleblowing policy as to what to do if anyone has concerns regarding safeguarding and the topic is discussed regularly at both board and staff meetings to ensure all parties remain vigilant.

Risk management is monitored via the risk matrix and discussed at quarterly board meetings as well as being a standing topic at senior management meetings. Remuneration is reviewed in accordance with the policy and via the HR & Governance Committee. Pay is commensurate with experience, qualifications, benchmarking and the sector. A salary benchmarking study is conducted regularly for UK staff and a similar study was undertaken in Ghana recently. The aim is to ensure that frequent benchmarking exercises are undertaken in all of the programme countries at regular intervals.

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the trustee's 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 income and expenditure 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 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);
- ◆ make judgments and accounting estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. 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.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

This report was approved by the Trustee on 25 March 2024 and signed on its behalf by:



Rachel Hollis, Chair

Independent auditor's report to the corporate trustee of World Child Cancer UK

Opinion

We have audited the accounts of World Child Cancer UK (the 'charity') for the year ended 31 December 2023 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2023 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

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 accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 the charity'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 Trustee is responsible for the other information. The other information comprises the information included in the Chair's Report, the trustees' report and accounts other than the financial statements and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in 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 there is a material misstatement in the accounts or a material misstatement of the other information. 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.

Matters on which we are required to report by exception

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

- ◆ the information given in the trustees' annual report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts 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.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity'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 charity 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 is detailed below:

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charity through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the operations of the charity, including the Charities Act 2011, data protection legislation, anti-bribery, employment, safeguarding principles, health and safety legislation;
- ◆ we considered the impact of the international nature of the charity's operations on its compliance with laws and regulations;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

Auditor's responsibilities for the audit of the financial statements (continued)

How the audit was considered capable of detecting irregularities including fraud
(continued)

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of meetings of those charged with governance;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and with 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 opinions we have formed.



Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

25 March 2024

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of financial activities Year ended 31 December 2023

	Notes	Restricted funds £	Un-restricted funds £	2023 Total funds £	Restricted funds £	Un-restricted funds £	2022 Total funds £
Income from:							
Donations and legacies	1	2,409,126	570,696	2,987,822	2,068,184	569,151	2,637,335
Donated goods: medical supplies	1	2,886,777	—	2,886,777	213,467	—	213,467
Investments		76	7,568	7,644	88	2,303	2,391
Other income	3	—	—	—	—	42,103	42,103
Total income		5,295,979	578,264	5,874,243	2,281,739	613,557	2,895,296
Expenditure on:							
Raising funds	2	—	300,736	300,736	—	377,542	377,542
Charitable activities: Support of treatment programmes	4	2,011,106	429,183	2,440,289	2,235,984	443,005	2,678,989
Charitable activities: Delivery of medical supplies	1	2,886,777	—	2,886,777	213,467	—	213,467
Total expenditure		4,897,883	729,919	5,627,802	2,449,451	820,547	3,269,998
Net income (expenditure) before transfers		398,096	(151,655)	246,441	(167,712)	(206,990)	(374,702)
Transfer between funds	12	60,401	(60,401)	—	107,158	(107,158)	—
Net income (expenditure) and net movement in funds	7	458,497	(212,056)	246,441	(60,554)	(314,148)	(374,702)
Reconciliation of funds							
Fund balances brought forward		449,337	441,288	890,625	509,891	755,436	1,265,327
Fund balances carried forward		907,834	229,232	1,137,066	449,337	441,288	890,625

The notes on pages 36 to 44 form part of these financial statements.

Balance sheet 31 December 2023

	Notes	2023 £	2023 £	2022 £	2022 £
Fixed assets					
Tangible fixed assets	9		7,893		8,277
Current assets					
Debtors	10	222,298		201,008	
Short term deposits		30,000		—	
Cash at bank and in hand		919,890		952,745	
		1,172,188		1,153,753	
Creditors: amounts falling due within one year	11	(43,015)		(271,405)	
Net current assets			1,129,173		882,348
Net assets			1,137,066		890,625
Restricted funds	12		907,834		449,337
Unrestricted funds					
. General	12		229,232		441,288
Total funds			1,137,066		890,625

The financial statements were approved and authorised for issue by the Trustee on and signed on its behalf, by Rachel Hollis on 25 March 2024:



The notes on pages 36 to 44 form part of these financial statements.

Charity registration number : 1084729

Statement of cash flows Year ended 31 December 2023

		2023 £	2022 £
Cash flows from operating activities			
Net cash (used in) operating activities	A	(7,652)	(126,042)
Cash flows from investing activities			
Purchase of tangible fixed assets		(2,847)	(3,962)
Investment income		7,644	2,391
Net cash provided by (used in) investing activities		4,797	(1,571)
Change in cash and cash equivalents in the year		(2,855)	(127,613)
Cash and cash equivalents at 1 January 2023		952,745	1,080,358
Cash and cash equivalents at 31 December 2023	B	949,890	952,745

A Reconciliation of net movement in funds to net cash (used in) operating activities

		2023 £	2022 £
Net income (expenditure) for the year (as per Statement of Financial Activities)		246,441	(374,702)
Adjustment for:			
Depreciation charges		3,231	3,679
Investment income		(7,644)	(2,391)
(Increase) decrease in debtors		(21,290)	5,780
(Decrease) increase in creditors		(228,390)	241,592
Net cash (used in) operating activities		(7,652)	(126,042)

B Analysis of changes in net debt

		2023 £	2022 £
Short term deposits		30,000	—
Cash at bank and in hand		919,890	952,745
Total cash and cash equivalents		949,890	952,745

World Child Cancer UK does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand and short-term deposits.

Principal accounting policies Year ended 31 December 2023

Basis of preparation

The financial statements have been prepared in accordance 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 United Kingdom 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 Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

The financial statements are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. This includes assessing the impact of the ongoing global conflicts and the increase in the costs of living on the charity's income, expenditure and financial position (see assessment of going concern below).

Accounting estimates and assumptions

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by the professionals donating their time and what the salary cost of those professionals would have been if they were employed by the charity.

Assessment of going concern

The Trustee has assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The Trustee has made this assessment in respect to a period of one year from the date of approval of these financial statements.

The Trustee has undertaken a detailed review of income, costs, cash flow, reserves and external factors and considers that the Charity is a going concern. The Trustee of the charity has concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a 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.

The most significant areas of judgement that affect items in the accounts are detailed above.

Income recognition

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Income comprises donations (including from fundraising appeals and events) and legacies, institutional grant income, donated medical drugs and equipment, donated services of doctor and consultant time and investment income.

Donations are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Grants from government and other agencies have been included as income from charitable activities where these amount to a contract for services, but as donations where the money is given in response to an appeal or with greater freedom of use.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

Donated professional services and donated facilities are valued 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; a corresponding amount is then recognised in expenditure in the period of receipt.

Donated goods are recognised at a value equivalent to their market value when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. A corresponding amount is then recognised in expenditure at the date the goods are received by our hospital partners in the countries in which we operate.

Principal accounting policies Year ended 31 December 2023

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.

Expenditure recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity, and includes financial support provided to individuals. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

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. These include governance costs which are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements. Support costs are allocated across expenditure on raising funds and charitable activities as a proportion of total expenditure incurred.

Expenditure on raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure on charitable activities are costs incurred on the Charity's operations, including support costs and costs relating to the governance of the Charity apportioned to charitable activities.

Tangible fixed assets and depreciation

All assets costing more than £250 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. 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
Fixtures & fittings	20% straight line

Principal accounting policies Year ended 31 December 2023

Office equipment 20% straight line

Debtors

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

Cash at bank and in hand

Cash at bank and 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. Any cash investment with a longer maturity is classified as a short term deposit.

Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Financial instruments

The Charity only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

Financial assets – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost. Prepayments are not financial instruments.

Cash at bank – classified as a basic financial instrument and is measured at face value.

Financial liabilities – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

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.

Principal accounting policies Year ended 31 December 2023

Operating leases

Rentals under operating leases are charged to the statement of financial activities on a straight line basis over the lease term.

Pensions

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

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 Income from donations and legacies

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Donations			
. Events	—	320,619	320,619
. Individual giving and major donors	219,505	146,482	365,987
. Corporates, trusts and foundations	1,317,250	92,113	1,409,363
. Statutory funding	410,065	—	410,065
. Voluntary medical aid	462,306	—	462,306
. Other donated services	—	11,482	11,482
Total	2,409,126	570,696	2,987,822

	<i>Restricted funds £</i>	<i>Unrestricted funds £</i>	<i>Total funds 2022 £</i>
<i>Donations</i>			
. <i>Events</i>	<i>119</i>	<i>228,557</i>	<i>228,676</i>
. <i>Individual giving and major donors</i>	<i>36,339</i>	<i>337,462</i>	<i>373,801</i>
. <i>Corporates, trusts and foundations</i>	<i>1,235,539</i>	<i>3,132</i>	<i>1,238,671</i>
. <i>Statutory funding</i>	<i>355,338</i>	<i>—</i>	<i>355,338</i>
. <i>Voluntary medical aid</i>	<i>440,849</i>	<i>—</i>	<i>440,849</i>
<i>Total</i>	<i>2,068,184</i>	<i>569,151</i>	<i>2,637,335</i>

Included within statutory funding for the year ended 31 December 2023 is £87,998 (2022 – £nil) received from the Foreign and Commonwealth Development Office (FCDO) in respect of our UK Aid Match grant for Ghana – grant reference 205210-289. This amount was fully spent on the designated project. In addition, £122,157 (2022 – £189,329) was received from the FCDO in respect of our UK Aid Match grant for Bangladesh – grant reference 205210-248. This amount was also fully spent on the designated project. £127,358 (2022 – £80,884) was received from FCDO and spent on the designated project for our UK Aid Match Nepal project. The grant reference is 205210-257. Finally, £72,552 (2022 – £85,125) was received from FCDO for our programme in Malawi with grant reference 205210-271. This entire amount was also spent on the designated project.

Included within Corporates, Trusts and Foundations income for the year ended 31 December 2023 is £nil (2022 – £150,000) from the Stavros Niarchos Foundation (SNF) for World Child Cancer’s paediatric oncology programme in sub-Saharan Africa. In addition, £213,559 (2022 – 126,536) is included from Bristol Myers Squibb as a grant for strengthening paediatric oncology skills in Ghana and Cameroon. Finally, an amount of £442,125 (2022 – £608,551) is included from the UBS-Optimus Foundation in respect of creating a centre of excellence for paediatric oncology in Sub-Saharan Africa.

The donated drugs noted on the face of the statement of financial activities relate to charity facilitating the delivery of drugs in Malawi and Cameroon, in partnership with International Health Partners valued at £2,886,777 (2022 – £213,467).

2 Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Fundraising costs	—	98,745	98,745
Staff costs	—	194,621	194,621
Support costs (note 5)	—	7,370	7,370
Total	—	300,736	300,736

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Fundraising costs</i>	—	100,539	100,539
<i>Staff costs</i>	—	266,563	266,563
<i>Support costs (note 5)</i>	—	10,440	10,440
<i>Total</i>	—	377,542	377,542

3 Other income

In the prior year, other income comprised £10,604 of Kickstart grants from the Department for Work and Pensions, discretionary coronavirus support of £4,112 provided by Southwark Council following the coronavirus pandemic and £27,387 of rental income as a result of an office-sharing arrangement at the charity's former London Bridge premises. No equivalent income from any of these sources was recognised in 2023.

4 Analysis of expenditure on charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
Project costs	1,245,420	115,821	1,361,241
Other direct costs	194,729	35,232	229,961
Voluntary medical aid	462,306	—	462,306
Donated goods and services	—	11,482	11,482
Staff costs	108,651	175,101	283,752
Support costs (note 5)	—	91,547	91,547
Total	2,011,106	429,183	2,440,289

	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Project costs</i>	1,538,561	38,375	1,576,936
<i>Other direct costs</i>	124,023	37,923	161,946
<i>Voluntary medical aid</i>	440,849	—	440,849
<i>Staff costs</i>	132,551	286,710	419,261
<i>Support costs (note 5)</i>	—	79,997	79,997
<i>Total</i>	2,235,984	443,005	2,678,989

Notes to the financial statements 31 December 2023

5 Support costs

	Total funds 2023	Total funds 2022
	£	£
Legal and professional	5,127	7,458
Audit and accounting fees	14,780	13,700
Other costs	28,798	5,782
Support staff costs	46,981	59,818
Depreciation	3,231	3,679
	98,917	90,437

6 Analysis of expenditure type

	Staff costs	Depreciation	Other costs	Total funds 2023
	£	£	£	£
Current year				
Expenditure on raising funds	194,621	—	106,115	300,736
Direct costs on charitable activities	483,526	3,231	4,840,309	5,327,066
	678,147	3,231	4,946,424	5,627,802

	Staff costs	Depreciation	Other costs	Total funds 2022
	£	£	£	£
Current year				
Expenditure on raising funds	266,562	—	110,980	377,542
Direct costs on charitable activities	479,080	3,679	2,409,697	2,892,456
	745,642	3,679	2,520,677	3,269,998

7 Net expenditure

This is stated after charging:

	Total funds 2023	Total funds 2022
	£	£
Depreciation of tangible fixed assets:		
. Owned by the charity	3,231	3,679
Operating lease rentals	1,737	48,540
Auditor's remuneration		
. Audit fees: current year	11,880	10,980
. Other fees	1,500	1,320
Foreign exchange expense	45,421	75,921

8 Staff costs

Staff costs were as follows:

	Total funds 2023 £	Total funds 2022 £
Wages and salaries	598,520	625,656
Social security costs	43,324	61,869
Other pension costs	36,303	58,117
	678,147	745,642

£2,894 of redundancy costs were incurred in the year ended 31 December 2023 (2022 – none) and are included within “wages and salaries” above.

The average number of persons employed by the Charity during the year was as follows:

	2023 No.	2022 No.
Programmes, administration, fundraising and finance	14	16
The number of higher paid employees was		
£60,001 - £70,000	1	3
£70,001 - £80,000	1	1

The key management personnel during the year comprise the roles of: Chief Executive, Finance Director, Director of Fundraising & Communications and Director of Programmes. The total remuneration of key management personnel (including employer national insurance and pension contributions) in the year was £264,474 (2022 – £323,953). All staff are enrolled into the pension scheme and receive the same contributions regardless of grade.

World Child Cancer is committed to ensuring the best value for money and wishes to ensure transparency in terms of senior management pay. All staff salaries, including those of senior management and the Chief Executive, are reviewed and approved by the Trustee sub-committee who oversee HR matters. It is important that the charity pays proportionate salaries that attract and retain skilled staff who can effectively run the organisation and ensure that it is successful in its mission of reaching as many children with cancer and their families as possible.

In setting appropriate salaries, industry benchmarking is used against organisations of similar size and activity. A salary benchmarking study was undertaken in Spring 2020 by an external party.

In addition to paid staff, World Child Cancer is fortunate to have the support of many volunteers, without whom the charity could not function. In particular, World Child Cancer is indebted to the doctors, nurses and other medical professionals who volunteer their time to travel overseas to our programme countries to work alongside in-country medical professionals.

9 Tangible fixed assets

Current year	Fixtures & fittings £	Office equipment £	Total £
Cost			
At 1 January 2023	4,502	13,651	18,153
Additions	—	2,847	2,847
Disposals	(4,502)	(1,750)	(6,252)
At 31 December 2023	—	14,748	14,748
Depreciation			
At 1 January 2023	4,029	5,847	9,876
Charge for the year	473	2,758	3,231
On disposals	(4,502)	(1,750)	(6,252)
At 31 December 2023	—	6,855	6,855
Net book value			
At 31 December 2023	—	7,893	7,893
At 31 December 2022	473	7,804	8,277

10 Debtors

	2023 £	2022 £
Trade debtors	1,875	28,000
Prepayments and accrued income	217,702	166,066
Other debtors	2,721	6,942
	222,298	201,008

11 Creditors: amounts falling due within one year

	2023 £	2022 £
Trade creditors	5,333	11,445
Accruals and deferred income	25,427	258,799
Other creditors	12,255	1,161
	43,015	271,405

Deferred income	2023 £	2022 £
Deferred income at 1 January	238,509	—
Amounts released from previous years	(238,509)	—
Resources deferred in the year	948	238,509
Deferred income a 31 December	948	238,509

Deferred income comprises money received from donors during the year that is deferred into the following year based on the income recognition requirements of the Charity SORP.

12 Statement of funds

Current year	At 1 January 2023 £	Income £	Expenditure £	Transfers £	At 31 December 2023 £
Restricted funds					
Malawi	32,637	79,874	(185,880)	85,036	11,667
Bangladesh	3,263	122,237	(117,947)	(8,125)	(572)
Myanmar	8,644	40,608	(67,522)	23,317	5,047
Cameroon	14,308	118,058	(69,480)	7,993	70,879
Ghana	118,703	387,248	(274,468)	—	231,483
Vietnam	12,814	—	(8,048)	—	4,766
Nepal	15,096	175,920	(129,356)	—	61,660
UBS project	60,965	442,125	(442,631)	—	60,459
Mexico	79,614	17,351	(49,390)	—	47,575
Sierra Leone	10,632	6,820	(11,523)	—	5,929
Family/Psychological	4,877	42,344	(6,386)	—	40,835
Philippines	—	1,200	(1,200)	—	—
Amgen project	—	385,802	(61,213)	(12,836)	311,753
Multi-country projects	87,784	127,309	(123,756)	(34,984)	56,353
Donated goods and services including Voluntary Medical Aid	—	3,349,083	(3,349,083)	—	—
	<u>449,337</u>	<u>5,295,979</u>	<u>(4,897,883)</u>	<u>60,401</u>	<u>907,834</u>
Unrestricted funds					
General funds	<u>441,288</u>	<u>578,264</u>	<u>(729,919)</u>	<u>(60,401)</u>	<u>229,232</u>
	441,288	578,264	(729,919)	(60,401)	229,232
Total funds	<u>890,625</u>	<u>5,874,243</u>	<u>(5,627,802)</u>	<u>—</u>	<u>1,137,066</u>

The restricted funds represent donations and grants received that are to be spent on specific programmes in the countries listed.

The restricted Malawi funds of £11,667 (2022 – £32,637) are to be spent on staff training, patient support packs, treatment costs and awareness raising activities. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

There is a deficit of £572 (2022 – £3,263) of restricted funds for use in Bangladesh due to foreign exchange differences, which will be funded by further funds to be received in 2024. Restricted funds received for Bangladesh are typically spent on training, patient support packs, nutritional care and patient transport costs. Transfers out were made from these funds during the year to cover programme costs relating to Bangladesh that were originally paid for from unrestricted funds.

The Myanmar funds of £5,047 (2022 – £8,644) will be spent on improving access to, and quality of, paediatric oncology services in Myanmar. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

12 Statement of funds (continued)

There is a restricted balance of £70,879 (2022 – £14,308) for Cameroon which will be spent on drugs for Burkitts' Lymphoma patients, specialist training, advocacy and awareness raising, parent support costs and palliative care outreach work. Transfers in were made to these funds during the year to cover programme costs that were not able to be paid for from restricted funds.

£231,483 (2022 – £118,703) of restricted funds are for use in Ghana, including on several projects from large donors. The funds will be spent on improving access to paediatric oncology services in some of the remotest areas of Ghana and on local and international training, advocacy and awareness raising activities, equipment, drug costs and parent support.

£4,766 (2022 – £12,814) of restricted funds are to be spent in Vietnam on improved psychosocial care for children and their families.

In Nepal, £61,660 (2022 – £15,096) of restricted funds are to be spent on improving access to hospitals, developing early-warning signs training, providing key drugs and healthcare professional training.

£60,459 (2022 – £60,965) is to be spent in Ghana on the UBS Optimus Foundation programme which aims to develop a centre of paediatric oncology excellence in West Africa.

Mexico has £47,575 (2022 – £79,614) carried forward which will be used to improve paediatric oncology outcomes in Mexico.

There is £5,929 (2022 – £10,632) carried forward for use in Sierra Leone which will be spent on patient care and diagnostics.

The family and psychosocial programme has £40,835 (2022 – £4,877) carried forward and this will be spent on patient and family psychosocial services such as play therapists, cancer-specific literature for families and the Xploro app which helps and empowers children through their cancer treatment.

£311,753 (2022 – nil) is to be spent on the programme funded by Amgen Inc, which will improve early detection and access to treatment, strengthen paediatric oncology services for children with Burkitts' Lymphoma, and deliver advocacy and sharing of learning for long-term impact in a number of countries around the world. Transfers out were made from these funds during the year to cover programme costs relating to Malawi that were originally paid for from unrestricted funds.

£56,353 (2022 – £87,784) of restricted funds relating to multi-country programme are being carried forward to be spent in 2024 on improving paediatric oncology services across sub-Saharan Africa. Transfers out were made from these funds during the year to cover programme costs relating to a number of countries that were originally paid for from unrestricted funds.

12 Statement of funds (continued)

	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
<i>Current year</i>					
<i>Restricted funds</i>					
Malawi	25,851	118,328	(142,583)	31,041	32,637
Bangladesh	60	192,849	(189,586)	(60)	3,263
Myanmar	38,600	47,685	(96,895)	19,254	8,644
Cameroon	18,550	91,794	(134,422)	38,386	14,308
Ghana	52,690	226,650	(160,637)	—	118,703
Vietnam	19,025	—	(6,211)	—	12,814
Nepal	47,338	80,884	(113,126)	—	15,096
UBS project	198,637	599,333	(737,005)	—	60,965
Stavros Niarchos Africa	82,768	150,000	(147,547)	—	85,221
Mexico	—	82,712	(3,098)	—	79,614
Sierra Leone	1,468	11,630	(2,466)	—	10,632
Family/Psychological	15,286	1,730	(12,208)	69	4,877
Philippines	—	1,369	(19,837)	18,468	—
Palestine	—	245	(245)	—	—
Other	9,618	22,214	(29,269)	—	2,563
<i>Donated goods and services including Voluntary Medical Aid</i>	—	654,316	(654,316)	—	—
	<u>509,891</u>	<u>2,281,739</u>	<u>(2,449,451)</u>	<u>107,158</u>	<u>449,337</u>
<i>Unrestricted funds</i>					
General funds	307,201	613,557	(479,470)	—	441,288
Designated funds	448,235	—	(341,077)	(107,158)	—
	<u>755,436</u>	<u>613,557</u>	<u>(820,547)</u>	<u>(107,158)</u>	<u>441,288</u>
<i>Total funds</i>	<u>1,265,327</u>	<u>2,895,296</u>	<u>3,269,998</u>	<u>—</u>	<u>890,625</u>

13 Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds 2023 £
<i>Current year</i>			
Tangible fixed assets	—	7,893	7,893
Current assets	912,834	259,354	1,172,188
Creditors due within one year	(5,000)	(38,015)	(43,015)
	<u>907,834</u>	<u>229,232</u>	<u>1,137,066</u>
	Restricted funds £	Unrestricted funds £	Total funds 2022 £
<i>Current year</i>			
Tangible fixed assets	—	8,277	8,277
Current assets	687,846	465,907	1,153,753
Creditors due within one year	(238,509)	(32,896)	(271,405)
	<u>449,337</u>	<u>441,288</u>	<u>890,625</u>

14 Related party transactions

No Trustee or Trustee representative received any remuneration or benefit in kind for professional or other services rendered to the Charity.

Some Trustee representatives are medical professionals and provide support to the Charity in the form of voluntary medical aid. Included within the balance of donated services and voluntary medical aid in notes 1 and 4 to the financial statements of amounts of £462,306 (2022 – £440,849), is an amount totalling £35,260 (2022 – £23,205) relating to the support provided by 3 trustees (2022 – 3 trustees).

Accommodation and flight expenses of £544 were incurred by World Child Cancer in relation to 1 (2022 – 2) trustee representative who resides outside the UK in order that they may attend trustee meetings (2022 – £2,057). £4,206 (2022 – £3,879) in expenses were incurred as part of their support providing voluntary medical aid and representing World Child Cancer at the International Paediatric Oncology Congress 2023, held in Canada.

Gifts of £nil were made to Trustees during 2023 (2022 – £80).

Total donations made by Trustee representatives (including connected persons) amounted to £13,183 during the year (2022 – £12,810).

Sara Bailey, one of the Trustee representatives is senior partner at Trowers & Hamblins LLP who donated £3,500 to World Child Cancer during the year (2022 – £7,750)

15 Pension commitments

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £36,303 (2022 – £58,117).

16 Operating lease commitments

At 31 December 2023, the Charity no longer had any operating lease commitments due to the expiry of its office lease (2022 – £nil).