

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 PERIOD ENDED 31 DECEMBER 2014



INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

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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)	Carol Bennett Jolanta Bilinska Marc Boutin (Treasurer) M Hussain Jafri Robert Johnstone Regina Namate Kamoga (to July 2014) Eva Maria Ruiz de Castilla KP Tsang (Chair) Joshua Wamboga (appointed August 2014) Durhane Wong-Rieger
Chief Executive	Joanna Groves (to December 2014) Stephen MacMahon, Interim CEO (from December 2014)
Bankers	NatWest Bank Plc PO Box 12258 1 Princes 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

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TRUSTEES' REPORT FOR THE PERIOD ENDED 31 DECEMBER 2014

The trustees present their report and financial statements of the charitable company for the 11 month period to 31 December 2014.

The trustees have complied with the duty to have due regard to guidance issued by the Charity Commission.

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. In May 2014, IAPO was awarded Special Consultative Status with UN ECOSOC. A plan for engagement will be drawn up in 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

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- 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 1st February 2014. The year end was shortened to 11 months to return to a 31 December accounting reference date.

A message from the Chair

As the Chair of the Board of IAPO, I am delighted to introduce this annual report and accounts. 2014 was a successful year for IAPO. It was a year in which IAPO membership grew and diversified. The Global Patients' Congress brought together members and others who champion patient involvement to share good practice and to build principles around Universal Health Coverage, principles which will inform our advocacy over the next few years. There were other opportunities for sharing experience at the largest ever Latin America Regional meeting, and though the first global Patient Solidarity Day. We have also consulted widely on a new Strategic Plan which sets out IAPO's direction over the next few

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FOR THE PERIOD ENDED 31 DECEMBER 2014

years. But these are just a few highlights; more detail on the wide range of activities is shown in the rest of this report.

I would like to thank the staff for their tireless hard work for IAPO, especially Joanna Groves, the CEO, who left IAPO at the end of 2014, after 10 years with the organization. I would also like to thank my fellow Board members for their support and engagement, and our partners, without whom the work could not happen. But above all, I would like to pay tribute to IAPO's members, who are themselves working to the benefit of patients the world over. It is your dedication which has advanced patient engagement over the past year, and which will be at the core of IAPO's work over the next years, as the new Strategic Plan unfolds and IAPO enters the next exciting phase of its work.

Key achievements within the year

2014 was the final year of IAPO's 2010-2014 Strategic Plan. The overall theme for the year was Universal Health Coverage (UHC), which underpinned activities such as the Global Patients Congress. Throughout the year, we consulted with our members and stakeholders to form a set of principles in relation to UHC which can be used by IAPO and its members in advocacy. The principles were used at WHO Regional Committees and as the focus of Patient Solidarity Day.

The 2010-2014 Strategic Plan grouped activities under 4 strategic objectives: engagement, voice, member-led and sustainability.

Objective 1: Engagement

IAPO facilitated the engagement of Governing Board members and Members to participate in the WHO Executive Board, World Health Assembly and the following Regional Committee meetings: Eastern Mediterranean, Europe, the Pan American Region and the Western Pacific. Highlights included delivering a member-developed Declaration at the Pan American Regional Committee, and four organizations supporting IAPO's intervention on non-state actors at the European Regional Committee meeting.

A toolkit on biosimilar medicines has been disseminated to patients' organizations. Feedback indicates that it is a comprehensive and useful resource. IAPO has used the toolkit for training in a number of conferences and workshops in 2014 in Europe and Latin America.

IAPO presented at 37 external meetings, and responded to a number of consultations in 2014 including the WHO consultation on its statement regarding the registration and publication of trials and their results. IAPO also supported two external statements. The first was on people and patient-centred integrated healthcare for all, led by the International College of Person-Centred Medicine (ICPCM).

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Secondly, we confirmed our support for the European Medicines Agency (EMA) led statement on tackling medicine supply shortages. IAPO also contributed to the UK All Party Parliamentary Group on Global Health report, 'Patient empowerment: for better quality, more sustainable health services everywhere'.

Objective 2: Voice

The 6th Global Patients' Congress, was held in the UK in March 2014, with the overarching theme 'Better access, better health: A patient-centred approach to universal health coverage'. 155 delegates attended, and 80 patients' organizations from 30 countries were represented. 14 member bursaries were provided to allow members to take part. The Congress offered multi-stakeholder dialogues, capacity building for members, high level presentations and panel discussion, but most importantly, a chance for members and stakeholders to hear from each other about the real challenges faced in their own countries and environments, in relation to Universal Health Coverage. In the last session of the day, participants combined their knowledge and experiences to draft a set of principles they felt universal health coverage would need to include. These principles were further developed throughout the Congress, and has guided work in the year.

In the evaluation immediately after the Congress, 93% of respondents felt that the Congress had improved their knowledge of universal health coverage.

"[It was] wonderful to bring a common interest together and reignite the commitment and passion for serving patients." (April Abernethy, National Psoriasis Foundation)

IAPO also held a successful Regional meeting in Latin America in August 2014. It brought together 36 patients' organizations from 11 different Latin American countries and more than 100 multi-stakeholders to develop the action plan, enable training and set out concrete activities for 2015. At the meeting, IAPO worked with the network to develop a position paper to present to delegates at the WHO Regional Committee for the Americas. These regional meetings help to deliver important capacity building support in policy areas such as biological and biosimilar medicines, health technology assessments and universal health coverage, as well as providing forums for training, giving opportunities to share best practice and to strengthen regional and national networks.

Following the positive evaluation of Patient Solidarity Day (PSD) held in Africa in 2013, IAPO launched a global PSD in 2014. IAPO members, partners and like-minded organizations from around the world came together to support the initiative, and highlight the core messages of the campaign; calling for patient-centred healthcare, and the need for all patients to access equitable, high quality and affordable healthcare. The theme for 2014 continued IAPO's policy work highlighting the need for universal health coverage for all, under the tagline of '*One voice. United. Universal.*' An estimated 80

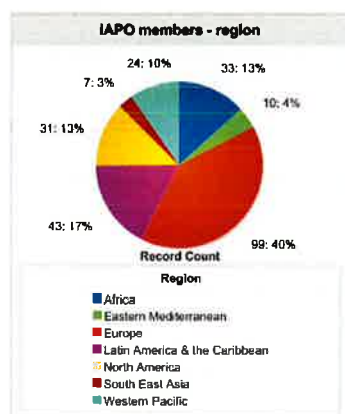
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organizations, from 32 countries supported Patient Solidarity Day, with more than 50 officially endorsing the campaign on IAPO's Supporters' Wall. Through this campaign, IAPO and its members helped to raise awareness of the role of patients' organizations in ensuring healthcare systems meet the needs of the communities they serve and the right of patients to be fully informed to make effective healthcare decisions, around the world.

Objective 3: Member-led

IAPO's membership has increased and diversified. Following the regional meeting in South East Asia in December 2014, IAPO's membership in the region grew 2%, with additional growth expected in 2015. There has been a large increase in the number of members in Latin America as a result of the regional meeting in 2014, now becoming the second biggest region represented after Europe.



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

12 issues of the IAPO newsletter were produced in 2014. Member engagement with the newsletter rose continuously from June (9%) to December (18%), measured by number of newsletter clicks. The newsletter has been renovated in terms of design and content, including a new '60 seconds with...' member interview section. IAPO continued to put out press releases, website articles and social media to keep members up to date on advocacy positions and general news. Social media engagement (especially with members) has increased: from May to November, Facebook likes increased by 17.6% and Twitter followers by 33.7%.

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A member induction was held at the beginning of the year for all new members. Due to the increase in Spanish speaking members before the Latin American regional meeting, another member induction was held for new Latin American members was held in July.

Objective 4: Sustainability

The key events of 2014 were the registration of IAPO as a charity and the development of the new strategic plan (covered in Future Plans below). Both these activities will enable IAPO to strengthen its fundraising, capacity building and advocacy strategies in 2015 and beyond.

IAPO has successfully implemented a new database, which has improved how membership, projects and partnerships are tracked and managed.

IAPO also launched a new website, which is more easily updated frequently with new content, is strongly linked with social media and the newsletter, and has helped to drive engagement with others since its launch in September. Members are engaging more by sharing website content via social media frequently.

Public benefit

In setting our objectives and planning our activities Trustees have given consideration to the Charity Commission's general guidance on public benefit. At its heart, IAPO aims to improve healthcare by ensuring that healthcare services around the world take account of the needs and views of patients, their families and carers. For example, by improving access to healthcare itself, access to information and respecting 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.

The patients' organizations that the charity works with 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. IAPO estimates that its members represent around 365 million patients and carers across the world. The services the charity provides, therefore, 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

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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.

Future plans

During 2014 IAPO conducted a consultation with its members, partners and other stakeholders to inform its Strategic plan for the next three years 2015-2017. A report of the outcomes of the consultation which informed the plan has been disseminated via the website.

Over the next three years, the key theme underpinning all objectives will be universal health coverage from the patients' perspective, recognising that the three pillars of universal health coverage are all important, but that financing will be the global priority over the next three years, and IAPO wants to ensure that the patient voice is raised as high in this pillar as it is in equity and quality. IAPO's activities will under the following objectives: leading the patient voice on global healthcare issues, advancing patient engagement, and empowering the global patient movement.

Financial Review

Incoming resources for the year amounted to £721,116 representing the charity's first substantial period (a shortened 11 month period) of operation as a newly registered UK charity. Income comprised mainly of income from partnerships with pharmaceutical companies and also the European Union for our Congress event. Expenditure amounted to £682,354 resulting in an approximate break even position (small surplus of £38,762). Assets of £384,847 were transferred from IAPO Netherlands (the old not-for-profit organisation) to the newly registered UK charity on 1st February 2014. Closing reserves were £423,609 of which £80,110 related to restricted projects.

Reserves policy

At the September 2014 IAPO Governing Board meeting, the Board approved a target of between six months and one year's core costs as a reserve. The rationale for this level is that currently, IAPO is dependent on the corporate sector for the majority of its funding and the corporate sector itself is subject to market fluctuations, and to restructuring such as mergers, which may make funding more precarious. This level of reserves also means that IAPO is free to refuse funding (from any organization) that might compromise IAPO's work or values. In either of these cases the reserves level will give time for IAPO to seek alternative funding without detracting from its work programmes and the service it offers its members. Reserves are also needed for infrastructure improvements such as the website, for which it is very difficult to get external funding.

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At 31 January 2014, IAPO had £384,847 unrestricted free core reserves which is approximately one year's worth of core expenditure, based on the 2014 budget.

Investment policy

IAPO's Governing Board will be approving an investment policy in May 2015.

Structure, Governance and Management

The Governing Board, who are the trustees of the charity and also directors for the purposes of company law, present this report and the audited financial statements for period 1 February to 31 December 2014. These have been prepared in accordance with the Statement of Recommended Practice; Accounting and Reporting by Charities (revised 2005) and the Companies Act 2006. The legal and administrative details set out in page 1 form part of this report.

IAPO is a registered charity number 1155577 since 31 January 2014 and a company number 8495711, governed by its Memorandum and Articles of Association dated 19 April 2013, and bylaws (October 2014). From 2004 to January 2014, IAPO was a Registered Association in The Netherlands, registration number 30201854, and from 1999-2004 IAPO was registered as a Foundation in The Netherlands, registration number 30155370. IAPO has a wholly owned subsidiary trading company, IAPO Trading Limited (company number 08863190).

The key documents on the governance of IAPO are the Memorandum and Articles of Association (2013) and the accompanying Bylaws. The Bylaws may be amended by the Governing Board. Any change to the Memorandum and Articles of Association must be agreed at an Annual General Meeting or Extraordinary General Meeting of IAPO's members. The Memorandum and Articles of Association and Bylaws together make up the governing documents of IAPO.

IAPO members are patients' organizations working at the international, regional and national level to represent and support patients, their families and carers. IAPO has two categories of membership: Full and Associate. Full Members are patients' organizations that are patient led and driven and Associate Members are other health-related non-profit organizations working towards patient-centred healthcare. At the end of 2014, IAPO had 206 full members and 41 associate members (total 247) from 67 countries.

The Board meets at least twice a year, and may meet more frequently by teleconference, and decisions may also be made over email by a process set out in the Memorandum and Articles of Association and Bylaws. The Governing Board has four sub-committees: Audit, Nominations, Membership and Fundraising.

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TRUSTEES' REPORT FOR THE PERIOD ENDED 31 DECEMBER 2014

The trustees delegate day-to-day management of the charity to the Chief Executive Officer who reports directly to the Governing Board. The director leads a staff team of 7 salaried staff (6.8 full time equivalents). In 2014, Jo Groves stepped down as CEO after 10 years with IAPO; the Board would like to record their thanks and appreciation of her service with IAPO. Stephen McMahon brings his long experience of patient engagement gained with the Irish Patient Forum to the role of Interim Chief Executive Officer from the end of 2014.

IAPO also offer opportunities for volunteers to come and work in the office. These volunteers give valuable support on the database, policy research and events management and especially in translation of materials. IAPO has good relationships with local universities such as University College London from where many of the volunteers come. In 2014, IAPO benefited from 540 hours of volunteer time.

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.

A Governance Manual was developed in 2014.

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Risk Management

A risk register has been produced and reviewed by the Audit Committee and the full Board who are satisfied that the key risks are being mitigated by appropriate steps. As with many organisations, the key risk relate to funding, and diversification of funding will be a priority in 2015.

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.

Appointment of auditors

During the year Knox Cropper were appointed as the Statutory Auditor. This is the first year of activities as a newly formed UK registered charity and therefore there are no corresponding figures to audit.

Approved and authorised for issue by the Board of Trustees on 1st May 2015 and signed on their behalf by:-



KP Tsang - Trustee & Director

INDEPENDENT AUDITORS REPORT

TO THE MEMBERS OF INTERNATIONAL ALLIANCE OF PATIENTS' ORGANISATIONS FOR THE PERIOD ENDED 31 DECEMBER 2014

We have audited the financial statements of International Alliance of Patients' Organizations for the period ended 31 December 2014 which comprise of the Statement of Financial Activities, the Income and Expenditure Account, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' responsibilities, 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 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.

If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

INDEPENDENT AUDITORS REPORT

TO THE MEMBERS OF INTERNATIONAL ALLIANCE OF PATIENTS' ORGANISATIONS FOR THE PERIOD ENDED 31 DECEMBER 2014

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 2014, and of its incoming resources and application of resources, including its income and expenditure, for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

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

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Kevin Lally

Kevin Lally FCA

Senior Statutory Auditor

For and on behalf of Knox Cropper, Statutory Auditors

8/9 Well Court, LONDON, EC4M 9DN

Knox Cropper is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

1st May 2015

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AND INCOME AND EXPENDITURE ACCOUNT) FOR THE PERIOD ENDED 31 DECEMBER 2014

	Notes	Unrestricted £	Restricted £	Total 2014 (11 months) £
Incoming resources				
Incoming resources from charitable activities:-				
Membership		12,147	-	12,147
Healthcare Industry Partners		322,977	-	322,977
Global Patients Congress		-	184,103	184,103
Special Projects		-	189,230	189,230
Other		12,659	-	12,659
Total incoming resources	2	347,783	373,333	721,116
Resources expended				
Charitable activities:-				
• Capacity building		71,666	-	71,666
• Advocacy		65,663	-	65,663
• Collaboration		91,266	-	91,266
• Global Patients Congress		-	171,435	171,435
• Special projects		25,290	121,788	147,078
Governance costs	4	135,246	-	135,246
Total resources expended	3	389,131	293,223	682,354
Net incoming/(outgoing) resources		(41,348)	80,110	38,762
Transfer of assets from IAPO Netherlands		384,847	-	384,847
Net movement in funds		343,499	80,110	423,609
Funds brought forward		-	-	-
Total funds carried forward		343,499	80,110	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 16 to 22 form part of these financial statements

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BALANCE SHEET AS AT 31 DECEMBER 2014

	Notes	£	2014	£
Fixed assets	7			2,220
Current assets				
Debtors	8	16,247		
Cash in hand and in bank		454,415		
				<hr/>
		470,662		
Creditors: amounts falling due within one period	9	(49,273)		
				<hr/>
Net current assets				421,389
				<hr/>
Net assets				423,609
				<hr/>
Funds				
Unrestricted fund				343,499
Restricted funds				80,110
				<hr/>
Total funds	11			423,609
				<hr/>

These financial statements were approved and authorised for issue by the Board of Trustees on 1st May 2015 and signed on their behalf by:-



KP Tsang – Trustee & Director



Marc Boutin – Trustee & Director

Registered company number: 08495711 (England and Wales)

The notes on pages 16 to 22 form part of these financial statements

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

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 2005) published in March 2005 and applicable accounting standards and the Companies Act 2006.

The company has taken advantage of exemptions contained within FRS 1 not to prepare a cash flow statement on the basis that it is a "small company" under companies act legislation. Whilst the company has also taken advantage of small company exemptions not to include a Strategic Report, the content in the Trustees Report constitutes similar content to a Strategic Report as described in SORP Information Sheet 5, published by the Charity Commission.

1.2 Company status

The 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 period, 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 2014 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 2014: The biennial 2014 conference took place in the UK. Congress income includes grants, sponsorship and delegate registration fees, all of which are recognised in the accounting period in which the event took place. Further information about the Congress including details of sponsors and supporters is available online at: www.globalpatientscongress.org.

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.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

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).

1.7 Taxation

International Alliance of Patients' Organizations is a registered charity and is not liable to Corporation Tax.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

2 Incoming resources

	Healthcare Industry Partners 2014 £	Special Projects 2014 £	Global Patients Congress 2014 £
AbbVie UK	29,628	11,600	-
Amgen	30,416	12,084	20,000
BIO	-	-	1,500
Eli Lilly	30,303	17,898	24,277
EMD Serono	-	12,151	-
GSK	31,334	-	1,057
IFPMA	5,972	-	-
Janssen	15,050	30,168	24,370
Medtronic	29,002	-	20,000
Merck	30,303	-	-
NHC	-	-	1,286
Novartis	29,171	8,949	20,000
Novo Nordisk	15,921	-	-
Pfizer	30,303	12,127	-
PhRMA	30,416	30,216	25,000
Sanofi	15,158	-	-
UMC Utrecht	-	54,031	-
Other (includes funding from EC departments)	-	6	46,613
	<u>322,977</u>	<u>189,230</u>	<u>184,103</u>

3 Analysis of charitable expenditure

	Direct Costs £	Support Costs £	Total 2014 £
Staff costs	158,669	44,732	203,401
Supporting members	41,744	-	41,744
World Health Organisation	1,371	-	1,371
Conferences	13,717	-	13,717
Meeting costs including Congress	166,263	-	166,263
Premises costs including Congress	7,979	98,637	106,616
Other costs	13,996	-	13,996
	<u>403,739</u>	<u>143,369</u>	<u>547,108</u>

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

Please see the SOFA for analysis of charitable expenditure by activity. Support costs are allocated to charitable activities according to value of staff time, which were as follows for the period:-

- Capacity building – 23%
- Advocacy – 17%
- Collaboration – 28%
- Global Patients Congress – 18%
- Special projects, in total – 14%
- Governance costs – 0%

4 Governance costs

	2014
	£
Board travel and accommodation	9,071
Legal fees	12,711
Consultants / training	11,757
Accountancy	4,713
Auditor's remuneration	4,450
Trustee's expenses	242
Value of staff time directly incurred on Governance related activities	81,914
Other Governance costs	10,388
	<hr/>
	135,246 <hr/>

5 Trustees and staff remuneration

The trustees received no remuneration but received reimbursements of £242, which related to costs of telephone conferencing.

Staff remuneration and numbers

	Total
	2014
	£
Wages and salaries	218,119
Social Security costs	21,047
Pension costs	9,423
Other personnel related costs: (recruitment, training, temporary staff)	36,726
	<hr/>
	285,315 <hr/>

The average number of full and part-time employees during the period was between 7 and 8.

One employee received emoluments of more than £60,000, being within the £60,000-£70,000 bracket and received pension benefits accruing of £2,860.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

7 Fixed assets

	Computer equipment £
Cost	
Brought forward	-
Transferred from IAPO Netherlands	2,713
Additions	1,456
	<hr/>
Carried forward	4,169
	<hr/>
Depreciation	
Brought forward	-
Transferred from IAPO Netherlands	856
Charge for the period	1,093
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Carried forward	1,949
	<hr/>
Net book value	
At 31 December 2014	2,220
	<hr/>
Transferred from IAPO Netherlands	1,857
	<hr/>
There are no charges or securities held over any fixed assets.	

8. Debtors

	2014 £
Debtors	3,902
Prepayments	12,345
	<hr/>
	16,247
	<hr/>

9. Creditors: amount falling due within one period

	2014 £
Creditors	2,544
Deferred income	39,588
Accruals	7,141
	<hr/>
	49,273
	<hr/>

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2014

10 Analysis of net assets between funds

	Unrestricted Fund £	Restricted Funds £	Total Funds £
Tangible fixed assets	2,220	-	2,220
Current assets	390,552	80,110	470,662
Current liabilities	(49,273)	-	(49,273)
	<hr/>	<hr/>	<hr/>
Net assets at 31 December 2014	343,499	80,110	423,609
	<hr/>	<hr/>	<hr/>

11 Movements in funds

	Transferred from IAPO Netherlands £	Incoming Resources £	Resources Expended £	At 31 December 2014 £
Unrestricted fund	384,847	347,783	(389,131)	343,499
<u>Restricted funds:-</u>				
Global Patients Congress	-	184,103	(171,435)	12,668
PROTECT	-	6	(5,496)	(5,490)
GetReal	-	54,031	(10,972)	43,059
Latin America 2014	-	135,193	(105,320)	29,873
	<hr/>	<hr/>	<hr/>	<hr/>
	384,847	721,116	(682,354)	423,609
	<hr/>	<hr/>	<hr/>	<hr/>

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'.

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 PERIOD ENDED 31 DECEMBER 2014

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 2014

Activities in Latin America are driven by the 2014 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.

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS

DONATE

You can support International Alliance of Patients Organizations by making a donation. All funds that we receive go directly to supporting the charitable objectives of the charity.

Make your donation go 25% further using Gift Aid. International Alliance of Patients, Organizations is a registered charity (Number 1155577) and can reclaim Gift Aid if you use the form below:-

Dear International Alliance of Patients' Organizations,

*Please treat as Gift Aid donations all qualifying gifts of money made [**Today**] or [**in the past 4 periods**] or [**in the future**] (please circle as applicable).*

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax period (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax period. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Title ----- First name or initial(s) -----

Surname -----

Full home address -----

Postcode -----

Date -----

Signature -----

...Thank you"

Please make cheques payable to International Alliance of Patients' Organizations and post to 49-51 East Road, LONDON, N1 6AH

Please notify us if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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