

Company registration number (England and Wales): 08495711
Charity registration number (England and Wales): 1155577

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

(Incorporated as a Company Limited by Guarantee
and not having a Share Capital)

FINANCIAL STATEMENTS AND ANNUAL REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015



INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

CONTENTS

	Page
Reference and Administrative Details of the Charity, its Trustees and Advisers	1
Trustees' Report	2
Independent Auditor's Report	21
Statement of Financial Activities	23
Balance Sheet	24
Notes to the Financial Statements	25

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS

Company number	08495711 (England and Wales)
Charity number	1155577 (England and Wales)
Registered office	International Alliance of Patients' Organizations 49-51 East Road LONDON N1 6AH
Governing Board members (Board of Trustees)	Jolanta Bilinska (Chair appointed Aug 2015) Matthias Wienold (Treasurer appointed Aug 2015) Robert Johnstone Joshua Wamboga Durhane Wong-Rieger (Secretary from November 2015) Penney Cowan (appointed August 2015) Hussain Jafri (to July 2015) Carol Bennett (to July 2015) Eva Maria Ruiz de Castilla (to December 2015) KP Tsang (to November 2015) Marc Boutin (to July 2015)
Chief Executive	Stephen MacMahon, Interim CEO (to May 2015) Kawaldip Sehmi (from April 2015)
Bankers	NatWest Bank Plc PO Box 12258 1 Prices Street LONDON EC2R 8BP
Lawyers	Bates Wells & Brathwaite LLP 2-6 Cannon St LONDON EC4M 6YH
Independent auditor	Knox Cropper 8/9 Well Court LONDON EC4M 9DN
Website	www.iapo.org.uk

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

The trustees present their report and financial statements of the charity for the year ended 31st December 2015. Results for the trading subsidiary, IAPO Trading Limited (Company Number 08863190) are not consolidated on the grounds that it was dormant and not material to the group.

The trustees have complied with the duty to have due regard to guidance issued by the Charity Commission and have adopted the new SORP (SORP 2015 – "Statement of Recommended Practice", FRS 102 version), which became applicable for charities with year ends starting or commencing on 1st January 2015.

Aims and objectives of the organisation

The objects of the International Alliance of Patients' Organizations (IAPO) as set out in the Memorandum and Articles of Association are the promotion of the relief of sickness and preservation and protection of health for the public benefit through fostering patient-centred healthcare worldwide and in particular by developing the capacity of patients' organizations.

IAPO is a unique global alliance representing patients of all nationalities, across all disease areas, and promoting patient-centred healthcare around the world. IAPO brings a global patient voice to healthcare decision-making based on the belief that patients' voices are amplified and heard effectively when patients' organizations are linked, can share best practices and practical strategies, and are connected with resources. Our members are patients' organizations working at the international, regional, national and local levels to represent and support patients, their families and carers. A patient is a person with any chronic disease, illness, syndrome, impairment or disability.

IAPO was established in 1999 and has a membership of 250 organizations across 67 countries. IAPO is in official relations with the World Health Organization (WHO) and has official partnerships with the International Council of Nurses (ICN), International Hospital Federation (IHF), International Pharmaceutical Federation (FIP) and World Medical Association (WMA) amongst many others.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

IAPO's vision and mission

IAPO's **vision** is that patients throughout the world are at the centre of healthcare.

IAPO's **mission** is to help build patient-centred healthcare worldwide by:

- Realizing active partnerships with patients' organizations, maximizing their impact through capacity building
- Advocating internationally with a strong patients' voice on relevant aspects of healthcare policy, with the aim of influencing international, regional and national health agendas and policies
- Building cross-sector alliances and working collaboratively with like-minded medical and health professionals, policy makers, academics, researchers and industry representatives

IAPO's activities include:

- Advocacy at global level on relevant aspects of healthcare policy to influence international health agendas and policies
- Providing membership services, including capacity building and shared learning, to its members, who are patient-led organizations across the world
- Empowering its members to undertake their own advocacy at regional and national meetings
- Providing opportunities for stakeholders from across the health sector to meet and work together to advance patient involvement in health services and decision-making
- Research on emerging areas of interest to patients' organizations and to underpin the evidence base for showing the importance of patient involvement to public health.

Structure

The organisation is a charitable company limited by guarantee, incorporated on 19 April 2013 and registered as a charity on 1 February 2014. The company was established under a Memorandum of Association which defined the objects and powers of the company. It is governed under its Articles of Association. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

All assets and liabilities from the International Alliance of Patients Organizations and its predecessor not-for-profit structure registered in the Netherlands, were transferred to the new UK incorporated charity on 1 February 2014.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Appointment and Induction of Governing Board

Every member of the IAPO Governing Board is elected by IAPO's members, through a process defined in the Memorandum and Articles of Association. Every year, in advance of the Annual General Meeting, the number of vacancies on the Board is notified to all members, who may then nominate someone from their organisations (a Board member or senior staff member) to IAPO's Governing Board. The full list of nominees is sent to all members in advance of the AGM; members may vote by post or proxy or in person at the AGM.

Governing Board members serve for a maximum of two terms of three years; once their term of service is complete, they or anyone from their organization cannot be elected to the Board for at least a year.

All new members of the Board receive induction including core information about the work and history of the organization, and conversations with the Chief Executive Officer and the Chair.

All Governing Board members sign a Code of Conduct when they are appointed to the Board. All staff and Governing Board members are required to complete a conflict of interest form at every Board meeting. The Governing Board have no beneficial interest in the charitable company or its trading subsidiary. No Governing Board member receives any remuneration for services as a trustee.

Message from the Chair

"As the Chair of the Board of IAPO, I am delighted to introduce this annual report and accounts and discuss our outlook for 2016. 2015 was the first year that IAPO operated as UK based charity for a full financial year, having ceased our Netherland's operations (IAPO-NL) midway in 2014.

The year was a very challenging year for many of our industry partners. The sector saw many partners restructure their operations after mergers and acquisitions. Staff managing patient affairs within our industry partners changed roles or left the companies, creating a temporary vacuum in our relationship with them. This had a significant impact on our income for the year. Fortunately, 2016 has started with new enthusiastic patient engagement teams taking over the function with our partners and our relationships have been re-established with a new vigour.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

One thing that we did not hold back in 2015, however, was our membership engagement, recruitment and development. It was a year which saw IAPO's membership grow and diversify even further as we recruited new members at our very successful 5th Latin American Patients' Regional Congress in Panama in August 2015 attended by 44 patients' organizations from 13 countries in the region.

Our very successful 2nd Global Patient Solidarity Day on 5th December 2015 was another opportunity for capacity building, sharing experience and recruiting new members in 2015. 108 organizations across 32 countries marked the day and declared that healthcare is a human right. Patients and their representatives marched in support of their rights, lobbied politicians, provided free health screenings and stood together in solidarity. The campaign reached over 100,000 people via social media and dozens wrote articles and blog posts to mark the occasion.

I would now like to thank our new staff team and the volunteers for their tireless hard work for IAPO during this transitional period, especially Stephan McMahon the interim CEO who bridged the gap when Joanna Groves left IAPO at the end of 2014. Our new staff have overseen the full incorporation and registration of IAPO UK and have started moving IAPO into new directions and opportunities to achieve patient centred health care globally. We now have a full team of eight comprising an operations director, policy manager, a policy researcher, two membership engagement and policy officers, a communications officer and an operational assistant. IAPO has a pool of 3 volunteers who help us out at critically busy times.

As the Chair, I would take this opportunity to thank my fellow board members for their continued support and contributions made in 2015 to advance our objectives in a difficult year. I particularly would like to once again thank the five board members who have stepped down in 2015 (Carol Bennett, KP Tsang, Marc Boutin, Hussain Jafri and Eva Maria Ruiz de Castilla), and two who will be stepping down in 2016, Robert Johnstone and Durhane Wong-Rieger.

It is also important at this point to say that the most critical support came from our industry partners; without their advice and mentoring of our young management team, most of the transitional and valuable programme activity could not have happened. Your contributions helped us reach even more isolated patient communities around the world in 2015.

Lastly, but most importantly, I would like to pay tribute to IAPO's 254 members who have worked very hard in 2015 to the benefit of patients the world over. It is your dedication which has advanced patient engagement and patient-centred health care over the past year. We will once again call upon you for your support over the next 3 years as our new Strategic Plan unfolds and IAPO enters the next exciting phase of its life."

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Governance review

IAPO is now a UK based charity and must comply with the UK charity governance regime. A rigorous compliance process started in January 2014, which saw the final transferring of IAPO NL's assets to IAPO UK in 2015, and was finalized with the liquidation of IAPO NL by de-registering it from Netherlands registers. The process was concluded in October 2015, when IAPO received the dissolution certificates from the Netherlands.

In 2015 the board begun the process to harmonise IAPO's policies, bye-laws and memorandum and articles of association with the good governance standards, best practice and the charity and company law of England and Wales. This will continue in 2016 as we have to ensure that we comply with the *Charity and Voluntary Organisations' Good Governance Code* and its standards by undertaking board level training and development to ensure that the board members:

- Recognise and meet legal requirements
- Know how well the organisation is meeting its aims
- Make good, timely decisions
- Explain where, why and how money has been spent
- Provide strong leadership
- Treat people fairly and equally

The board also needs to conduct a robust consultation with members in 2016 to bring our bye-laws into harmony with best practice and new regulations. IAPO needs to integrate new communication technologies (Skype, Webinars and SMS voting systems) to allow for greater membership engagement in the decision-making processes in the future.

A vibrant and active membership organization like IAPO must ensure that international good governance and management standards are also adopted by all its members in their governance and practice.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Meeting our objectives in 2015

2015 was the first year of IAPO's Strategic Plan 2015-17. The overall theme for the year was *leading, advancing and empowering*. This theme was continued within our Latin American Patients' Congress in Panama and during our Patient Solidarity Day 2015, where we talked of advancing patient care and safety through innovation, and of empowering patients by strengthening their right to health.

The Strategic Plan grouped activities under 3 strategic objectives:

- Leading patient voice on global health issues
- Advancing patient engagement
- Empowering global patient movement

Highlights of 2015

WHO Regional Committee Meetings

- Representatives at 4 WHO RC meetings: EURO, PAHO, EMRO & WPRO (3 members, 3 Governing Board members, 2 staff)
- Interventions submitted on relevant topics
- Member feedback '*I had the opportunity to interact with many delegates from different countries and I realized the great interest shown by them with respect to the role that an organization like IAPO can do for patients.*' IAPO member

Latin American Regional Activities

- Launch of our online platform on Biologic and Biosimilar Medicines - iapoamericas.org. Presented at the Bio Convention in Philadelphia in June.
- Our fifth Regional meeting with a multi-stakeholder seminar and capacity-building workshops held in Panama City in August
- Membership from Latin America doubled within a year
- A strengthened network of stakeholders

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

Patient Solidarity Day 2015

- Thousands of people across the world joined together to celebrate Patient Solidarity Day on 5 December 2015
- 108 organizations across 32 countries declared that healthcare is a human right
- The campaign reached over 100,000 people via social media and dozens wrote articles and blog posts to mark the occasion
- The African Regional Office for the World Health Organization (WHO AFRO) officially supported the Day and the Western Pacific region for WHO wrote a letter of endorsement

UN Sustainable Development Goals 2030 Declaration-

- IAPO was a part of the *Alliance of Alliances* (AOA) led by *Partnership for Maternal, New-born and Child Health* (PMNCH) that marked the launch of UN's *Sustainable Development Goals 2030* (SDG2030) in September 2015

GetReal Project

- Funded through Innovative Medicines Initiative (IMI) and running from 2013 to 2016. It is structured into 5 work packages
- Objective: To better understand how real-world data can be used to inform the decision making process that leads to the launch of new medicines
- IAPO-led work: The primary objective is to facilitate IAPO Members and other patient groups' input into Get Real

Health Technology Assessment

- Attendance & three panel presentations at HTAi International conference in Oslo, June 2015
- Book to be published on patient involvement in HTA 2017 – IAPO invited to contribute, two abstracts submitted
- Invite to and presentation at WHO expert meeting on supporting member states on developing HTA for UHC and reimbursement

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Objective 1 Leading patient voice on global health issues

Research, Policy and Strategy Development-The policy department was re-structured to meet new developments and challenges in global health systems. We now have two part-time membership engagement and policy officers. The Spanish speaking officer covers Latin America, and the English and Arabic speaker covers rest of the world, especially WHO EMRO region. We also have a Ph.D. researcher involved in looking at patient engagement in research and medicines development under the Get Real IMI research project. Our new membership engagement officers have started seeking our members' views in 2015, firstly in Latin America, and this process will continue with the rest of the members into 2016 at the Global Patients Congress.

Policy activity in 2015 focused extensively on World Health Organization and on our relationship building with other international organizations. We undertook a number of planning meetings with key stakeholders with whom we have an MOU and reviewed our programmes and project portfolio to collaborate globally.

Policy activity in 2015 saw the finalisation of the patient-centred principles on universal health coverage, completion of the evaluation report on the 2014 Global Patients Congress. We fulfilled our ongoing obligations on the committed projects, and held critical external meetings and engagement with WHO and other global health governance organizations to raise the patient voice in key fora.

Communications: awareness, information and education campaigns- 2015 has been a very productive year for IAPO communications. We had a very informative and empowering engagement with our stakeholders, ensuring that our audience could access us through numerous channels like web, social media, e-newsletters, e-mail and phone.

IAPO's digital presence is stronger than ever and our web and social media communication reaches over 3500 people each month. IAPO's voice and brand is more accessible and consistent, members continue to use new and existing IAPO resources and engage in all IAPO activities. By integrating web with social media communication, 2015 has seen more member engagement and a higher external profile than previous years.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

WHO Status and Collaboration 2015 In July 2015, the operations director, policy manager and communications officer prepared a comprehensive three year progress report for the WHO Executive Board. This fulfilled our reporting obligations and evidenced how IAPO had collaborated with the WHO during our three year relationship.

As a part of the requirement, IAPO also had to prepare a new forward looking three collaboration plan (2016-2018) in support of our continued status with WHO. Hussain Jafri (board member to Aug 2015) and the CEO then presented these report to the WHO PFPS team and WHO Executive Board.

The report had a good impact on the WHO Executive Board. Our status with the WHO was renewed in Feb 2016.

WHO WHA KP Tsang, the interim CEO and the CEO attended the 2015 World Health Assembly in May 2015. We made two interventions:

- 1) WHO Framework on collaboration with non-state actors
- 2) Post 2015-Sustainable Development Goals and patient safety and other patient indicators to be developed.

We managed to speak to CEO's of a broad cross-section of NGOs, including the International Federation of Hospitals, International Federation of Medical Students Associations and the NCD Alliances. We also spoke to our industry partners, securing a pledge to fund a parliamentary advocacy toolkit. This project is now waiting for two more partners.

UN Sustainable Development Goals 2030 Declaration-IAPO was a part of the *Alliance of Alliances* (AOA) led by *Partnership for Maternal, New-born and Child Health* (PMNCH) that marked the launch of UN's *Sustainable Development Goals 2030* (SDG2030) in September 2015 at UN's 70th anniversary summit in New York. Graça Machel, PMNCH Board Chair and the AOA hosted a side event opposite the UN headquarters at the Westin Grand Central attended by over 100 guests who learnt about patient-centred maternal and child care service approaches and how these will contribute towards the attainment of SDG 2030. IAPO joined via Skype and we had a mention from the floor about our contribution. The *World Heart Federation* and the *NCD Alliance* and twelve other alliances reported this extensively.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

World Bank/IMF At our Latin American Congress, Mar Martinez a consultant to the World Bank addressed our members. IAPO's long-term advocacy goal is to encourage the World Bank to undertake an economic study to evaluate the impact of patient involvement in health systems. Research that can establish that patient involvement results in health system efficiency and effectiveness could validate the World Bank's early adoption of patient-centric approaches in the Sustainable Development Goal 3.8 to establish universal health coverage in low to middle income countries by 2030.

WHO AFRO -IAPO had made arrangements to attend the WHO AFRO regional committee meeting in August 2015 but this was cancelled due to political problems in Chad. In a reconvened meeting in November, IAPO could only submit online interventions as we could not attend the meeting. This region has an acute need for patient mobilisation, and capacity and institutional building in the health care systems. WHO Afro endorsed our Patient Solidarity Day 2015 and covered it extensively on the website.

WHO EMRO-IAPO Chair attended this meeting. Visa problems prevented our regional member organization (Alzheimer Pakistan) from attending. We had three interventions at WHO EMRO on *Universal Health Coverage, Millennium Development Goals to Sustainable Developmental Goals, and Emergency Response*. This is a region that has greatest potential to advance global health. It is a region that has some of the most financially stable oil and gas economies, and also some of the greatest need within the countries facing disasters and emergency humanitarian health care needs.

WHO PAHO-Eva Maria and IAPO's regional coordinator are well connected with the WHO PAHO committee. At the WHO PAHO regional meeting Eva Maria and our member Maria Serrano (Chile) intervened on three topics: *HTA and health systems, strategy on health law interventions supplied*. WHO PAHO had biosimilar regulations and regional health related legislation as one of the highlights. The regional coordinator and the WHO PAHO secretariat will maintain their close relationship over these issues in 2016.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

WHO EURO-WHO EURO was a well-attended event with over 100 civil society organisations. U Hla Htay from our UK member (Cochrane Consumer Network), Operations Coordinator and they CEO attended the event. We had three interventions: Health systems strengthening, patient-centred UHC and SDGs and developing patient-centric health workforce.

WHO WPRO-KP Tsang, immediate past-chair, and Karen Villanueva from PAPO Philippines attended the regional meeting. We had two interventions: *Regulatory systems strengthening; and UHC*. The region has a great need from the smaller island States, and resource rich big economies in the south (Australia and New Zealand) and in the north pacific (Japan, Korea and China). There is great potential to develop links with Taiwan (China) and Korea and the patient groups in these two hubs

Publications-booklets, presentations and support material-We produced a range of material for the Latin American Congress involving translating into Spanish:

- Presentation Slides
- Accompanying Notes
- Work-shop papers
- Fact sheets
- Speeches etc

Research Dissemination-Google Analytics and e-mail requests show that our resources on biosimilars are being accessed regularly by over 5000 patients groups, academics and health professionals/policy makers. The Ministry of Health of Bosnia and Herzegovina used our resource: *Working with patient groups* to translate this into a local information pack.

Tool Kits- The biosimilars tool kit has now been distributed very widely in Latin America, Australia and Northern Europe in hard copy. Google Analytics and e-mail requests show that the online toolkit is accessed even wider and we have patients groups, academics and health professionals/policy makers accessing the toolkit from WHO PAHO, EMRO, SEARO, WPRO and Euro Regions (outside EC).

Newsletter-These have been published every month and distributed electronically. Google Analytics and e-mail requests show that individual articles and news items being accessed by an even wider audience in 2015.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Reports-The Protect Project Report was issued in 2015. Our GetReal report will be a major submission in 2016.

Objective 2 Advancing Patient Engagement

Advocacy-IAPO through its website, newsletter and attendance at events continues to advocate that patient-centred health care and patient engagement in health policy and decision-making should be institutionalised systematically and systemically within the health care policy, legislation and practice. This message is reinforced at all meetings by our board members too.

Represent Patient Voice on diverse forums-We continue to take the opportunity to attend meetings at various WHO events where a diverse group of global health policy makers are present. The board members have undertaken key-note and general speaker's tasks at a number of events to highlight patient rights, and advocated that patient centric approaches be institutionalised in all aspects of health systems.

Our board member Robert Johnstone covered the European forums, KP Tsang covered the Asian and Pacific forums, Eva Maria attended key meetings in Latin America, Durhane Wong-Rieger covered North American meetings. The Chair attended key meetings hosted by cancer alliances in Europe and Eastern Mediterranean regions. There were a few meetings in Africa that Joshua Wamboga covered.

Capacity Building (Latin American Patients' Organizations' Congress)-In August 2015, we held our fifth IAPO Latin American regional congress and moderated the third Latin American Summit of Patients' Organizations sponsored by Novartis.

44 patients' organizations from 14 countries in Latin America actively participated in our capacity-building workshops. We invited experts to work with our members on how to generate evidence to strengthen advocacy, evidence-based data management and health technology assessment (HTA), and how patients' groups can build their national strategy to advocate for involvement in decision-making for regulation in pharmaco-vigilance on Biologic and Biosimilar Medicines.

Our last workshop offered an open-space for members to share about their programmes and strategies highlighting networking, public awareness, communication, advocacy and knowledge management.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Build Partnerships-We have continued our partnership building with the regulators and medicines control entities in Europe. On the Innovative Medicines Initiative, we are now in discussions with five other organisations to form a consortium for future research partnerships in the Get Real Project. We have maintained our links with EMA and helped them in their survey on communication about EMA patient involvement activities.

Our support for European Generics Association Biosimilars Group continues with us participating in their discussions and events. We are also linking in with the International Federation of Integrated Health Care by participating in their events.

Our collaboration with professional associations continues with WMA and national medical associations at their conferences. Our new collaboration was at the WHO Regional meetings with the International Federation of Medical Students Associations, with whom we may have an MOU in 2016.

Robert Johnstone's membership of the *European Health Property Network (EuHPN)* and our MOU with the International Hospitals Federation give us a good standing on patient-centric health facilities and health estate.

Human rights approaches health-This area of programme was started in 2015 by forming a partnership with *Advocates for International Development*, the experts on this approach. The WHO, UN and World Bank are all supporting human rights based approaches to health as an instrument of change in health systems. We look towards developing this further in 2016.

Objective 3 empowering global patient movement

IAPO's has increased and diversified its membership in 2015. We now have 254 fully paid-up organizations (31st December 2015). Following the regional Latin America Congress in 2015, IAPO's membership in the region has grown a further 10%, additional growth is expected in 2016.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Region	%
African members	14%
Eastern Mediterranean members	4%
European members	37%
Latin American members	22%
North American members	11%
South East Asian member	3%
Western Pacific members	9%
TOTAL	100%

Members were consulted in the development of IAPO's 2015-2017 Strategic Plan. Members are being consulted on the Global Patients Congress to assess key issues and priorities for them. The Patient Solidarity Day was an opportunity to engage with members, and collect information about activities and get support for the initiative.

IAPO funding transparency

The Governing Board members declare interests and sign conflict of interest register at the start of each Board meeting. The register is maintained with any changes between meetings.

Reference to IAPO's Code of conduct and policy regulating IAPO's relationship with and independence from sponsors can be found at: www.iapo.org.uk/consensus-framework-ethical-collaboration and www.iapo.org.uk/healthcare-industry-partners

The overall proportion of industry to non-industry income for the year was approximately 92% and the largest source of income from a single funder was £38,676 being Pfizer, which represented 13% of overall funding.

Public benefit

In setting our objectives and planning our activities trustees have given consideration to the Charity Commission's general guidance on public benefit (PB1, PB2 and PB3) and have taken these into account in making all decisions. We have not departed from the guidance in 2015.

IAPO objects are the promotion of the relief of sickness and the preservation and protection of health for the public benefit. IAPO pursues this through fostering patient-centred healthcare worldwide and, in particular, by developing the capacity of patients' organisations.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

IAPO's services are open to all people and our membership reflects a diverse group of patients' organization representing patients with communicable and non-communicable diseases, including patients with diseases that are stigmatised in many societies.

IAPO has 254 members who represent around 365 million patients and carers across the world. The services the charity provides are designed to build the capacity of patients' organisations, allowing them to better assist the needs of patients and carers (and their own member patient organisations in some cases) from across the world.

Access to IAPO's website is freely available to the public. Currently it is in English, with some sections in Spanish and going forward the aim is to translate sections of the website to increase access to patients and their carers from around the world. The website contains a wide range of information on IAPO's activities and on patient-centred healthcare which is of benefit to the public, particularly those who wish to set up local patients' organisations.

By improving access to information, training and other capacity building programmes for patients and their representative organizations, IAPO improves access to healthcare itself. By raising awareness and through capacity building and education of health care providers, we increase access to acceptable services that respect patients' preferences, values, rights and needs.

IAPO has a wealth of evidence, gained from patients' organizations worldwide, which demonstrates that patient involvement in patients' care leads to better health outcomes and lower costs for the whole of society. The charity works with patients' organizations that are not for profit and non-government organisations who demonstrate commitment to improving patient centred healthcare which is reflected in the charity's membership criteria.

Risk Management

A risk register is prepared by the CEO and presented annually to the Board to discuss ensuring that there are effective and adequate risk management and internal control systems in place to manage the major risks to which the Charity is exposed. IAPO prepares the risk register by understanding the risk environment of IAPO and its operations and then identifies the key risks. The CEO and the Treasurer then undertake a thorough analysis and evaluation of the risks identified before coming up with a treatment for the risks.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Risks are identified under headings of Financial, Funding, Governance, Operational and Personnel. These are then quantified using a Likelihood/Impact matrix, and mitigation actions detailed. Discussions are underway with the Audit Committee to ensure that the risks are appraised regularly before each board meeting to assess IAPO's risk profile.

At this early stage of the year, as we re-establish relationships with funders, the 2016/17 budget has been prepared using a 'worst-case' scenario in order for Trustees to fully understand the level of financial risk. With the Global Patients Congress breaking even, and having two new Pharmaceutical companies become our gold industry partners, it is therefore anticipated that focused fund raising activity will result in an improved financial situation. Periodic financial reports to the Board will enable risks to the organization's sustainability to be easily identified and addressed in good time.

Financial review*

Incoming resources for the year amounted to £305,506 (2014: £721,116), which was lower than the previous period due to not being a Congress year and from reduced project activity.

Expenditure amounted to £574,075 (2014: £682,354), again significantly down because of not being a Congress year and reduced project activity but also with the exception of some additional costs in connection with restructuring that are not expected to recur.

As shown in Note 11, two restricted funds were in deficit at the year end being Global Patients Congress (£1,457) and PROTECT (5,945). The deficit on the Global Patients Congress is expected to be made good following successful fundraising for the 2016 Congress and the deficit on PROTECT, which has arisen because expenditure is incurred in advance of submitting the grant claim, and will be made good when the next claim is submitted to the European Medicines Agency for payment.

** All figures stated for 2014 relate to an 11 month period and all figures for 2015 relate to a full year.*

Reserves Policy

The IAPO Board approved a Reserves Policy in September 2014, with a target level of free reserves of 6-12 months' running costs. This policy was set with due regard to guidance from Charity Commission (CC19 – Charity Reserves) and is reviewed annually.

The level of unrestricted reserves at 31st December 2015 was reduced to £127,684 after the need to draw on reserves during the year. Whilst reserves were utilised, funding for Congress in 2016 has been achieved and funding requirements are sufficient for the forthcoming year to operate a going concern budget through and into 2017.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Pension arrangements

IAPO currently operates a policy of contributions directly into staff members' chosen personal pension schemes, with no obligation for staff to make personal contributions. The issue of pension deficit, which would apply to an occupational scheme, does not therefore arise.

In 2017 IAPO will be required to comply with the new auto-enrolment pension requirements, being introduced by HMRC in phases. This process is in hand, and will be managed, including informing staff well in advance of its introduction about the scheme and its potential impact.

Pay and remuneration of senior management

IAPO has only 3 senior managers. The Board is looking at updating the Remuneration and Benefits Policy to reflect the restructuring and change of roles and positions with IAPO. The policy will be re-drafted when the new board are in place and reflect up-to-date post titles, salary structures and reconsider existing pay award arrangements.

Since the policy has financial implications for the organization, the re-drafted plan will be submitted to the Audit Committee for initial discussions, with recommendations made to the Autumn 2016 Board meeting for approval.

FUTURE ACTIVITY 2016/17

We are now in the second year of delivery against our 2015-17 Strategic Plan published online. In 2016 we propose to consolidate and build on our successes from 2015 to achieve our three Strategic Objectives:

1. Leading the patient voice on global healthcare issues
2. Advancing patient engagement
3. Empowering the global patient movement

In 2016, the main outward facing activities are:

- Participate in the WHO Executive Board
- Host the 7th Global Patients Congress
- Participate in the World Health Assembly
- Host the Latin American Regional Congress
- Participate in the WHO Regional Committees
- Hosts the Patient Solidarity Day
- Continue collaboration with IMI in the GetReal project
- Develop and launch an Advocacy Empowerment Toolkit
- Update our Biosimilars Toolkit

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

The inward facing membership engagement and development activities in 2016 are:

Membership development & capacity-building:

- 2-year regional plan developed (April) and 2016 element implemented
- Patient-centred content, training and support developed for members
- Informative resources completed/circulated to members and other interested organizations

Communications:

- Publicise patient-centred healthcare (and key policy messages) with decision-makers and health professionals
- External authors/ experts in IAPO communications
- IAPO attendance and profile at targeted events

Collaboration & project development:

- Develop plan with targets and objectives for engagement, assessing collaboration opportunities which fit with IAPO key objectives
- Develop potential projects in line with key objectives; discuss with stakeholders and possible partners

Trustee Board, Governance & Finance:

- Board meetings (2) and sub-Committee meetings (audit, membership, etc.)
- Gold Health Industry Partner meetings (2)
- Annual external audit; Companies House & Charity Commission compliance

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2015

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the financial statements for each financial period which give a true and fair view of the state of affairs of the company and of the deficit or surplus of the company for that period. In preparing those financial statements, the Trustees are required to:

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

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

Statement as to disclosure to our auditors

In so far as the trustees are aware at the date of approving this report:-

- there is no relevant audit information, being information needed by the auditor in connection with preparing their report, of which the charity's auditor is unaware; and
- the trustees having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Reappointment of auditors

A proposal to reappoint Knox Cropper as the charity's statutory auditors will be put to members at our forthcoming Annual General Meeting.

Approved and authorised for issue by the Board of Trustees on 8th April 2016 and signed on their behalf by:-



Jolanta Bilinska

Trustee & Director, Chair of the Board

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS FOR THE YEAR ENDED 31ST DECEMBER 2015

We have audited the accounts of International Alliance of Patients' Organizations for the year ended 31 December 2015 which comprise the Statement of Financial Activities, the Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including the small entity provisions of Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

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

Respective responsibilities of the trustees and auditors

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

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

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS FOR THE YEAR ENDED 31ST DECEMBER 2015

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Trustees' Annual Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemption from the requirement to prepare a strategic report.

Kevin Lally

Kevin Lally FCA

(Senior Statutory Auditor)

For and on behalf of Knox Cropper, Statutory Auditors

8/9 Well Court, LONDON, EC4M 9DN

8th April 2016

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2015

	Notes	Unrestricted £	Restricted £	Total 2015 (year) £	Total 2014 (11 months) £
Income from charitable activities:					
Membership		17,826	-	17,826	12,147
Healthcare Industry Partners		215,319	-	215,319	322,977
Global Patients Congress		-	-	-	184,103
Special Projects		-	69,140	69,140	189,230
Other charitable activities		3,221	-	3,221	12,659
Total	2	236,366	69,140	305,506	721,116
Expenditure on charitable Activities:					
Charitable activities:-					
• Capacity building		141,091	-	141,091	109,818
• Advocacy		73,817	-	73,817	86,069
• Collaboration		155,625	-	155,625	134,563
• Global Patients Congress		-	14,125	14,125	175,860
• Special projects		-	189,417	189,417	176,044
Total	3	370,533	203,542	574,075	682,354
Net income/(expenditure)		(134,167)	(134,402)	(268,569)	38,762
Transfers		(81,648)	81,648	-	384,847
Net movement in funds		(215,815)	(52,754)	(268,569)	423,609
Reconciliation of funds:					
Funds brought forward		343,499	80,110	423,609	-
Total funds carried forward		127,684	27,356	155,040	423,609

All transactions are derived from continuing activities.

All recognised gains and losses are included in the Statement of Financial Activities.

The notes on pages 25 to 31 form part of these financial statements

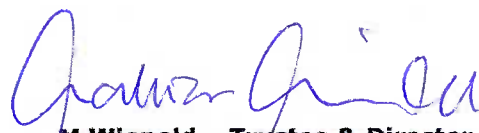
INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

BALANCE SHEET AS AT 31 DECEMBER 2015

	Notes	2015 £	2014 £
Fixed assets	6	1,487	2,220
Current assets			
Debtors	7	127,940	16,247
Cash in hand and in bank		49,268	454,415
		<u>177,208</u>	<u>470,662</u>
Creditors: amounts falling due within one year	8	(23,655)	(49,273)
		<u>153,553</u>	<u>421,389</u>
Net current assets			
		<u>155,040</u>	<u>423,609</u>
Net assets			
		<u>155,040</u>	<u>423,609</u>
Funds			
Unrestricted fund		127,684	343,499
Restricted funds		27,356	80,110
		<u>155,040</u>	<u>423,609</u>
Total funds	10	155,040	423,609

These financial statements were approved and authorised for issue by the Board of Trustees on 8th April 2016 and signed on their behalf by:-


J Bilinska – Trustee & Director


M Wienold – Trustee & Director

Registered company number: 08495711 (England and Wales)

The notes on pages 25 to 31 form part of these financial statements

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

1 Accounting Policies

1.1 Accounting convention

The financial statements are prepared in accordance with the Statement of Recommended Practice: Accounting and reporting by charities (SORP 2015 – FRS 102 version), applicable accounting standards and the Companies Act 2006. The charity has taken advantage of the Small Entity provisions of FRS 102. The financial statements are presented in Sterling (£).

This is the first year in which the financial statements have been prepared under FRS 102, which came into force for accounting periods commencing on or after 1st January 2015 and the comparative figures have been restated accordingly. Governance costs are no longer separately disclosed on the face of the Income and Expenditure account but are now included within support costs. No prior year adjustment was required.

Results for the trading subsidiary, IAPO Trading Limited (Company Number 08863190) are not consolidated on the grounds that it was dormant and not material to the group.

Statement on going concern

After reviewing the charity's forecasts and projections, the directors have reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

1.2 Company status

The parent charity is a company limited by guarantee. The directors of the company are the trustees named on page 1. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.3 Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable certainty.

Healthcare Industry Partners: IAPO's Industry Partners are companies, foundations and associations who commit to providing various levels of unrestricted financial support each year, contributing to IAPO's core costs. IAPO's Partners Framework provides a framework for IAPO and industry stakeholders to interact and collaborate in a transparent and accountable way.

Project Funding: In 2015 IAPO received restricted funding for the following projects:

Latin America Regional Programme: for the support of activities for members in the Latin America region, including the holding of a regional meeting and the production of an online platform on biological and biosimilar medicines.

Global Patients Congress 2015: The biennial 2015 conference took place in the UK. Congress income includes grants, sponsorship and delegate registration fees, all of which are recognised in the accounting year in which the event took place. Further information about the Congress including details of sponsors and supporters is available online at: www.globalpatientscongress.org.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

GetReal: IAPO is a partner in GetReal, a three-year collaborative European Project exploring how real world research data can be used in the development of drugs, to increase effectiveness and enrich decision-making by regulatory authorities and health technology assessment (HTA) agencies.

PROTECT: IAPO is a partner in a European project, the Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium (PROTECT). PROTECT aims to strengthen the monitoring of the benefit-risk of medicines, and IAPO currently supports work on two parts (work packages) of the project.

Other Income: Other income includes "In Kind" support and briefing paper sales, which includes financial support and reimbursement provided to IAPO to attend conferences and meetings around the world.

1.4 Expenditure

All expenditure is included on an accruals basis and is inclusive of all VAT, which cannot be reclaimed, and is reported as part of the expenditure to which it relates:

- Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.
- All costs are allocated between expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, other costs are apportioned on the basis staff time incurred.

The core elements of charitable expenditure are as follows:-

Capacity Building: Realising active partnerships with patients' organizations, maximising their impact through capacity building.

Advocacy: Advocating internationally with a strong patients' voice on the relevant aspects of healthcare policy, with the aim of influencing international, regional and national health agendas and policies.

Collaboration: Building cross-sector alliance and working collaboratively with like-minded medical and health professionals, policy makers, academics, researchers and industry representatives.

1.5 Funds

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 the donor. The aim and use of the restricted fund is set out in the notes of the financial statements.

1.6 Tangible fixed assets and depreciation

Capital expenditure on items costing £100 or higher are recorded as tangible fixed assets. Tangible fixed assets are stated at historical cost less depreciation.

Depreciation is provided to reflect the useful estimated economic life of computer equipment assets at a rate of 33% per annum (reducing balance method).

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

2 Incoming resources

	Healthcare Industry Partners 2015 £	Special Projects 2015 £	Total £
AbbVie UK	-	32,258	32,258
Amgen	31,025	-	31,025
BIO	-	15,852	15,852
Eli Lilly	32,978	-	32,978
EMD Serono	-	-	-
GSK	32,531	-	32,531
IFPMA	-	-	-
Janssen	16,100	13,640	29,740
Medtronic	33,000	-	33,000
NHC	-	-	-
Novartis	-	962	962
Novo Nordisk	15,879	-	15,879
Pfizer	32,248	6,428	38,676
PhRMA	-	-	-
Sanofi	15,158	-	15,158
UMC Utrecht	-	-	-
Other (includes funding from EC departments)	6,400	-	6,400
	215,319	69,140	284,459

3 Analysis of charitable activities

	Activities undertaken directly £	Support Costs £	Total £
Capacity building	32,828	108,263	141,091
Advocacy	15,912	57,905	73,817
Collaboration	32,763	122,862	155,625
Global Patients Congress	1,569	12,556	14,125
Special projects	107,220	82,197	189,417
	190,292	383,783	574,075

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

4 Analysis of support costs

	Capacity building	Advocacy	Collaboration	Congress	Projects	Basis
	£	£	£	£	£	£
Staff costs	57,155	30,569	64,861	6,628	43,394	Staff time
Shared overheads	28,565	15,279	32,418	3,313	21,688	Staff time
Governance	22,543	12,057	25,582	2,614	17,115	Staff time
	<u>108,263</u>	<u>57,905</u>	<u>122,861</u>	<u>12,555</u>	<u>82,197</u>	Total:- £383,783

Support costs include audit fees of £4,470 (2014: £4,470). Support costs are allocated to charitable activities according to value of staff time, which were as follows for the year:-

- Capacity building – 28%
- Advocacy – 15%
- Collaboration – 32%
- Global Patients Congress – 3%
- Special projects, in total – 21%

5 Trustees and staff remuneration

The trustees received no remuneration but received reimbursements of £3,340 (2014: £242) for expenses incurred on behalf of the charity.

Staff remuneration and numbers

	Total 2015	Total 2014 (11 months)
	£	£
Wages and salaries	188,526	218,119
Social Security costs	39,528	21,047
Pension costs	4,414	9,423
Other personnel related costs: (recruitment, training, temporary staff)	66,776	36,726
	<u>299,244</u>	<u>285,315</u>

The average number of full and part-time employees during the year was between 7 and 8. No individual employees received emoluments in excess of £60,000 (2014: one employee received between £60,000 - £70,000). Senior management, comprising two employees, received emoluments in total of £100,000 (2014: £102,166).

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

6 Fixed Assets

	Computer equipment £
Cost	
Brought forward	4,169
Additions	-
	<hr/>
Carried forward	4,169
	<hr/>
Depreciation	
Brought forward	1,949
Charge for the year	733
	<hr/>
Carried forward	2,682
	<hr/>
Net book value	
At 31 December 2015	1,487
At 31 December 2014	2,220
	<hr/>

There are no charges or securities held over any fixed assets. All fixed assets are held in the charity and none in the trading subsidiary. Depreciation of £1,093 was charged in the accounts for the previous period.

7. Debtors

	2015 £	2014 £
Debtors	1,240	3,902
Prepayments	63,960	12,345
Accrued income	62,740	-
	<hr/>	<hr/>
	127,940	16,247
	<hr/>	<hr/>

8. Creditors: amount falling due within one year

	2015 £	2014 £
Creditors	133	2,544
Deferred income	4,456	39,588
Accruals	19,067	7,141
	<hr/>	<hr/>
	23,655	49,273
	<hr/>	<hr/>

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

9. Analysis of net assets between funds

	Unrestricted Fund £	Restricted Funds £	Total Funds £
Tangible fixed assets	1,487	-	1,487
Current assets	149,852	27,356	177,208
Current liabilities	(23,655)	-	(23,655)
Net assets at 31 December 2015	127,684	27,356	155,040

10. Movements in funds

	At 31 December 2014 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2015 £
Unrestricted fund	343,499	236,366	370,533	(81,648)	127,684
<u>Restricted funds:-</u>					
Global Patients Congress	12,668	-	14,125	-	(1,457)
PROTECT	(5,490)	-	455	-	(5,945)
GetReal	43,059	-	8,301	-	34,758
Latin America 2015	29,873	69,140	180,661	81,648	-
	423,609	305,506	574,075	-	155,040

Global Patients Congress

The Global Patients Congress is our flagship event where we bring together our global membership with a variety of high level healthcare stakeholders to discuss important issues for patients worldwide. Surplus funds will be spent on future Congress'. The deficit will be balanced by future income receivable at the forthcoming 2016 Congress.

PROTECT

The goal of PROTECT is to strengthen the monitoring of the benefit-risk of medicines in Europe. This will be achieved by developing a set of innovative tools and methods to enhance the early detection and assessment of adverse drug reactions, and enable the integration and presentation of data on benefits and risks.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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

These methods will be tested in real-life situations in order to provide all stakeholders (patients, prescribers, public health authorities, regulators and pharmaceutical companies) with accurate and useful information supporting risk management and continuous benefit-risk assessment.

This project is ongoing and the deficit will be balanced by future income.

GetReal

GetReal is exploring how real world research data can be used in the development of drugs, to increase effectiveness and enrich decision-making by regulatory authorities and health technology assessment (HTA) agencies. IAPO's role is to bring the perspective of patients and patients' organizations to this work, and facilitate the input of member organizations into the study. As a partner in this project, IAPO hopes to contribute to improving medicine development process so patients have access to the drugs that they need. Surplus funds are ringfenced to be spent specifically on this project.

Latin America 2015

Activities in Latin America are driven by the 2015 Action Plan which was developed at the regional meeting in 2013. This action plan aims to increase the capacity of patients' organizations and strengthen networks in Latin America. Surplus funds are ringfenced to be spent specifically Latin America related activities.

11. Related parties

There were no transactions between related parties during the year or prior year.