St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2025



St John of Jerusalem Eye Hospital Group

SAVING SIGHT CHANGING LIVES

St John of Jerusalem Eye Hospital Group is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay. We have been treating patients in the region for over 144 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: IAPB – The International Agency for the Prevention of Blindness; JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO – non-governmental organisation. NIS - New Israeli Shekel. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John of Jerusalem Ophthalmic Association. UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development. WHO – World Health Organisation.

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London EC1M 6BB

ABOUT ST JOHN OF JERUSALEM EYE HOSPITAL GROUP (SJEHG)



Jerusalem Hospital

The St John of Jerusalem Eye Hospital Group (SJEHG) is a UK-registered charity that delivers sight-saving care in Jerusalem, the West Bank and Gaza. Services are delivered through two registered charities, each operating under local legal frameworks.

In Jerusalem, services are provided by St John Eye Hospital – Jerusalem RA, an Israeli incorporated not for profit entity, operating in Sheikh Jarrah, the Old City (Muristan), and Kufr Aqab.

In the West Bank and Gaza, services are delivered by St John Eye Hospital, a UK-registered charity, also registered as international NGO with the Palestinian Interior Ministry.

For over 144 years, the Order of St John, latterly via its subsidiary SJEHG, has been delivering ophthalmic services in the Holy Land. SJEHG provides care from six sites, plus three mobile outreach programmes (for further information on our services, see the Snapshot of 2025 on page 6).

OUR OBJECTIVES

SJEHG's "Objects", as laid out in our Articles of Association, are specifically restricted to the following:

a) The relief of sickness and the protection and preservation of health by providing eye care facilities at the St John Eye Hospital in Jerusalem and at such hospitals and clinics elsewhere as the directors may think fit and the medical and nursing education and medical research activities connected therewith;

b) the support of humanitarian relief anywhere in the world;

c) the carrying on of such other exclusively charitable activities as the trustees may think fit.

CHAIRMAN & CEO INTRODUCTION


Dr Ahmad Ma'ali & Sir Andrew Cash in the Jerusalem Hospital Gardens

For the first ten months of 2025, the war in Gaza continued, with almost 70,000 people killed since the outbreak of hostilities. In October 2025, a ceasefire agreement was reached and has largely held since then. The war and its impact on the security situation in Jerusalem and the West Bank have presented significant challenges to hospital operations. Despite the Gaza Hospital remaining non-functional for most of 2025, 41,195 patients still received eye care in Gaza in that year.

In the West Bank and Jerusalem, access to eye care was also compromised due to the heightened levels of violence. The war has also impacted the movement of people and goods in the West Bank and hindered access of patients to the Jerusalem Hospital. In response, management implemented several measures to enhance access to quality eye care. These included the opening of the Nablus Hospital, expansion of services in Kufr Aqab, and the establishment of a community-based child vision screening initiative, as well as strengthening outreach activities to the most isolated communities including the establishment of a third outreach service in the south of the West Bank.

As a result of these efforts, SJEHG's clinical activities were exceptionally high at almost all sites. In total, 231,968 outpatient visits were conducted which represents a new record for SJEHG. As for major surgeries, 4,550 surgeries were performed across SJEHG.

Despite all the challenges, SJEHG has continued to prioritise training and education for all staff. This has included fellowship training for three medical staff, postgraduate nurse training, and in-house training as well as the medical residency programme.

As for our finances, patient-related income was up by almost NIS 2.4m (£593k) as compared to budget and there were NIS 3.2m (£791k) savings in payroll as well as other expenditures.

Thank you to all our donors who have gone the extra mile to help keep our services running – it is very much appreciated. Thank you also to all St John Priories and Associations for their unwavering support. We would especially like to thank the Priory in the USA of the Order of St. John for their financial contributions which have been instrumental in sustaining and developing our eye care services in the Holy Land.

SJEHG has maintained its quality care and ensured the safety of its patients and staff. The Jerusalem Hospital was re-accredited by JCI for the fifth consecutive time and the Hebron Hospital received its first JCI accreditation.

Future plans include rebuilding service provision in Gaza, expanding surgical services at both the Nablus and Hebron Hospitals, continuing the child vision screening programme, and pursuing income-generating projects across SJEHG.

Whilst we are aware that there may be challenges in our future, we are confident in our ability to rise to these challenges and continue to provide expert eye care to the people of the Holy Land.

Thank you.

Sir Andrew Cash OBE GCStJ
Chairman

Dr Ahmad Ma'ali KStJ
CEO

HOSPITALLER'S REPORT

The pressing need for ophthalmic services in the Palestinian population

The most-recently published study on vision loss in the Palestinian population (2018-2019), also called the Rapid Assessment of Avoidable Blindness (RAAB), identified three diseases in the adult patient population. Across all degrees of sight loss – from mild to complete blindness, as defined by 1992 WHO definitions – these are refractive error (the need for glasses), cataract, and diabetic retinopathy.

The first, refractive error, accounted for 45% of all causes of 'mild visual loss'. It also accounted for 15% of 'moderate loss', roughly equating to the ability to see only the first three lines on a standard visual acuity chart. Although other eye conditions frequently coexist, simple diagnosis and the provision of glasses would improve vision in many patients.

The second cause, cataract, cannot be prevented, but modern surgery delivers a marked improvement in visual function. In the Palestinian population, cataract accounts for 45% of all cases of 'severe visual impairment' (the inability to see the first line on an acuity chart, or '6/60'), and over a third of cases of 'legal blindness', so the demand on our services is high. In an ageing population, these figures are set to rise, with over 5,000 Palestinians currently estimated to be 'legally blind' for want of surgery. Proficient and safe cataract surgery is vital, because complicated surgery is a cause of visual loss, placing further strain on services already overwhelmed.

The third cause of visual loss in this population, and the most pressing given its irreversible nature, is diabetic retinopathy (DR). After cataract, DR is the leading cause of all degrees of sight loss. However, unlike cataract, DR results in structural changes in the central and peripheral areas of the retina. At best, these can be stabilised to prevent progression. Unchecked, it can lead to permanent central and peripheral retinal damage, retinal detachment, and collapse of the eye.

Children are also at risk of visual loss due to preventable and treatable causes, in addition to infrequent inherited and congenital disorders, some of which (such as congenital glaucoma and other developmental anomalies) are challenging to manage. The result of visual deprivation in the first decade of life is 'amblyopia', referring to failure of neural development of the 'sight centre' in the cerebral cortex. Many eye diseases cause amblyopia, but the leading ones are entirely preventable if treatment is given in the first decade of life. These include refractive error and strabismus (squint), both of which require glasses, frequent repeated examination, and 'patching'. The latter involves covering the good eye for several hours each day to encourage normal development of the cerebral 'sight centre'. Where squint persists, this is managed with surgery to prevent subsequent amblyopia.

Central to tackling these causes of sight loss is one essential concept: eye screening. In a population with reduced access to healthcare, where schools lack eye screening resources, where movement in the West Bank is increasingly restricted, and where transfer of ophthalmic drugs and equipment into Gaza has been limited – in all these cases screening forms a central pillar of SJEHG's work. Over the past



two years, SJEHG has undertaken vital primary care screening, and screening of diabetic patients. The other chief causes of adult visual loss – cataract and refractive error – require screening but are not time-sensitive. In contrast, DR is, and a central pillar of SJEHG's strategy in Gaza is to identify and manage these patients, typically with intraocular injections to reduce retinal vascular leakage.

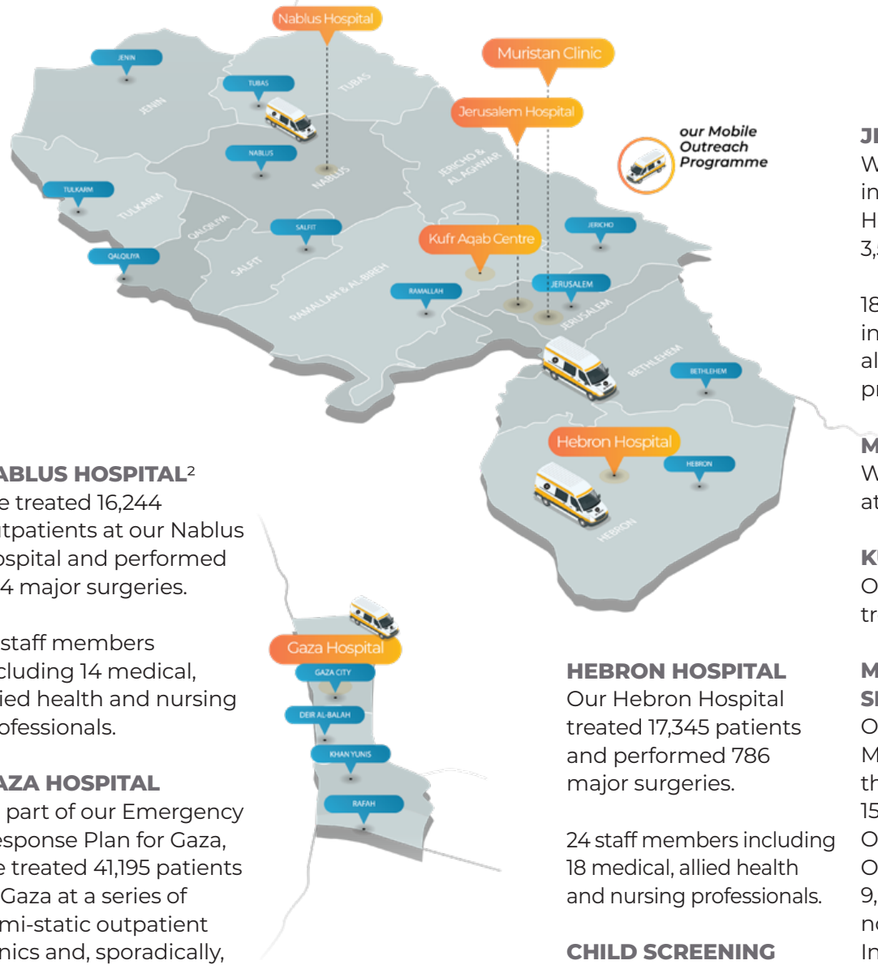
Once the limitations of service delivery in Gaza improve, and with ongoing restrictions in the West Bank, screening for ocular disease becomes more pressing than ever before. Support from the wider family of St John, and all our donors, is immensely appreciated because it directly supports SJEHG in its mission to address preventable eye disease in this population.

Thank you.

Dr David Verity KStJ MD MA BM BCH FRCOphth
Hospitaller, Order of St. John

SNAPSHOT OF 2025

We reached 231,968 patients (32% up on 2024), performed 4,550 major surgeries, and employed 284 people[1] across our services*.



NABLUS HOSPITAL[2]
We treated 16,244 outpatients at our Nablus Hospital and performed 264 major surgeries.

19 staff members including 14 medical, allied health and nursing professionals.

GAZA HOSPITAL
As part of our Emergency Response Plan for Gaza, we treated 41,195 patients in Gaza at a series of semi-static outpatient clinics and, sporadically, at our Gaza Hospital.

35 staff members, including 27 medical, allied health and nursing professionals.

MOBILE OUTREACH SERVICES (GAZA)[3]
The pre-war mobile outreach service in Gaza has not been operational since October 8th, 2023.

HEBRON HOSPITAL
Our Hebron Hospital treated 17,345 patients and performed 786 major surgeries.

24 staff members including 18 medical, allied health and nursing professionals.

CHILD SCREENING PROJECT
Our Child Vision Screening Programme in Jerusalem and the West Bank screened 59,580 children.

JERUSALEM HOSPITAL
We treated 57,284 patients in our East Jerusalem Hospital and performed 3,500 major operations.

183 staff members, including 115 medical, allied health and nursing professionals.

MURISTAN CLINIC[4]
We treated 51 patients at our Muristan Clinic.

KUFR AQAB CENTRE
Our Kufr Aqab Centre treated 13,064 patients.

MOBILE OUTREACH SERVICES (WEST BANK)[5]
Our Jerusalem-based Mobile Outreach service in the West Bank screened 15,519 individual patients. Our Nablus-based Mobile Outreach service screened 9,887 patients in the northern West Bank. In November 2025, we launched a third outreach service in the southern West Bank, serving the districts around Hebron and Bethlehem, which screened 1,799 patients.

RUNNING COSTS 2025

Patient income **36%**
Investment and other income **12%**

63%

In 2025, the cost to run our services amounted to £12.4 million, of which **63%** was sourced from fundraising. Your support enables our vital services to continue.

[1]Staff number includes five London staff. [2]Nablus figures include the Anabta Clinic up to its closure in March 2025. [3]Gazan Mobile Services staff are counted in our Gaza Hospital figures. [4]Muristan, Kufr Aqab and West Bank Mobile Outreach staff are counted in our Jerusalem Hospital figures. [5]West Bank Mobile Outreach figures include our outreach service and school screening



Staff outside refurbished Gaza Hospital, May 2025

SPOTLIGHT ON GAZA

For more than three decades, SJEHG has been the primary provider of specialist eye care in Gaza. Since 1992, our teams have served communities facing deep and persistent hardship. Over the past few years, however, that commitment has been tested as never before.

Despite the closure of our main hospital building in Gaza City in October 2023 and repeated evacuations of staff due to insecurity, SJEHG has remained operational in Gaza throughout the conflict. From April 2024, our staff implemented a phased emergency medical response, initially focused on vision screening and essential primary eye care, before expanding to targeted interventions for diabetic retinopathy and other urgent conditions.

In 2025, SJEHG treated 41,195 displaced people in Gaza, including 11,738 children, an extraordinary achievement under the most complex humanitarian conditions. For much of this period, SJEHG was the sole dedicated provider of specialist eye care in the territory.

THE NEED HAS NEVER BEEN GREATER

The most recent RAAB survey paints a stark picture. Before the war, 31.5% of Gazans over 50 lived with some degree of vision loss, and 3.5% were blind - roughly double the prevalence in the West Bank and significantly higher than regional and global averages.

Tragically, more than 80% of blindness in Gaza in the 50+ age group is avoidable or treatable, most commonly caused by untreated cataract and diabetic retinopathy.

The conflict has dramatically intensified this burden. While pre-war caseloads were largely routine - cataract, glaucoma, diabetic eye disease and paediatric conditions - we have since seen a sharp rise in:

- Blast and ballistic eye trauma;
- Acute infections and corneal disease due to delayed presentation;
- Advanced diabetic retinopathy;
- Malnutrition-related paediatric eye conditions.

Thousands of patients receiving long-term care before the war have lost follow-up care, resulting in irreversible sight loss.

Of the patients we treated from April 2024 to the end of 2025, 47% require further investigation or ongoing treatment, and 6,839 individuals (11%) need major sight-saving surgery. Nearly 1,000 patients urgently require Avastin injections for diabetic retinopathy, and hundreds need therapeutic laser treatment. The surgical backlog will take years to address.



Deir Al Balah field clinic



Mohammed Yaghi undergoing eye examination

RETURNING TO OUR HOSPITAL

During a temporary ceasefire, our staff were able to assess damage to our five-storey Gaza City hospital. Limited renovations enabled us to reopen for essential outpatient services in May 2025. Following the ceasefire of October 2025, patient numbers have risen to approximately 1,000 per week across three operational sites:

- SJEHG Gaza City Hospital (north);
- A field hospital in Deir al-Balah (central Gaza);
- Nuseirat clinic (south).

This level of activity has not been seen consistently since late 2024 and reflects the enormous unmet need. Many patients must travel through damaged infrastructure, often at considerable personal risk, to reach us.

A STORY OF HOPE

When 12-year-old Mohammed Yaghi arrived at our hospital in Gaza City, he had been living in displacement camps after losing his home. Suffering constant pain in his right eye, his family feared the worst.

Diagnosed with severe eye allergies caused by dust exposure, Mohammed received immediate treatment, free of charge. His relief was swift.

For his parents, the reassurance that specialist care remained available offered rare comfort amid uncertainty.

Every patient we see represents a life stabilised, pain relieved, or sight preserved. As Walid Shaqura, Hospital Manager in Gaza, reflects:

"Seeing a child leave our clinic with a smile makes every struggle worth it. Even in the toughest moments, we know the work we do changes lives."

WORKING IN PARTNERSHIP

Our ability to continue operating has depended on strong coordination with partners. We are an active member of the Gaza Health Cluster co-chaired by the Palestinian Ministry of Health and the WHO. We work closely with WHO, UK-MED, the Palestinian Red Crescent Society, UNRWA (where permitted) and other local organisations to secure fuel, water, medicines and supplies.

We are also engaging with authorities to facilitate the entry of essential equipment and, in time, building materials required to rehabilitate our hospital fully.

THE ROAD AHEAD

In Gaza today, restoring eye health is not simply a clinical priority, it is a foundation for recovery. The October 2025 ceasefire created limited humanitarian space, but the situation remained fragile. Our immediate priorities are:

- Maintaining services at three active sites;
- Commencing cataract surgery to tackle the surgical backlog;
- Securing consistent supplies of medicines, including refrigerated medications such as Avastin, and clinical disposables;
- Expanding access to diabetic retinopathy treatment;
- Ensuring the safety and welfare of our staff.

Throughout the conflict, we have maintained salaries for our Gaza staff and provided hardship payments in recognition of the extraordinary circumstances they face.

Looking forward, we are developing plans to:

- Rehabilitate and equip our Gaza City hospital;
- Install solar energy systems to ensure reliable power;
- Re-establish our mobile outreach programme;
- Relaunch a child vision screening programme in late 2026.

Our previous outreach vehicle and equipment were destroyed during the war, significantly limiting access for vulnerable communities.

The estimated cost of restoring and rebuilding our Gaza services over the next five years is **£4.5 million.**

Even in conflict, sight-saving care cannot wait.

Through resilience, adaptability and the unwavering commitment of our staff, SJEHG has continued to preserve sight and provide hope. With sustained support, we can not only meet the immense backlog of need but help rebuild Gaza's eye health services for the future.



SPOTLIGHT ON NABLUS

In March 2025, SJEHG proudly opened its newest day care hospital in the city of Nablus, the commercial and cultural hub of the northern West Bank. Open five days a week from 7am to 3pm, the hospital brings much-needed surgical and specialist services to over 1.2 million people across the six northern governorates of Nablus, Salfit, Qalqiliya, Tulkarm, Jenin and Tubas.

Bringing the hospital to life wasn't without its logistical challenges – including security concerns and political unrest preventing contactors from reaching the site as well as supply chain disruptions that delayed the arrival of imported equipment – but thanks to the tireless efforts of SJEHG's Director of Estates and Support Services Ahmad Awadallah and his team, it became a reality.

The introduction of the Nablus Hospital marked a turning point in expanding access to quality healthcare for communities in the north of the West Bank. In just one year, the hospital has grown significantly in capacity, services, and patient care.

BUILDING CAPACITY

The hospital opened with just nine staff members. Within the first year, this has more than doubled to 19, ensuring coverage across all aspects of care.

A new surgeon has been recruited to meet the increasing demand for surgical interventions, and they commenced performing surgery in January 2026.

EXPANDING SURGICAL SERVICES

Surgical interventions began in May 2025, initially offered once per week. By January 2026, services expanded to two fixed surgical days per week.
The hospital started to operate three surgical days per week from February 2026 to address patient demand, including a waiting list of 400 cataract surgery patients.

NEW CLINICAL SERVICES

Designed and equipped in line with JCI standards, the hospital offers a range of general and subspeciality services including vitreoretinal, glaucoma, cornea, paediatric ophthalmology and oculoplastic clinics.

A Medical Retina Clinic was added in September 2025, providing specialized care for patients with retinal conditions. The hospital's pharmacy is now fully licensed, ensuring patients have reliable access to prescribed treatments and medications.



Reception desk, Nablus Hospital

This remarkable achievement would not have been possible without the generosity of our donors and the invaluable support of our partners. Special thanks go to the Australian Government Department of Foreign Affairs & Trade, The Fred Hollows Foundation, The David & Molly Pyott Foundation, the Arab Fund for Economic and Social Development, the St John Priory in the USA, and the Knights Templar Benevolent Fund, whose belief in our mission helped bring this project to life.

PATIENT CASE STUDY

Serria's Story

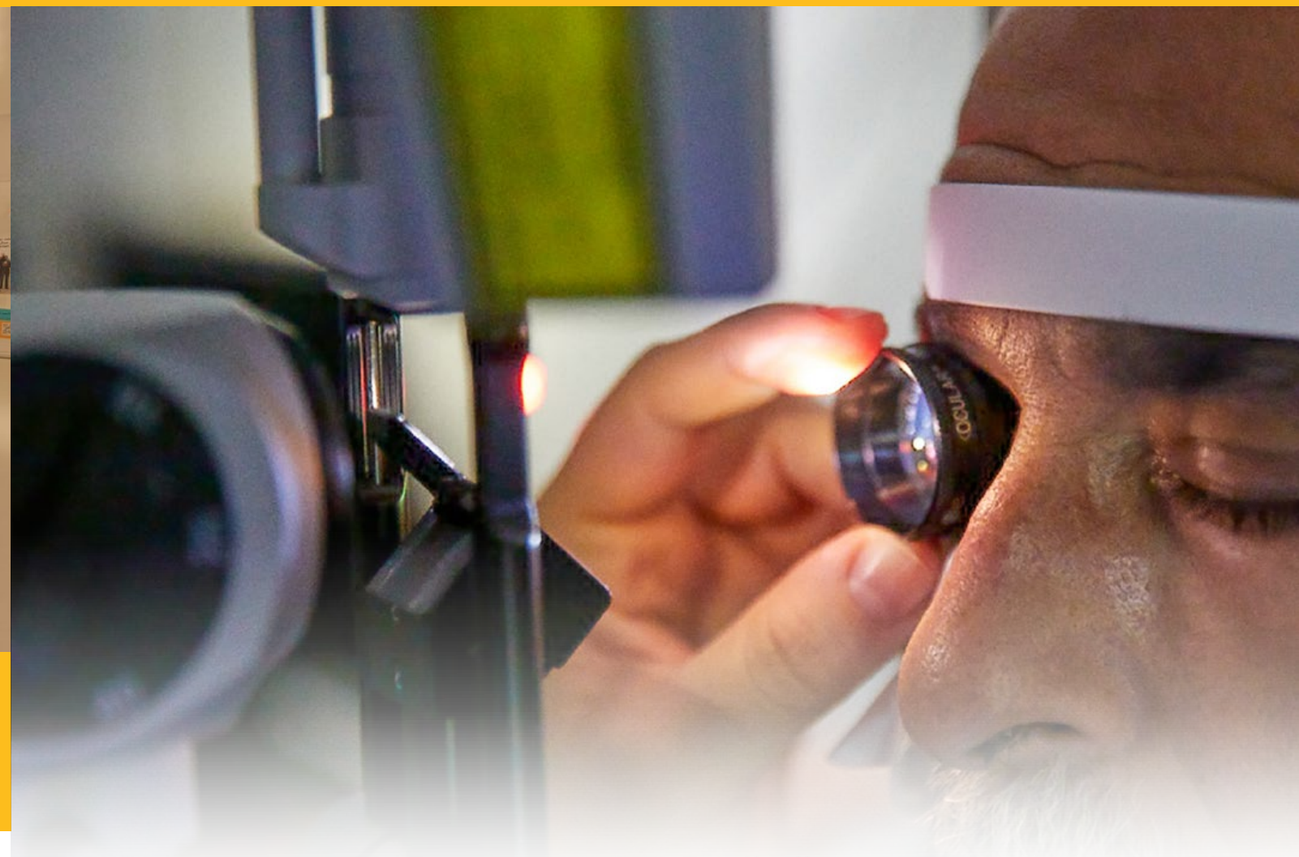
Serria Fareeq, a 77-year-old mother of four, lives in the village of Zawatia near Nablus. Over time, she noticed her vision becoming blurry and cloudy, which made her feel uneasy and restricted her ability to leave her home. On many occasions, she found it difficult to recognize faces in her village, a situation that left her feeling embarrassed.

When the SJEHG North Mobile Outreach Clinic visited her village, Serria took the opportunity to have her eyes examined. The medical team diagnosed her with cataracts in both eyes, and a phacoemulsification (Phaco) surgery was scheduled for February 2025 at the main hospital in Jerusalem.

After the surgery on her first eye, Serria was able to attend a follow-up appointment at SJEHG's Nablus Hospital in March, which was much closer to her home. The procedure was a success, and her vision has already improved significantly, and she is seeing much more clearly.

Serria expressed her deep gratitude to the European Society of Cataract and Refractive Surgeons (ESCRS) for their generous financial support, which helped cover the cost of her surgery. She also thanked the SJEHG team for their professionalism and compassionate care throughout the entire process – from the outreach clinic to the hospitals in Jerusalem and Nablus.





THE EYE HEALTH CONTEXT

Our strategy draws on the contextual factors that influence our service delivery and was based on the community needs as outlined by the RAAB survey conducted in 2018-2019 by SJEHG.

The RAAB study identified the following as the main causes of blindness and visual impairment amongst the population we serve:

- Cataract and refractive error;
- Diabetic retinopathy;
- Glaucoma;
- Lack of public awareness regarding the prevention of avoidable causes of blindness and visual impairment.

The survey also identified certain unique contextual factors which have contributed to avoidable and preventable blindness across the oPt:

- Poor access to eye care resulting from physical, financial and knowledge barriers;
- Poverty and unemployment;
- Consanguinity and inherited eye diseases;
- Poor quality eye care and fragmentation of the health care systems;
- Socioeconomic factors leading to gender inequality.

WHY EYE CARE MATTERS

Vision impairment has profound personal and economic consequences. Children with untreated visual impairment face delayed development, lower educational attainment and social exclusion. Adults may lose the ability to work, increasing household poverty and dependence.

Research prior to the conflict by the IAPB estimated that moderate-to-severe vision loss in Palestine resulted in annual productivity losses exceeding US$60 million. Globally, investment in cataract and refractive services is recognised as one of the most cost-effective health interventions, generating significant long-term economic returns.



Over 5,000
Palestinians are currently estimated to be legally blind for want of surgery

OUR STRATEGY 2023-2025

The 2023-2025 Strategic Plan was developed through the collaborative efforts of the SJEHG's Board of Trustees, the senior management team, and staff.

As of 2026, we will be following a new 2026-2028 Strategic Plan. You can find out more about our plans for the future on page 24.



Our Mission:

SJEHG is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay.

Our Vision:

SJEHG will work to address avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in East Jerusalem, the West Bank, and the Gaza Strip.

Our strategy is centred on our **CARE** values:

- **C**ompassion: Providing eye care with empathy and willingness to promote wellbeing;
- **A**ccountability: Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve;
- **R**espect: Honouring the dignity and diversity of each person;
- **E**xcellence: Providing exceptionally high quality and advanced care.

Our Strategic Aims:

Our strategy outlines how we will continue our mission through six strategic aims:

1. SERVICES:
Provide eyecare which is of the highest quality, accessible and patient centred;

2. CLINICAL DEVELOPMENT:
Lead ophthalmic education, research, and innovation;

3. PEOPLE & STAFF:
Become the employer of choice in our community;

4. TECHNOLOGY & DATA:
Integrate secure technology and data governance with all core aspects of SJEHG's clinical work;

5. GOOD GOVERNANCE & PARTNERSHIP:
Ensure SJEHG's good governance and strengthen partnerships, communications, and marketing locally and worldwide;

6. FINANCES:
Ensure financially sustainable services.

It should be noted that our strategy was developed prior to the current war in Gaza. Much of what we had planned, especially in Gaza, will be severely delayed by the current situation.



Staff at Hebron Hospital, November 2025

SERVICES

Our Aim: Provide eye care which is of the highest quality, accessible and patient centred.

INCREASING ACCESSIBLE QUALITY CARE FOR ALL

We serve a population who face many barriers to care – from physical, such as the separation wall, checkpoints, and blockades, to socio-economic, such as financial constraints or a lack of eye health awareness.

Access to our flagship Jerusalem Hospital can be difficult for much of the Palestinian population. To increase access to care, we have adapted our services to help best reach those who need it most. In 2025, we provided care from four hospitals and three clinics across Jerusalem, West Bank, and the Gaza Strip.

This year, our Jerusalem Hospital was re-accredited by the JCI for another three years, marking over a decade of being recognised as an organisation providing the gold-standard for healthcare worldwide. Our Hebron Hospital also achieved JCI accreditation for the first time in 2025 (inspected alongside our Jerusalem Hospital), a remarkable achievement. We are aiming to bring all facilities to a similar standard as part of our 2026-28 strategy, starting with the Nablus Hospital.

STRENGTHENING SUBSPECIALITY SERVICES AND OUTREACH

During the 2023-2025 period, services were strengthened across SJEHG, including paediatrics, medical retina, cornea, oculoplastic and laser treatment at our Kufr Aqab Centre.

Our outreach services expanded in 2025, with a third outreach team based in Hebron, introduced in November 2025, funded through a generous individual donation and continuing into 2026. This serves a population of around 1 million people residing in the southern districts of the West Bank and has greatly improved our ability to reach some of the most vulnerable communities in Palestine.

In 2025, our West Bank Mobile Outreach teams provided care to over 27,000 beneficiaries – excluding those reached through the Child Vision Screening Programme – accounting for over 11% of all patients seen across SJEHG.

We have also been addressing equity of care by targeting community groups who represent women, children, and people living with disabilities. These groups are more likely to miss out on care, especially as travel is difficult, and our mobile outreach programme has provided excellent means for diagnosis and treatment.

ADDRESSING THE GRAVE NEED FOR EYE CARE IN GAZA

The war in Gaza continued into 2025 despite a ceasefire agreement reached in January 2025, which held for almost two months before hostilities resumed across the entire Gaza Strip. Despite ongoing insecurity, our teams in Gaza continued to provide eye care services from multiple locations, including the SJEHG Gaza Hospital, where limited outpatient services resumed in May 2025 after basic renovations. In August 2025, after increased hostilities in Gaza City, our staff were forced to evacuate the hospital once more. However, after the ceasefire agreement in October 2025 we were able to return to the hospital, and begin renovation work on the two operating theatres, with the aim of resuming surgical services in early 2026.

Securing medical supplies into Gaza remains a challenge, and we work closely with humanitarian organizations including the WHO to ensure shipments of medical equipment and disposables.

We have treated 61,570 patients in Gaza since the start of the war, including 42 patients undergoing surgery, 296 receiving Avastin injections and 296 undergoing LASER treatments. You can read more about our response in Gaza on page 7.

Spotlight On: Child Vision Screening Programme

Our Child Vision Screening Programme was first launched in October 2023. The initial phase was funded by the US-based Hilton Foundation, and additional funding from the Priory in the USA of the Order of St John helped ensure the continuation and expansion of vision screening efforts into 2025. The next phase of the screening programme launched in February 2025, backed by a very generous US$500,000 budget from the US Priory, was intended to screen an additional 50,000 children – a target we exceeded in 2025.

The programme was initially designed to provide vision screening for children in Gaza, but in response to the conflict, it was adapted to serve the children of the West Bank, particularly those in refugee camps. In 2025, the Child Vision Screening was conducted by staff from both the Nablus Hospital and Kufr Aqab Centre, as well as the recently established Hebron-based outreach service.

KEY ACHIEVEMENTS:

- **Children screened:**
  59,580 children screened between January and December 2025 – a 72% increase from 2024.

- **Referrals for further treatment:**
  Over 7,200 children were referred to SJEHG's facilities for further treatments, diagnostic procedures, and eyeglasses.

- **Community collaboration:**
  We have developed strong partnerships with local schools to enable seamless service delivery and maximise outreach.





Yousef Ammar at new Nablus Hospital

Patient Stories

YOUSEF'S STORY

Yousef Ammar, a 9-year-old boy from the town of Qaffin in Tulkarm (located in the northern West Bank), has been receiving regular eye checkups with SJEHG since 2021.

He suffers from myopia (near-sightedness) and undergoes routine examinations every six months to update his eyeglass (glasses) prescription. He previously used to visit our clinic in Anabta; however, he is now able to access a full range of services at our new Nablus Hospital.

Yousef's family expressed their gratitude for having a comprehensive eye hospital in Nablus that provides integrated eye care services, including surgeries, to the residents of the northern West Bank.

BASSAM'S STORY

Bassam Al Zool, a 63-year-old man from the village of Husan near Bethlehem, was struggling with deteriorating vision due to cataracts in both eyes. Once a labourer in the construction industry, he had been unable to work for the past four years due to general health issues, including diabetes and hypertension.

The worsening of his eyesight made daily life incredibly difficult. He could no longer recognize people from a distance and often had to have his wife accompany him to help identify friends and acquaintances. The situation was made even harder by the war, which left his two sons unemployed, further straining the family's financial situation. With no means to afford surgery, Bassam felt helpless.

Thanks to our partnership with ESCRS, Bassam was able to receive Phaco + Intraocular Lens (IOL) cataract surgery from SJEHG. His first surgery was performed at the Hebron branch, while the second eye was treated at the main hospital in Jerusalem.

The outcome was life changing. With his vision restored, Bassam expressed deep gratitude to the hospital team. He was especially relieved to regain his independence in daily activities.



Bassam Al Zool at Hebron Hospital

CLINICAL DEVELOPMENTS

Our Aim: Lead ophthalmic education, research, and innovation

ADVANCING OPHTHALMOLOGY TRAINING & EDUCATION

Eight medical residents are currently undertaking their four-year speciality programme. One doctor graduated and successfully passed the Palestinian Council examination. One of our medical residents is currently undertaking a two-year sponsored master's degree in Artificial Intelligence and Health Informatics at the University of Pennsylvania, USA, and will return in June 2026 to resume his work at the Eye Hospital. Another doctor is continuing a neuro-ophthalmology fellowship at Hadassah University Medical Center, as well as another who has completed a short hands-on surgical fellowship in vitreoretinal surgery at Al Ferdaws Eye Hospital in Egypt.

We have also commenced in-house orthoptic assistant training for five optometrists and nurses. This one-year, hands-on training programme is designed to build orthoptic capacity and provide trained personnel to help support services at our Hebron and Nablus Hospitals, as well as the Kufr Aqab Centre.

NURSING

The Sir Stephen Miller School of Nursing at St John Eye Hospital remains the oldest and one of the highest-regarded providers of expert Ophthalmic Nursing Training in the Middle East. Since its establishment in 1998, over 185 specialist ophthalmic nurses have graduated from the school.

The nine-month Specialized Professional Diploma in Ophthalmic Nursing course is fully funded by SJEHG, covering the students' university fees, stipends, accommodation, food, stationery and other living costs. Both the theoretical and clinical components of the teaching programme is fully administered at the Jerusalem hospital in partnership with Al-Quds University.

In June 2025, seven students graduated from the School of Nursing. Five of our graduates were employed by SJEHG.

For the current cohort, eight students commenced the Ophthalmic Nursing course in October 2025. Clinically, students are assigned to a rotation training schedule that exposes them to all hospital clinical areas which in turn allows them to apply theory to practice at all levels of ophthalmic nursing practice. Students are closely supervised by their clinical mentors and well supported by the hospital staff. So far, they have gained many skills in ophthalmic nursing and have become more independent in caring for patients in the outpatient clinic, inpatient wards and operating theatre. By the end of January 2026, they will be finishing their Fall Semester.

POSTGRADUATE ACTIVITIES

During 2025, our collaboration with partners from the ERDC (European Retinal Disease Consortium) resulted in the publication of five articles in peer reviewed journals where our medical staff were co-authors.

A total of 66 families with inherited retinal degeneration were recruited to join our genetics research database to reach a total of 843 families since the establishment of the Molecular Genetics Research Laboratory at the Jerusalem Hospital in 2017.

We were also joined by a new genetics' researcher in 2025, who has a master's degree in genetics and a strong research interest in ophthalmic genetics.

Clinical Development Highlights:

8 medical residents currently undergoing training

8 students on the specialised Ophthalmic Nursing programme

5 articles in peer reviewed publications co-authored by SJEHG staff



2025-2026 Nursing School Cohort



CEO Dr Ahmad Ma'ali presents Employee of the Year award to Suzanna Majaj, Nurse in Charge, Kufr Aqab Centre (May 2025)

Staff Case Study

HANIN SHIHAB

Hanin Shihab, the registration clerk at our Nablus Hospital, has been part of the SJEHG family for nearly ten years, initially based at our Anabta Clinic.

Between 2020 and 2025, the clinic faced an unprecedented challenge due to a marked decrease in patient numbers and reduced demand for services at Anabta. As a result, management was compelled to terminate the contracts of some employees as part of a human resources reorganization. Hanin was among this group, reflecting the magnitude of the challenge we encountered in balancing growing needs with limited resources.

However, with the introduction of the new Nablus Hospital in March 2025, Hanin was reemployed on the first of April 2025 to support the hospital's transition and resumed her role in the record office as the registration clerk. Hanin's re-employment shows our commitment to investing in the skills of our staff and providing opportunities in the region.



Hanin Shihab at new Nablus Hospital

PEOPLE & STAFF

Our Aim: Become the employer of choice in our community

This year has marked significant progress in strengthening our workforce and ensuring we are well positioned to meet evolving organisational needs. A key milestone has been the successful expansion of our services in the new Nablus Hospital, supported by targeted recruitment, structured onboarding, and focused professional development to respond to increasing programme demands. We also launched a new mental health initiative to promote staff wellbeing, resilience, and access to support across all locations.

Recognising that effective communication is fundamental to strong teams, we enhanced internal engagement through the CEO's regular newsletter and a refreshed HR newsletter, ensuring clearer and more consistent updates on strategy, policy, and people-focused initiatives.

Building on this progress, we have concluded the implementation of the new Grading and Reward System, introduced succession planning for senior staff, and strengthened our commitment to Equality, Diversity, and Inclusion through the development of a formal EDI log. In addition, we have enhanced staff capability across SJEHG by improving the training framework, with a particular focus on managerial and leadership development for senior staff, especially clinical leaders.

Together, these initiatives demonstrate our continued commitment to investing in our people, strengthening organisational capacity, and fostering a connected, resilient, and high-performing workforce.

In line with the hospital mission and vision to provide the highest quality of eye care services, continuous training remains crucial to ensure our hospital is staffed with highly skilled and knowledgeable nurses & AHPs.

NURSING AND ASSOCIATED HEALTH PROFESSIONALS (AHPS) DEVELOPMENT AND TRAINING

In 2025, the Nursing and AHP department successfully achieved the "Annual Mandatory Training" which is part of the annual continuous professional development. This training strengthens our staff skills and knowledge mainly in patient-centred care, patient safety, infection prevention and communication.

As part of the hospital's preparation for the JCI inspection, the Quality Department conducted intensive staff training on the upgraded policies and procedures outlined in the JCI 8th edition standards. The staff's commitment and strict adherence to the JCI quality standards were instrumental in achieving a successful JCI accreditation in June 2025.

To ensure capacity building, a number of our staff undertook professional training provided by internationally accredited training bodies. Among the certifications awarded were Certified Facility Safety Officer, Certified Medication Safety Officer, Certified Professional in Infection Control, and Certified in Healthcare Performance Improvement. Through such professional growth development, we are consistently building a highly skilled workforce capable of meeting our patients' expectations and the requirements of the local Ministry of Health.

Newly employed staff are supported through a structured orientation and induction programme, ensuring they are appropriately supervised and equipped with the skills and knowledge needed to safely and confidently commence their roles. Training covers essential clinical and non-clinical areas, including safeguarding children, violence prevention, infection control, health and safety, and communication.

TECHNOLOGY & DATA

Our Aim: Integrate secure technology and data governance with all core aspects of SJEHG's clinical and administrative work.



Patient registration desk, Hebron Hospital

The year 2025 was marked by significant technological advancements and strategic achievements for SJEHG.

EFFICIENT DATA MANAGEMENT

Every day, our systems process patient data, such as demographic information, medical history, treatment plans, billing details.

This year, we successfully completed a major upgrade of our Jerusalem Data Centre, deploying new hardware and modernized software systems to improve performance, reliability, and scalability.

In addition, our network infrastructure was strengthened through the upgrade and deployment of new firewalls and switches, significantly enhancing data security, system accessibility, and operational resilience across SJEHG. These investments are not merely technical, they are fundamental to safeguarding patient data, ensuring continuity of care, and enabling future innovation.

IMPROVED ADMINISTRATIVE FUNCTIONALITY

Administrative tasks, such as appointment scheduling, billing, and insurance claims processing, take up a lot of time and resources, requiring streamlining.

One of the most important milestones of 2025, leading into 2026, is the ongoing deployment of the new Priority ERP system. This enterprise system will manage core business operations including procurement, finance, inventory control, and store management.

The ERP implementation project is fully managed and led by the IT Department, ensuring a smooth deployment, strong coordination across departments, and successful operational integration.

IMPROVED PATIENT CARE AND COLLABORATION OF MEDICAL STAFF

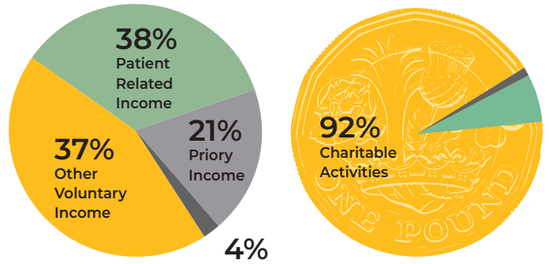
It is essential that relevant staff members have access to reliable and up to date patient information, so they can track patient progress, monitor their treatment plan, and identify any potential health risks.

Since 2023, we have invested in our Picture Archiving and Communication System (PACS), which enhances the management of diagnostic images. This not only reduces the reliance on physical documents but also provides technicians and doctors with a more efficient and organized tool for accessing and managing diagnostic images.

Patient information can be accessed from any site, no matter where the patient was diagnosed. This gives our staff across the different facilities the ability to collaborate on treatment plans.

FINANCES

Ensure financially sustainable services



STATEMENT OF FINANCIAL ACTIVITIES

Incoming Resources: £14m	2025 £000	2024 £000	2025 $000	2024 $000	2025 %	2024 %
Patient Related Income	**5,388**	4,425	**7,112**	5,664	**38**	32
Priory Income	**2,876**	3,332	**3,796**	4,265	**21**	24
Other Voluntary Income	**5,217**	5,587	**6,886**	7,151	**37**	40
Investment & Other Income	**559**	573	**738**	733	**4**	4
Total	**14,040**	13,917	**18,533**	17,813	**100**	100

Resources Expended: £12.4m	2025 £000	2024 £000	2025 $000	2024 $000	2025 %	2024 %
Charitable Activities	**11,447**	9,657	**15,110**	12,361	**92**	93
Cost of Generating Funds	**754**	585	**995**	749	**6**	5
Governance & Other Expenditure	**217**	185	**286**	237	**2**	2
Total	**12,418**	10,427	**16,392**	13,347	**100**	100

Thanks to the continued support of our donors, we can provide high-quality charitable eye care to hundreds of thousands of people each year.

The communities we serve need sustainable services. Ensuring that we have the finances to continue to function and invest in key areas is essential. Central to this aim is to continue to diversify our sources of income, while continually seeking ways to control costs and increase efficiency across SJEHG.

Patient income through private payments from those who can afford it, as well as medical insurance payments from the health systems in Israel and the West Bank, is a vital part of our sustainability. While patient-related income has not yet reached our long-term sustainability target of 55%, the systems and strategies to support growth are now in place.

To ensure financial sustainability, cost control measures and efficiency plans generated meaningful savings, tighter expenditure oversight was introduced, and non-patient income streams, including rental and service-related revenue, were strengthened.

Grants and donations make up the remainder of our funding. Our St John Priories have been the backbone of our funding since our establishment in 1882, and they make up around 21% of our total income.

We communicate with the Priories to showcase the impact of their donations, such as many of the salaries of our key clinical teams as well as providing support to our most vulnerable patients to access care.

Institutional donations from a variety of sources – both international and specific to the Middle East region are of increasing importance too. These donors invest in multi-year programmes which help to strategically develop our infrastructure and services. We aim to continue to foster further support from these sources.

The charitable support we receive from Priories, institutions, foundations and individuals combined is the bedrock of our organisation. Without it, we simply could not run our vital services to those most in need. Thank you.

For more information on our major donors for 2025, please see page 63.

We also maintain a high level of reserves to ensure financial sustainability; more details can be found on page 39.

GOOD GOVERNANCE & PARTNERSHIPS

Our Aim: Ensure good governance and strengthen partnerships, communication, and marketing locally and worldwide.

ST JOHN FAMILY:

We are a proud, founding member of the Order of St John. Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with the Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.

The Order aims to regionalise its services, and we plan to play a key role in the development of the Order's Europe, Middle East, and Africa regions.

TECHNICAL SUPPORT & GRANT PARTNERSHIPS:

There are several other development organisations which collaborate with SJEHG on eye health projects across Palestine. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors go to page 63.

QUALITY & TRANSPARENCY:

Through our commitment to quality eye care, we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 35. To see our Independent Auditors' report from PwC see page 41.

LOCAL PARTNERSHIPS:

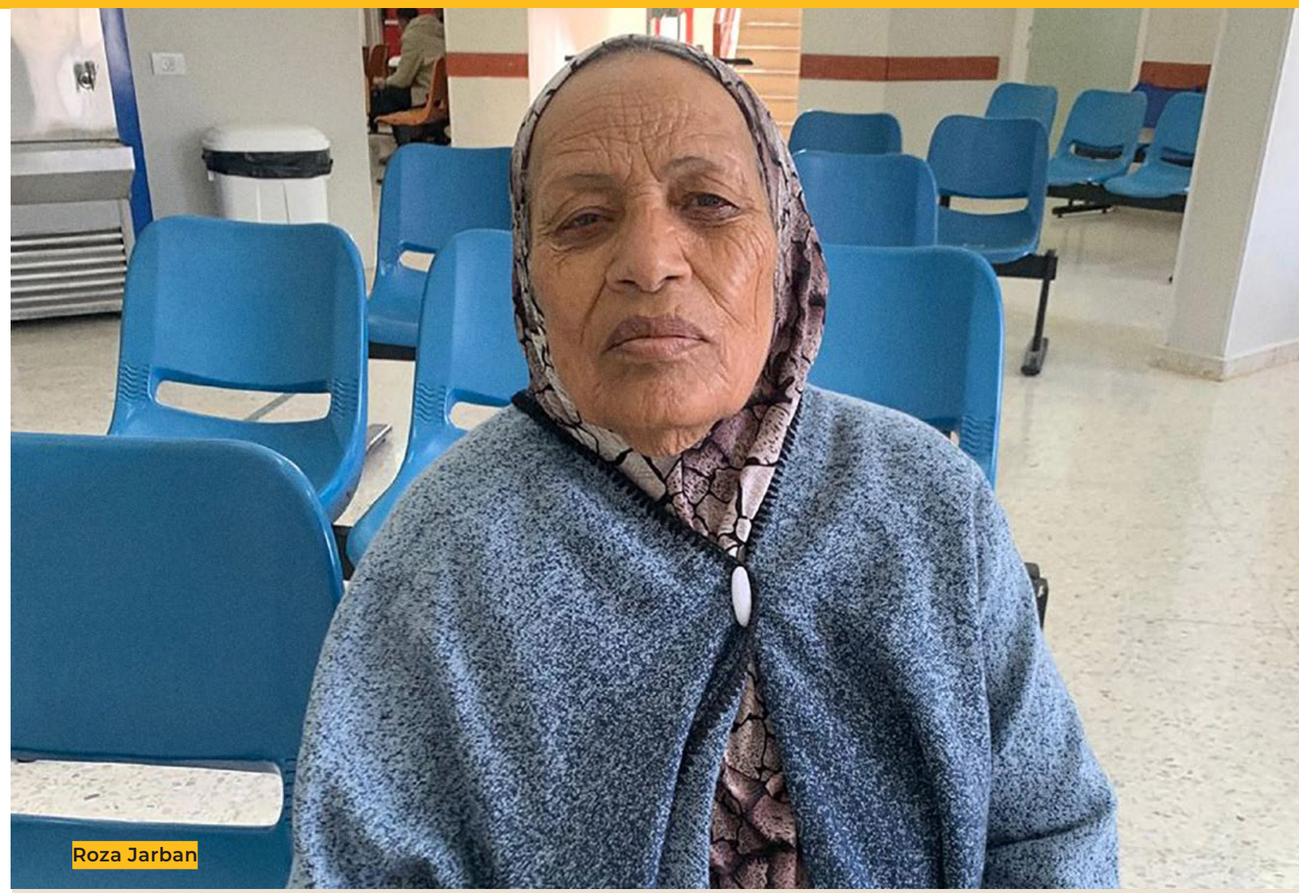
Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Palestinian Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.

TRAINING:

Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are locally accredited by Al Quds University, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally and regularly collaborate on medical research with their cohort across the globe. This collaboration has been encouraged by the St John Ophthalmic Association (SOA).

DIGITAL COMMUNITY BUILDING:

To better network and provide accessibility we aim to expand our digital presence. Our revamped English website launched in March 2026, and we will be developing an Arabic website, as well as developing our marketing and communications strategy. These tools will undergo regular monitoring and evaluation to ensure they are best serving all our stakeholders.



Roza Jarban

Spotlight on Partnership:

The European Society of Cataract & Refractive Surgeons (ESCRS)

Founded in 1991, ESCRS is dedicated to advancing education and research in implant and refractive surgery while fostering the study and practice of ophthalmology. The organisation supports and promotes research, as well as funding projects across the world, including at SJEHG.

One beneficiary of ESCRS' funding is Roza Jarban, a 74-year-old mother of six, who has spent most of her life in the Tulkarm Refugee Camp. Since the beginning of 2025, she and her family were displaced due to ongoing military operations in the camp. They now live with relatives in another part of Tulkarm, after being forced to leave both their home and the small family business that supported them.

A few months ago, Roza noticed that her vision was becoming increasingly blurry. Tasks that were once routine – moving around the house, preparing meals, or helping her grandchildren – became difficult and even unsafe.

Seeking help, she visited the SJEHG clinic in Anabta, located in the northern West Bank. After a full examination, she was diagnosed with combined forms of age-related cataract in both eyes.

Phaco (cataract) surgery for her right eye was scheduled for January 2025. The procedure went smoothly, and after a successful follow-up, her second eye was operated on in March.

Now, Roza says she feels a real difference. Her vision is much clearer, and she moves around with more ease and confidence. Her son smiles, noting that "she sees even better now than she did before the cataracts began."

The family expresses deep gratitude to SJEHG and the European Society of Cataract and Refractive Surgeons (ESCRS), who covered the cost of the surgeries. With their financial situation severely impacted by the displacement and loss of income, they say the support made a huge difference at a difficult time.

OUR PLANS FOR THE FUTURE

As we conclude our 2023–2025 Strategic Plan and enter a new three-year phase (2026–2028), we do so with clarity of purpose, strengthened systems, and an unwavering commitment to addressing avoidable blindness across East Jerusalem, the West Bank and Gaza.

The past few years have tested us profoundly. The war in Gaza disrupted services, damaged infrastructure, and placed immense strain on patients and staff alike. Yet even in these circumstances, SJEHG treated almost 232,000 patients in 2025 and performed 4,550 major surgeries across our sites. In Gaza alone, more than 65,000 patients were treated during the conflict period, despite severe operational limitations.

This resilience now underpins our vision for the future, building on strong foundations from 2023-2025.



Strategic Plan 2026-2028

Our 2026–2028 Strategic Plan is grounded in evidence, notably the RAAB survey conducted by SJEHG and in the lived realities of our communities.

Cataract, diabetic retinopathy, refractive error and glaucoma remain leading causes of blindness in the region. Contributing factors include poverty, limited access to services, fragmentation within the health system, and the long-term consequences of political instability. The war in Gaza has further intensified demand and deepened inequities.

Our response is clear: expand access, strengthen quality, and rebuild where services have been disrupted.

Expanding and Embedding Quality of Services

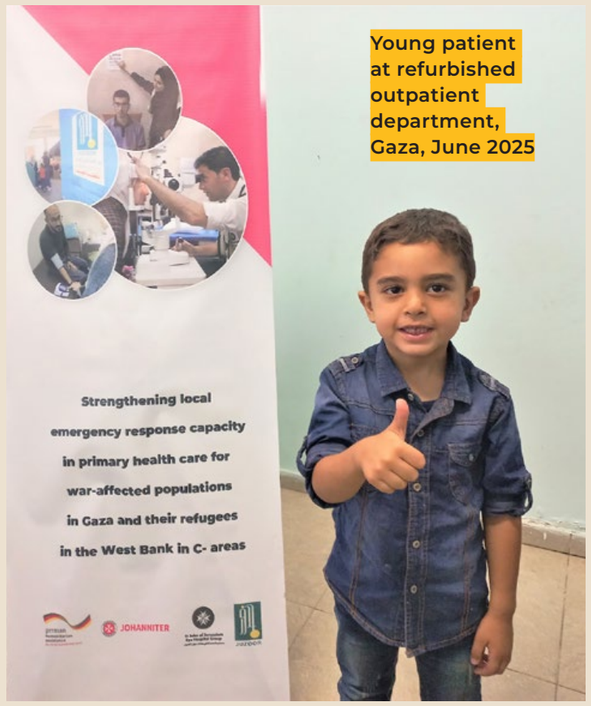
A central ambition of the new strategy is to increase the number of patients treated annually from 230,000 to 250,000 by 2028, while maintaining the highest clinical standards.

In Nablus, we will embed JCI standards and work towards full accreditation in 2028. Surgical capacity will be expanded significantly, including the introduction of retinal, oculoplastic and paediatric surgical services. Increasing surgical uptake in Nablus by 50% is a key target, ensuring that more patients can access specialist care closer to home. At Kufr Aqab and Hebron, services will continue to grow, with targeted increases in subspeciality provision and outreach activity. The child vision screening programme will be sustained and expanded, and additional orthoptic assistants trained to strengthen paediatric pathways across multiple sites.



Upgraded facilities at Kufr Aqab Centre, April 2026

Across all hospitals and clinics, we will maintain three-year equipment plans, modernise clinical spaces, and implement a reviewed care model with greater emphasis on day care provision, improving patient experience and operational efficiency.



Young patient at refurbished outpatient department, Gaza, June 2025

Rebuilding & Reimagining Gaza

The future of the SJEHG cannot be considered without addressing Gaza.

The Gaza Hospital, partially damaged during the war, is currently providing limited outpatient and outreach services following partial restoration. The new strategy commits to playing a leading role in rebuilding shattered health services post-conflict.

Subject to funding and security developments, we will develop a comprehensive business plan to renovate, restore and re-equip the hospital to pre-war standards. Outreach services to displaced communities will be sustained and strengthened.

Staff capabilities will be enhanced, and clinical standards embedded in preparation for future JCI accreditation.

The need will not diminish. The demand for ophthalmic services is expected to rise significantly in the post-war period. Our responsibility is to be ready.

Strengthening Organisational Sustainability

Clinical excellence must be matched by financial sustainability.

The 2026–2028 plan sets out clear objectives to enhance both service-related and voluntary income. These include strengthening refractive surgery income, modernising rental accommodation to increase revenue, implementing a SJEHG investment strategy, and expanding income-generating initiatives such as pharmacy and facility projects.

The London Office will execute a comprehensive fundraising plan, while relationships with St John Priories and international partners will be deepened through intentional communication and active stewardship. Recent years have demonstrated the strength of partnerships with organisations such as the WHO, Christian Blind Mission (CBM), Malteser International and governmental donors. These alliances will continue to be vital.

Financial resilience is not simply about growth; it is about independence, predictability and the ability to invest in long-term capacity.

Governance, Leadership and Reputation

Strong governance remains foundational. The Board of Trustees and Senior Leadership Team will continue to review performance against strategic milestones at defined intervals, ensuring accountability and adaptability.

Data governance standards will be implemented across SJEHG, compliance with international best practice maintained, and marketing and communications strengthened to enhance global reputation.

The recent redevelopment of the English-language website, alongside plans to develop the Arabic site, reflects our commitment to transparency, accessibility and engagement with supporters worldwide.

Investing in People & Innovation

The future of the Hospital rests on its people. We aim to be the employer of choice for eye care in the region. The new strategy commits to leadership development, structured succession planning, expanded training requirements, strengthened equity and inclusion practices, and mental health and safety support for staff working in challenging environments.

Clinical development remains central. We will sustain medical residency training, pursue academic partnerships, and strengthen research capability, including investment in high-level research leadership. Artificial Intelligence(AI) and digital innovation will be explored to enhance patient communication and enable remote consultations where appropriate.

In a conflict zone, education and research are acts of long-term confidence. They signal permanence, credibility and ambition.

Looking Ahead

The future of the Hospital is not defined solely by expansion, infrastructure or financial targets. It is defined by purpose.

In a region marked by instability, SJEHG remains a constant: a centre of excellence providing compassionate, patient-centred eye care to all who need it.

The next three years will require resilience, discipline and innovation. But they also offer opportunity to rebuild in Gaza, to embed excellence in Nablus, to expand outreach, and to strengthen sustainability across SJEHG.

Above all, they offer the opportunity to ensure that preventable blindness does not determine a person's future.



SJEHG staff at the 2025 Staff Awards in Jerusalem.

FINANCIAL REVIEW:

Achievements and Performance in 2025

For the year ended 31 December 2025, incoming resources amounted to £14m, (2024, £13.9m) while resources expended amounted to £12.4m (2024, £10.4m). This resulted in a surplus of £1.6m (2024, £3.5m) before taking into account realised and unrealised gains on investments of £1.3m (2024, £0.8m) and exchange gains of £0.5m (2024, exchange losses of £0.1m). Overall fund balances accordingly increased by £3.4m in the year (2024, £4.3m).

During the year, patient-related income increased especially our work with the Israeli Sick Funds and the establishment of our new centre in Nablus. Within voluntary income, donations from St John Priories decreased from £3.3m in 2024 to £2.9m in 2025.

Expenditure on charitable activities amounted to £11.5m (2024, £9.7m), being 92% (2024, 93%) of total resources expended. These costs include running the operational hospitals in Jerusalem, Hebron, Gaza, and Nablus, the Muristan Clinic, Kufr Aqab Centre and three operational Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel costs which makes up 58% of the total cost (2024, 63%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to seek to minimise the financial impact of the unstable political situation in the region.

Costs of generating funds constituted 6% (2024, 5%) of total resources expended and are the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team, in addition to carrying out various fundraising events. Governance costs amounted to 2% (2024, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income decreased to £8.1m (2024, £8.9m) representing 58% (2024, 64%) of the incoming resources. Donations included £0.3m (2024, £0.4m) restricted for capital projects and medical equipment, in addition to £2.9m (2024, £3.3m) donated by the Priories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.3m (2024, £1.2m).

Funds generated from charitable activities (mainly patient income) amounted to £5.4m (2024, £4.4m) and constituted 38% (2024, 32%) of total incoming resources. The remaining 4% (2024, 4%) incoming resources related to income from investments. During 2025, the Palestinian Authority has been facing major financial difficulties that have resulted in the inability of its Ministry of Health to make sufficient, regular and timely payments to SJEHG. Additionally, due to the political unrest within the region especially after 7th October 2023, and war between Israel and Iran, there are doubts about the ability of the PA to continue paying SJEHG on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated, to a certain extent, when the European Union and USAID pay a substantial part of the Palestinian Authority outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

After the cessation of hostilities, SJEHG was able to reoccupy the hospital building in Gaza. During 2025, we managed to conduct basic renovations to the outpatients' clinical area which allowed us to screen and treat patients. Also, during the first quarter of 2026, SJEHG managed to renovate the hospital's theatres and resumed operations in March subject to the availability of medical supplies.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, in addition to covering the end of service benefits to our staff per local statutory requirements, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

RESERVES

At 31 December 2025, SJEHG had total funds of £31.8m (2024, £28.4m). This comprised permanent endowments of

FINANCIAL REVIEW:
Achievements and Performance in 2025

£3.5m (2024, £3.2m), £0.8m (2024, £0.7m) in restricted income funds, and £27.5m (2024, £24.5m) in unrestricted reserves, of which £13.2m (2024, £12.8m) is available to meet the operating needs of SJEHG.

RESERVES POLICY

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the geographical (e.g. earthquakes), political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least 18 months running costs (equivalent to £20.6m based on 2026 operational budget) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on improving efficiency, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

PRINCIPAL RISKS AND UNCERTAINTIES

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks. A key risk which SJEHG faces continues to be financial. The position has been exacerbated by the political situation in the region, the impact of the continued strength of value of the NIS, and by changes to the statutory level of minimum wages in Israel which increased staff cost by 2%. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom, and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs and capital projects. Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the occupied Palestinian territories. To reduce the impact of this, SJEHG has opened a new day care hospital in Nablus which is accessible to patients in the Northern part of the West Bank. Moreover, we expanded our services in the southern part of the West Bank through the establishment of a new outreach service within Hebron governate. Working in a volatile region has inherent risks. Gaza has its own risks. Also, the war between Israel and Iran has a particular current concern.

The Clinical Governance Committee continues its regular review of all medical and nursing policies and protocols in addition to instigating and reviewing clinical audits and investigating clinical complications and 'near misses.'

The Board engages independent firms of accountants to carry out internal audit programmes on the financial controls in operation within SJEHG's activities.

FINANCIAL RISK MANAGEMENT

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA due to its operational needs. SJEHG therefore sets aside a portion of the investment portfolio in readily realisable assets, in order to ensure operational needs can be met.

International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG (the same is true for exchange losses), as they largely reflect the translation into sterling of the NIS value of the Hospital premises. Wherever possible purchasing commitments are made to suppliers in the currency of the source of funding for that expenditure, which is usually US Dollars.

GOING CONCERN

The Trustees must satisfy themselves as to SJEHG's ability to continue as a going concern for a minimum period of 12 months from the date of approval of the financial statements.

The Trustees have produced detailed, yet adaptable, business plans that consider SJEHG's forecast and projected activity, the related financial budgets, cash flows and liquidity for the period to December 2027.

The Trustees have also considered in their assessment of going concern the impact of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) on SJEHG's liquidity position. Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2027, without needing to implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2027 – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of SJEHG.

Further details of the above are set out in Note 1 to the Financial Statements.

Having assessed the combination of all these various matters, the Board of Trustees have a reasonable expectation that SJEHG has adequate resources to continue in operational existence for the period to December 2027, being a period of at least 12 months from the date of approval of the financial statements.

For these reasons, the Board of Trustees have adopted the going concern basis of preparation of the financial statements.

REMUNERATION POLICY

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

GUIDE TO SJEHG'S FINANCES

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position. More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are:

- Capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice);
- Exchange rate variations: these have recently arisen mainly from the strengthening of the NIS during 2025 mainly against the USD;
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged NIS valuation.

TABLE OF ADJUSTMENTS 2025

in £'000	**2025**	2024
Net movement in funds per Statement of Financial Activities	**3,361**	4,315
Reconciling Items		
Donations for capital projects	**(282)**	(405)
Increase in fair value of Investments	**(1,254)**	(757)
Exchange gains on translation of overseas operations	**(485)**	(68)
Impairment		
Adjusted Net operating results	**1,340**	3,085
Less: Outstanding restricted income	**(740)**	(571)
Actual Adjusted Net operating results	**600**	2,514

STATEMENT OF COMPLIANCE

with Trustees' Duties under Section 172(1)

For the 2025 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision-making on the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our 2023-2025 strategy we set out the values and strategic aims which inform the Board's decision-making, reflecting the Board's commitment to the long-term sustainability of SJEHG and to the maintenance of high standards not only in the provision of ophthalmic care and research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

1. Staff
2. Patients
3. The Patients' Communities
4. Donors (including Major Donors and Priories).

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of The Order of St John.

HOSPITAL STAFF

Within SJEHG there are several staff committees that form the main platforms for decision-making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the relevant Trustees.

The Board of Trustees has 14 different specialised committees that meet regularly where SMT members are in attendance. Trustees, working alongside staff representatives, make relevant decisions as appropriate during committee meetings. The Board also meets three times annually: present at Board meetings are SMT members representing the various categories of staff.

Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at each Hospital. These findings are presented at the various Board Committees for further analysis and conclusions.

A good example of the Trustees' full engagement with staff was the Strategic Plan 2023-2025. Several workshops were held at each Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives. These strategic aims were presented to the Board of Trustees who, with the SMT, agreed a set of five strategic objectives that shape the Hospital activities throughout the strategy (see p 12).

PATIENTS

As part of our commitment to upholding JCI standards, we are committed to ensuring patients are engaged with Hospital management on a regular basis and that their suggestions for service improvements are taken on board (this is assessed by JCI inspectors). Patients' views are fully appraised through a biannual survey that is conducted across SJEHG by our quality-of-care teams. Patients are asked to comment on the service they receive as well as to make recommendations for improvements and their perceived needs for additional services as appropriate.
The results of these surveys are discussed at the Board of Trustees' meetings and decisions concerning patients expressed needs are taken by the Trustees and the SMT.
We are committed toward achieving equity in our services and we consult with local disability and women's rights organisations to best understand how we can meet their needs.

PATIENTS' COMMUNITIES

The Chair and CEO meet with representatives from the Palestinian Ministry of Health at the ministerial level and with NGOs in Palestine to discuss the needs of their patients and strategies that SJEHG might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by SJEHG to their patients. Decisions relating to the delivery of services are brought to the various Trustees' committees for discussion.

The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals 70 Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.
As well as the East Jerusalem Hospitals Network, St John Eye Hospital is a member of the Palestinian Health Cluster Committee which is co-chaired by the WHO. This active engagement with the main healthcare providers in the West Bank and Gaza has been instrumental in identifying patients' needs and enabling us to coordinate our medical and humanitarian efforts in Gaza, especially after the outbreak of the war.

OTHER MAJOR DONORS AND STAKEHOLDERS

We value the feedback from our stakeholders on what they consider the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme have a reporting schedule for every grant given, dependent on each stakeholder's specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and has a stringent reporting policy for each project managed.

The fundraising Guild of St John of Jerusalem Eye Hospital is made up of supporters who work voluntarily to fundraise for the Hospital. They are a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee) and its membership includes, in addition to members of the Guild, Board Trustees and SMT members. The Guild Chair participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making.

Finally, our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report, email updates, and our social media channels. Any donor is welcome and encouraged to contact our fundraising team to discuss our work.

PRIORIES

As a foundation member of The Order of St John, and beneficiary of most Priories, we have a distinct obligation to receive input from and work in collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences. For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operation and the budget. The St John Priories in Canada, Australia and New Zealand also sponsor members of staff.

We endeavour to keep Priories well informed and engaged regarding the developments and welfare of their sponsored staff. The Priory in the USA sponsor staff through their Doctor and Nurse Initiative and receives video messages from each staff member they support in thanks alongside a more detailed report. The US Priory has also sponsored the work of our outreach teams.

Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.
The CEO is in regular with the Priories to keep them informed about important matters regarding SJEHG and the environment in which it works.

TRUSTEES

Trustees have an involvement in the decision-making and high-level monitoring of material fundraising, project development, and marketing. They are all well informed through regular, timely meetings focused on developments in the aforementioned areas. The Board, where necessary, give input to any donor required pre-award surveys or due diligence processes that examine the capabilities, performance and policies of SJEHG.


The Senior Management Team (SMT) of SJEHG

GOVERNANCE STRUCTURE

Board Committees:

- Board
- Steering
- Finance
- Audit & Risk
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA)
- Guild Liaison
- Digital and IT
- Estates & Support Services

The Committee Terms of Reference were updated in December 2025

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem, where possible. Meetings are held both in person and virtually.

The Board reviews the performance of SJEHG and, in particular, the performance of the facilities in Jerusalem, Gaza, Hebron and Nablus, the Muristan and Kufr Aqab, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets.

The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of SJEHG's activities and within its Articles of Association.

All committees are chaired by a trustee to ensure accountability to the board. Each committee has the appropriate member(s) of the senior management team in attendance. Each Chair is required under the terms of reference to keep membership under consideration. Where appropriate, committees include non-trustee members with relevant expertise to provide appropriate challenge to the trustees and senior management. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

No new Trustee was appointed in 2025. One Board member left in 2025. Two new Trustees were appointed in March 2026.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

THE CHIEF EXECUTIVE

Dr Ahmad Ma'ali
KStJ PhD MPH BSN PGCE ENB
CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing.

He was also responsible for infection control, acted as clinical services coordinator, and gained a master's degree in public health management at Al Quds University in 2003. In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in Advanced Nursing Practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions, building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



PUBLIC BENEFIT

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

The public benefits from SJEHG's activities are:

a. The provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza, Hebron and Nablus, the Anabta, Muristan and Kufr Aqab Clinics and the Mobile Outreach Programme;

b. the exemption of patients' charges when the relevant authority does not finance the treatment, and the patient is unable to pay all or part themselves;

c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;

d. the research into endemic diseases affecting the Palestinian population;

e. our services enhance education and employment prospects and contribute to economic growth.

TRUSTEES & COMMITTEE MEMBERS



Sir Andrew Cash OBE GCStJ
(Chairman)

Sir Andrew is an experienced Chair, Non-Executive Director and Chief Executive working in the health, life sciences, charity and consultancy sectors. He is Chair of the international Board of Trustees of SJEHG. He is also a Trustee on the Executive Committee of the Order of St John and Chair of the Europe, Middle East and Africa (EMEA) region of the Order of St John. Andrew joined the UK's National Health Service (NHS) as a fast-track graduate management trainee and was a successful Chair and CEO for more than 35 years. He has worked at local, regional and national levels by invite at the Department of Health on several occasions, most recently as Director General. He has been Chair of an Integrated Care Board, led an integrated care system and was the founder CEO of the Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018.



Prof. David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth*(Order Hospitaller)*

Dr David Verity is the Order's Hospitaller and an oculoplastic surgeon at Moorfields Eye Hospital in London. His professional positions include past Treasurer, then President, of the British Oculoplastic Surgery Society, past Treasurer for the European Society (ESOPRS), and previous Editor in-Chief of the international journal 'ORBIT'. Ten years after its formation, he continues as clinical lead of SJEHG's Ophthalmic Association, a professional subsidiary of SJEHG which runs local and international teaching programmes, and which introduces healthcare professionals across the world of ophthalmology to SJEHG. As a surgeon, he has undertaken working visits to our hospitals in Jerusalem and Gaza, with a view to supporting further collaborative surgical work in the West Bank and Gaza in the years to come. Dr Verity's term as a trustee came to an end on June 24, 2025, however he will remain as a Board Observer.



Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)

Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included two years spent living and working in Denmark. He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including four years as the Director of Finance of Plymouth Hospitals NHS Trust and nine years advising NHS organisations in London on major strategic reorganisation projects. Having spent five years as the Director of Finance of the Royal Voluntary Service up to the end of 2024, he now provides interim support to charities on a range of financial and governance matters.



Professor Sajjad Ahmad
MBBS FRCOphth PhD

Professor Sajjad Ahmad is a Consultant Ophthalmologist at Moorfields Eye Hospital (London, UK), and Professor of Corneal Regeneration at the Institute of Ophthalmology (University College London) and the Moorfields-UCL NIHR Biomedical Research Centre. As well as managing general corneal diseases and cataract and refractive surgery, he is best known for his clinical expertise in complex inflammatory ocular surface diseases and ocular surface reconstruction with stem cell therapies. He also runs a lab group at UCL with a research interest in corneal epithelial healing and limbal stem cells. Sajjad joined the Board in March 2026.



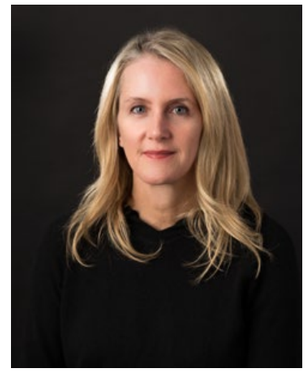
Mrs Avey Bhatia OBE OStJ RGN, MPA

Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991, and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing. She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a master's in public administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults and children's safeguarding, and for infection, prevention and control. Beyond Guy's and St Thomas', Avey is President of the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.



Miss Helen Dodds
(Helen Forsyth) OStJ

Helen Dodds is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Gambling Commission and a director of LegalUK. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration and of the UK Human Tissue Authority. She joined the Board in January 2022.



Dr Suzanne K Freitag
OStJ, MD

Dr Suzanne Freitag is the Director of Ophthalmic Plastic Surgery at Massachusetts Eye and Ear Infirmary and an Associate Professor at Harvard Medical School. She received her undergraduate degree from Duke University and completed medical school at Thomas Jefferson University in Philadelphia. She completed ophthalmology residency at Wills Eye Hospital in Philadelphia, neuro-ophthalmology fellowship at Johns Hopkins Wilmer Eye Institute, and ophthalmic plastic surgery fellowship at Harvard and Tufts. She is the Emeritus Editor-in-Chief of the journal Orbit. Dr Freitag is actively involved in surgical mission work in Uganda, Nevis and other locations, and has volunteered at St Johns Eye Hospital in Jerusalem. Dr Freitag joined the Board in March 2026.



Mr Paul Hackwood OStJ

Paul Hackwood is the CEO and

General Secretary of Toc H, a national community development charity. He is ordained in the Church of England and a Canon at Leicester Cathedral. Paul has extensive experience in management and governance within the not-for-profit sector and has held non-executive roles in both the NHS and the Police Service. He previously served as CEO of the Ampleforth Abbey Trust and the Church Urban Fund, where he established the Together Network, supporting communities in deprived areas across the UK, and the Near Neighbours Programme, fostering relationships between faith communities. He has also held the role of Archdeacon of Loughborough. Until recently, Paul was a Trustee of the Henry Smith Charity and currently chairs its Clergy and Projects Group. He joined the Board in January 2022.



Mr Jamie Ingham Clark KStJ FCA

Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years' board experience as either Finance or Compliance Director. He served on the Court of Common Council (the local authority for the City of London) from 2013 and was the Chairman of its Finance Committee until March 2022. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with The Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He retired as Lay Chair of The Guild Church Council of St. Lawrence Jewry-next-Guildhall in April 2025. He joined the Board in 2017.



Mr Timothy Jones OStJ

Tim Jones is a retired solicitor, a trustee of the Safer London charity and of the National Botanic Garden of Wales. In 2026 he retired as Chair of Trustees of homelessness charity The Connection at St Martin's. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Tim joined the Board in November 2019.



Mrs Ismat Levin OStJ JP

Ismat Levin joined the Board as a Trustee in January 2022. Ismat trained and practiced as a solicitor at City law firm Dentons following which she has spent over 30 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016- 2020) and on the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director between 2022 and 2024 until it was merged with Secure Income REIT plc. Ismat has served as a Magistrate on the North West London Bench since April 2015.



Mr John Macaskill KStJ CA

John has spent the last 44 years in the financial services industry in New York and London. He qualified as a Chartered Accountant in Edinburgh, and upon qualifying moved to London where he worked for five years with Chemical Bank, which transferred him to New York. John worked at Bankers Trust and finally at JP Morgan before starting his own investment bank as one of the founding partners in 2003. John retired his partnership in 2017. John remains President of his family investment firm. He has served on the boards of the Edinburgh International Festival American Board, and the American Board of the National Museum of Scotland. He currently chairs his village's Zoning Board of Appeal, is retired from the vestry of his local St John's church. John has been a member of the Order of St John since 2012 and has served on the Board of Trustees of SJEHG since 2018. In June 2026 John will become Prior of the US Priory of the Order of St John.



Dr David E.I. Pyott CBE, CStJ

Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about $1 billion in sales to a global company, with sales over $7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and formerly on the Supervisory Board of Royal Philips. He is Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, co-founder and Vice President of the Ophthalmology Foundation and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.



Mr Joachim von Einem

Joachim von Einem was a lawyer and notary public in his own office for more than 40 years in Bremen, Germany. He joined the Johanniterorden in 1976 taking over several functions within the order. From 2008 to 2022 he was the Governing Commander of the Hannover Commandery, covering most parts of Northern Germany. Joachim joined the Board in June 2023.



Ms. Helen Winterton

Ms. Helen Winterton serves as His Majesty's Consul-General to Jerusalem, succeeding Ms. Diane Corner OBE. She took up her appointment in December 2024. Ms. Winterton has an extensive diplomatic career, having served as His Majesty's Ambassador to Tunis from 2021 to 2024. Prior to that, she underwent full-time Arabic language training from 2020 to 2021. From 2018 to 2020, she was the Deputy Director for the Arabian Peninsula in the Middle East and North Africa Directorate at the Foreign, Commonwealth & Development Office (FCDO). She served as Deputy Ambassador in Cairo 2015 to 2018, and prior to that she was the Deputy Director for the Middle East and North Africa at the Department for International Development (DFID). Earlier in her career, she was Head of the DFID Office in Jerusalem from 2009 to 2012.

CO-OPTED COMMITTEE MEMBERS WHO ARE NOT TRUSTEES

Mr Ken Baksh

Ken is an investment consultant with over 45 years' experience. He was awarded the Service Medal of the Order of St John in 2026.

Mr Thomas E.K. Cerruti Esq, CStJ

Thomas is a corporate lawyer who has served on numerous boards of healthcare, medical research, arts, and educational institutions. He has held board and/or leadership roles in various private foundations and charitable gateways. As a member of the Priory of the USA, he served as a Chapter member for eight years.

Mr Kevin Custis

Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double CVO OStJ

Paul is a barrister and is currently Counsel to the City and Under-Sheriff. Previously, he was the Remembrancer at the City of London. He is also one of HM Commissioners of Lieutenancy for the City of London.



Tree of Hope, Muristan Clinic

Mr Mike Driver CB

Mike is a former Civil Servant and held senior roles at His Majesty's Treasury, Ministry of Justice and Department for Work and Pensions. He is an accountant and was the President of CIPFA in 2020/21. He now holds roles as a Non-Executive Director and Strategy Advisor.

Mrs Anzo Francis
MStJ BA (Hons) FCA BFP

Anzo is an ICAEW Chartered Accountant, Law Graduate, and Director of Finance of Water and Sanitation for the Urban Poor.

Mrs Sarah Jane Holden CStJ

Sarah-Jane is the Chair of the Guild of St John of Jerusalem Eye Hospital. She has been a member of the Guild for over 30 years and is a former elected Conservator of Wimbledon & Putney Commons.

Mr David Thompson
MStJ ACA

David is a chartered accountant with many years of experience in the charity sector. He is also a member of the Ceremonial Staff at the Priory of England and the Islands.

Mr Herbert von Bose

Herbert served on the board of SJEHG until June 2023 and is now a committee member. He is a lawyer and joined the Johanniterorden in 1984, serving as chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of SJEHG for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities;
- Make judgments and estimates that are reasonable and prudent;
- State whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the charitable company's website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware at the time of approving the Trustees' Annual Report: (a) there is no relevant audit information of which the charitable company's auditors are unaware; and (b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.



SJEHG trustees May 26



FUNDRAISING STATEMENT

St John of Jerusalem Eye Hospital Group, as a charity with income over £1m, is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

SJEHG is registered with the Fundraising Regulator and complies with the Code of Fundraising Practice.

We raise funds from individuals, charities, corporate donors, events, and legacies. This is done both directly through our fundraising team and via approaches made by Trustees. In all our communications and relationships, we are committed to being open and transparent.

A significant number of donations also come through organisations affiliated with the Order of St John. While we do not directly oversee this fundraising, we expect it to be conducted in accordance with the Code of Fundraising Practice.

Both staff and Trustees are made aware of the Fundraising Code of Practice and our own ethical fundraising policy. They receive appropriate training, with a particular focus on safeguarding vulnerable individuals.

This year, we have engaged a professional fundraising consultancy, CCS Fundraising, to help expand our donor base and develop a clear strategic fundraising plan. While they do not directly fundraise on our behalf, we hold regular monthly meetings to review their activity and progress.

Complaints are reviewed by the Fundraising Subcommittee of the Board. We have received no complaints during this financial year.

The Trustees' Annual Report, including the Strategic Report, on pages 3 to 40 was approved by the Trustees and signed on their behalf by:

Andrew Cash.

Sir Andrew Cash, Chairman,
St John of Jerusalem Eye Hospital Group
Charity no. 1139527
Company no. 7355619

6 July 2026

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2025 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report, which comprise: the Group and Charity Balance Sheets as at 31 December 2025; the Consolidated Statement of Financial Activities (including income & expenditure account), and the Consolidated Cash Flow Statement for the year then ended; and the notes to the financial statements, which include a description of significant accounting policies .

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and the parent charitable company's ability to continue as a going concern.

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

REPORTING ON OTHER INFORMATION

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Trustees' Annual Report and the Strategic Report included within it, we also considered whether the disclosures required by the UK Companies Act 2006 and Charities Act 2011 have been included.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Annual Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Strategic Report and the Trustees' Annual Report for the year ended 31 December 2025 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Annual Report.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the trustees for the financial statements

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 in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below. Based on our understanding of the group and its industry/environment, we identified that the principal risks of non-compliance with laws and regulations related to healthcare standards in Palestine and Jerusalem, and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the financial statements such as the Companies Act 2006.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting of inappropriate journal entries and manipulation of key accounting judgements and estimates. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing minutes of meetings of the Board of Trustees and Board Subcommittees.
- Reviewing the terms and conditions of significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with applicable laws and regulations.
- Assessing financial statements disclosures, and agreeing these to supporting evidence, for compliance with laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations or through collusion. A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the parent charitable company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

OTHER REQUIRED REPORTING

COMPANIES ACT 2006 EXCEPTION REPORTING

Under the Companies Act 2006 we are required to report to you if, in our opinion:

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

We have no exceptions to report arising from this responsibility.

David Hagger

David Hagger (Senior Statutory Auditor)
for and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
London
6 July 2026

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Statement of Financial Activities (Including Income & Expenditure Account)
for the year ended 31 December 2025

	Notes	Unrestricted Funds 2025 £000	Restricted Funds 2025 £000	Endowment Funds 2025 £000	Total Funds 2025 £000	Total Funds 2024 £000
Income and Endowments						
Income from donations and legacies	3	2,338	5,755	-	8,093	8,919
Income from charitable activities	4	5,388	-	-	5,388	4,425
Income from investments	8e	442	117	-	559	573
Total Income and Endowments		**8,168**	**5,872**	**-**	**14,040**	**13,917**
Resources Expended						
Expenditure on generating funds		(754)	-	-	(754)	(585)
Expenditure on charitable activities		(5,996)	(5,451)	-	(11,447)	(9,657)
Governance and Other expenditure		(217)	-	-	(217)	(185)
Total Resources Expended	5	**(6,967)**	**(5,451)**	**-**	**(12,418)**	**(10,427)**
Net income before investment gains		**1,201**	**421**	-	**1,622**	**3,490**
Net gains on investments	8	988	-	266	1,254	757
Net income		**2,189**	**421**	**266**	**2,876**	**4,247**
Transfers between funds	14,15,16	315	(315)	-	-	-
Exchange gains on overseas activities		485	-	-	485	68
Net Movement in Funds		**2,989**	**106**	**266**	**3,361**	**4,315**
Fund balances brought forward at 1 January		24,512	695	3,188	28,395	24,080
Fund balances carried forward at 31 December	18	**27,501**	**801**	**3,454**	**31,756**	**28,395**

All gains and losses recognised in the year are included in the Statement of Financial Activities.
All of the above results are derived from continuing activities.

The accounting policies and the notes on pages **46** to **60** form part of these financial statements.

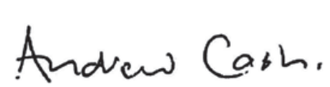
ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Balance Sheets
as at 31 December 2025

	Notes	Group 2025 £000	Restated Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Fixed Assets					
Tangible assets	7	7,676	6,098	28	18
Investments	8	19,593	17,921	16,097	14,311
Total Fixed Assets		27,269	24,019	16,125	14,329
Current Assets					
Stocks	9	541	664	-	-
Debtors	10	2,915	3,921	52	887
Cash	11	12,353	9,907	9,952	7,753
Total Current Assets		15,809	14,492	10,004	8,640
Creditors: Amounts falling due within one year	12	(1,007)	(987)	(112)	(50)
Net Current Assets		14,802	13,505	9,892	8,590
Total Assets Less Current Liabilities		42,071	37,524	26,017	22,919
Provision for Liabilities	13	(10,315)	(9,129)	-	-
Net Assets		**31,756**	**28,395**	**26,017**	**22,919**
The Funds of the Group and Charity					
Restricted income funds	16	801	695	263	160
Endowment funds	17	3,454	3,188	3,454	3,188
Unrestricted income funds	14				
Designated funds	15	11,957	10,379	4,309	4,299
Revaluation funds		2,306	1,316	2,306	1,316
Other general funds		13,238	12,817	15,685	13,956
Unrestricted income funds		27,501	24,512	22,300	19,571
Total Group and Charity Funds	17	**31,756**	**28,395**	**26,017**	**22,919**

The Charity's net income was £3,098,000 (2024, £3,613,000).
Prior period comparatives for Creditors: Amounts falling due within one year, Creditors: Amounts falling due after more than one year and Provision For Liabilities have been restated. See note 21 for further details.
The accounting policies and the notes on pages 46 to 60 form part of these financial statements.

The financial statements on pages 44 to 60 were approved by the Trustees and signed on their behalf by:



Sir Andrew Cash
Chairman, Board of Trustees

6 July 2026

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Cash Flow Statement
for the year ended 31 December 2025

	Notes	2025 £000	2024 £000
Net cash inflow from operating activities	19	4,441	997
Cash flows from investing activities			
Investment income	8e	559	573
Purchase of tangible fixed assets	7	(2,149)	(1,679)
Purchase of fixed asset investments	8a	(1,089)	(797)
Proceeds from sale of fixed asset investments	8a	772	-
Net cash outflow from investing activities		(1,907)	(1,903)
Net increase / (decrease) in cash and cash equivalents		2,534	(906)
Cash and cash equivalents at 1 January		**9,907**	**10,867**
Exchange losses on cash and cash equivalents		(88)	(54)
Increase / (decrease) in cash and cash equivalents		2,534	(906)
Cash and cash equivalents at 31 December		**12,353**	**9,907**

The accounting policies and the notes on pages 46 to 60 form part of these financial statements.

Notes to the Financial Statements
for the year ended 31 December 2025

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland ("Charities SORP (FRS 102)"), the Financial Reporting Standard applicable in the UK and Republic of Ireland ("FRS 102") and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the occupied Palestinian territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the charity and the group, the Trustees have produced detailed, yet adaptable, business plans that consider the group's forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2027, which is a period of at least 12 months from the date of approval of the financial statements.

This assessment period was selected as it aligns to the group's financial year end, is consistent with its budgeting process and timelines and is a period of at least 12 months from the date of approval of the financial statements.

Based on the group's cash flow projections, the Trustees have adopted the going concern basis of accounting in preparing these financial statements.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- Demand for services from patients and the capacity and supply of patient services by the group is budgeted for the same levels of activity during 2025 due to the current unstable political and security situation in the region. No income is assumed to be received from Gaza during 2026;
- Payment by the Palestinian Authority (directly, or indirectly via its own funding sources) of sufficient payments to the group for patient services provided;
- The achievement of a reduction in cash outflows through the on-going restructuring of the organization;
- SJEHG is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priories.

SENSITIVITY ANALYSIS

The Trustees have considered the impact on forecast and projected activities, budgets, cash flows and liquidity of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) such that the key assumptions are not met, or able to be met, in whole or in part.

This comprises:

- Reduced patient demand and/or capacity supply of services;
- Reduced levels of voluntary and fundraising unrestricted income;
- Increase in minimum wage and higher levels of inflation on payroll costs and materials, and higher energy costs.

Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2027, by implementing minimal mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2027. Such actions include conducting an efficiency exercise throughout SJEHG.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustees have a reasonable expectation that the charity and the group have adequate resources to continue in operational existence for the period to December 2027, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Trustees have adopted the going concern basis of preparation of these financial statements.

Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the charity and the group were unable to continue as a going concern.

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2025 year-end was 4.29 (2024, 4.5743), while the average rate for 2025 was 4.5461 (2024, 4.7288).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support cost.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group cash flow statement included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end-of-service benefits are recognized as they are earned on an undiscounted basis, as the impact of applying the projected unit credit method to the measurement of the liability is deemed immaterial.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period.

The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2025

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other Assets	
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The estimated useful lives of assets are regularly reviewed. On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments
Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Cash at bank and in hand include
Cash at bank and in hand includes time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks. Cash equivalents are short-term (maturity of less than 3 months), highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.

p Stocks
Stocks are determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds
Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance tangible fixed assets and a number of other projects. General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible fixed assets purchased with restricted donations and used for hospital operations.

r Impairment of non-financial assets
At each balance sheet date non-financial assets are assessed to determine whether there is an indication that the asset may be impaired. If there is such an indication the recoverable amount of the asset is compared to the carrying amount of the asset.

The recoverable amount of the asset is the higher of the fair value less costs to sell and value in use. Value in use is defined as the present value of the future cash flows before interest and tax obtainable as a result of the asset's continued use. These cash flows are discounted using a pre-tax discount rate that represents the current market risk-free rate and the risks inherent in the asset.

If the recoverable amount of the asset is estimated to be lower than the carrying amount, the carrying amount is reduced to its recoverable amount. An impairment loss is recognised in profit or loss.

If an impairment loss is subsequently reversed, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but only to the extent that the revised carrying amount does not exceed the carrying amount that would have been determined (net of depreciation or amortisation) had no impairment loss ben recognised in the prior periods. A reversal of an impairment loss is recognised in profit or loss.

s Financial Instruments Policy
The group only enters into basic financial instrument transactions and applies section 11 and 12 of FRS 102 in respect of these financial instruments.

Financial assets and liabilities are recognised in the Consolidated Balance Sheet when the group becomes a party to the contractual provisions of the instrument. The net amount is reported in the Balance Sheet when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Financial assets
Basic financial assets, including trade and other debtors and cash and bank balances are initially recognised at transaction price. Such assets are subsequently carried at amortised cost using the effective interest method.

At the end of each reporting period financial assets measured at amortised cost are assessed for objective evidence of impairment. If an asset is impaired the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows. The impairment loss is recognised in profit or loss. If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Other financial assets, including investments are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party.

Financial liabilities
Basic financial liabilities, including trade and other creditors initially recognised at transaction price. Such liabilities are subsequently carried at amortised cost using the effective interest rate method.
Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Creditors are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Financial liabilities are derecognised when the liability is extinguished, that is when the contractual obligation is discharged, cancelled or expires.

t Judgements and estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates: The Group provides against receivables (mainly the Palestinian Authority Debt) by making estimates based on experience regarding the level of provision required to account for potentially uncollectible receivables. Judgements: As at 31 December 2025, the Group still has an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch following the War in Gaza which started back in 2023. Accordingly, the Group has recorded a full 100% impairment loss provision against the net book value of these assets. As the building has remained to be one of the few standing buildings in the neighbourhood, the Trustees believe that the building still has an intrinsic value. However, it is clear, and after taking professional advice, based on a value in use basis assessment, that an impairment loss provision should be recorded, and this has been accounted for at 90% of the net book value of the asset.

Judgements also include the classification of liquid resources held within the liquidity fund at Cazenove as cash equivalent. The Trustees do believe that there are a number of current threats that have the potential to be unresolved. Threats include: Stalemate in Gaza with continuing IDF/Hamas activity, a war on Israel from Yemen or Iran, a new Intifada in the West Bank, and the collapse of the Palestinian Authority. This might result in movement restrictions between Israel and the West Bank, difficulty accessing the supplies the hospitals rely on, the PA stopping referring patients to SJEHG, the PA ceasing to provide healthcare services, an outbreak in hostilities deters donors of voluntary income as seen in Gaza, and Gaza activity restricted to Phases 1 & 2 for an extended period. This means that the hospital will need large sum of liquid resources to be available to ensure business continuity, and hence, £4.5m of the liquidity fund at Cazenove has been presented as a cash equivalent.

2 Legal status
The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2025 Total £000	Unrestricted £000	Restricted £000	2024 Total £000
Donations	1,806	5,755	7,561	3,430	4,691	8,121
Legacies	270	-	270	700	-	700
Donations in kind	262	-	262	98	-	98
	2,338	**5,755**	**8,093**	**4,228**	**4,691**	**8,919**

Donations in kind include the value of donated tangible fixed assets and medical supplies £205,000 (2024: £41,000). Income from related parties is set out in note 23.

4 Income from charitable activities

	2025 £000	2024 £000
Outpatient income	2,357	1,942
Surgical income	2,926	2,464
Less: Patient Relief	(848)	(589)
Net patient related income	**4,435**	**3,817**
Other hospital income	705	301
Rental income, board and lodging	248	307
Total other income	**953**	**608**
Total income from charitable activities	**5,388**	**4,425**

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing.
All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2025 £000	Costs of Generating Funds 2024 £000	Charitable Activities 2025 £000	Charitable Activities 2024 £000	Governance & Other Costs 2025 £000	Governance & Other Costs 2024 £000	Total 2025 £000	Total 2024 £000
Personnel costs (note 6)	357	288	6,822	6,242	37	33	7,216	**6,563**
Recruitment costs	4	2	-	-	-	-	4	**2**
Medical costs	-	-	1,923	1,572	-	-	1,923	**1,572**
Establishment costs	87	84	778	611	19	22	884	**717**
Depreciation (note 7)	7	1	1,035	872	1	-	1,043	**873**
Office expenses	31	32	213	168	3	4	247	**204**
Travel and subsistence	71	25	92	67	-	-	163	**92**
Marketing and publicity	162	128	-	-	-	-	162	**128**
Auditors' remuneration including VAT	-	-	-	-	128	111	128	**111**
Other professional fees	26	22	41	22	17	-	84	**44**
Legal fees	9	3	20	17	12	5	41	**25**
Finance costs	-	-	27	16	-	10	27	**26**
Foreign exchange differences	-	-	496	70	-	-	496	**70**
Total resources expended	**754**	**585**	**11,447**	**9,657**	**217**	**185**	**12,418**	**10,427**
Support costs included above	**-**	**-**	**1,896**	**1,205**	**23**	**32**	**1,919**	**1,237**

Total resources expended in 2025 of £12,418,000 (2024, £10,427,000) comprise £6,967,000 (2024, £6,309,000) for unrestricted funds and £5,451,000 (2024, £4,118,000) for restricted funds.

Support costs comprise:	2025 £000	2024 £000
Personnel costs	547	480
Establishment costs	403	322
Depreciation	105	87
Office expenses	216	171
Travel and subsistence	92	67
Other professional fees	43	23
Finance costs	17	17
Foreign exchange differences	496	70
	1,919	**1,237**

Auditors' remuneration (excluding VAT):	2025 £	2024 £
External audit	99,484	82,814
Other services provided by external auditors	4,068	4,536
	103,552	**87,350**

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff, analysed by function during the year was:

	2025 Number	2024 Number
Medical, nursing and allied health professionals	189	175
Support services	48	45
Fundraising	9	9
Administration	38	36
	284	**265**

b Staff costs

	2025 £000	2024 £000
Wages and salaries	6,399	5,819
Social security costs	517	436
Other pension costs	284	286
Other related costs / (income)	16	22
	7,216	**6,563**

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2025 Number	2024 Number
£150,001 - £160,000	2	-
£140,001 - £150,000	-	2
£90,001 - £100,000	1	1
£80,001 - £90,000	2	1
£70,001 - £80,000	2	1
£60,001 - £70,000	2	3

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £20,000 (2024, £16,000).

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d Remuneration received by key management personnel

The total remuneration received by the 11 (2024, 11) senior management personnel in managing the operations of the Group amounted to £894,000 (2024, £844,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Provision for liabilities (note 13).

7 Tangible assets

a Group

Cost	Buildings & Improvements £000	Medical Equipment £000	Motor Vehicles £000	Other Assets £000	Total £000
1 January 2025	9,914	11,853	318	3,513	25,598
Additions	576	847	37	689	2,149
Exchange differences	691	836	24	266	1,817
Disposals	-	-	-	-	-
31 December 2025	**11,181**	**13,536**	**379**	**4,468**	**29,564**
Accumulated depreciation and impairment					
1 January 2025	6,236	9,958	260	3,046	19,500
Charge for the year	281	536	32	194	1,043
Exchange differences	430	691	19	205	1,345
31 December 2025	**6,947**	**11,185**	**311**	**3,445**	**21,888**
Net Book Value					
31 December 2025	**4,234**	**2,351**	**68**	**1,023**	**7,676**
31 December 2024	**3,678**	**1,895**	**58**	**467**	**6,098**

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

Cost	Other Assets £000	Total £000
1 January 2025	88	88
Additions	17	17
31 December 2025	**105**	**105**
Accumulated Depreciation		
1 January 2025	70	70
Charge for the year	7	7
31 December 2025	**77**	**77**
Net Book Value		
31 December 2025	**28**	**28**
31 December 2024	**18**	**18**

8 Investments

a Analysis of movements (Group)

	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2025	2,887	15,034	17,921
Additions	454	635	1,089
Withdrawals	(772)	-	(772)
Exchange differences	33	68	101
Unrealised gains	-	1,254	1,254
Market value at 31 December 2025	**2,602**	**16,991**	**19,593**
Historical cost at 31 December 2025	**2,602**	**14,018**	**16,620**

In 2025, unrealised gains of £1,254,000 comprise £988,000 for unrestricted funds and £266,000 for endowment funds.

Analysis of movements (Group)	Bank Deposits £000	Listed Investments £000	Total £000
Market value at 1 January 2024	2,701	13,619	16,320
Additions	147	650	797
Exchange differences	39	8	47
Unrealised gains	-	757	757
Market value at 31 December 2024	**2,887**	**15,034**	**17,921**
Historical cost at 31 December 2024	**2,887**	**13,307**	**16,194**

In 2024, unrealised gains of £757,000 comprise £591,000 for unrestricted funds and £166,000 for endowment funds.

b Analysis of movements (Charity)

	Listed Investments £000	Total £000
Market value at 1 January 2025	14,311	14,311
Additions	554	554
Unrealised gains	1,232	1,232
Market value at 31 December 2025	**16,097**	**16,097**
Historical cost at 31 December 2025	**13,160**	**13,160**

Analysis of movements (Charity)	Listed Investments £000	Total £000
Market value at 1 January 2024	13,015	13,015
Additions	573	573
Unrealised gains	723	723
Market value at 31 December 2024	**14,311**	**14,311**
Historical cost at 31 December 2024	**12,618**	**12,618**

c Listed investments:

Analysis by category of underlying holding and location

		2025 Group £000	2025 Charity £000	2024 Group £000	2024 Charity £000
Equity investments	- UK	850	850	516	516
	- Overseas	11,361	11,361	6,944	6,944
Fixed interest securities	- UK	991	991	965	965
Property Unit Trusts	- UK	751	751	1,010	1,010
Alternative Investments	- UK	586	586	479	479
Sterling & Cash Instruments	- UK	4,160	1,558	4,397	4,397
Others	- Overseas	894	-	723	-
Market value of listed investments		**19,593**	**16,097**	**15,034**	**14,311**

At 31 December 2025, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2025 %	2024 %
Fidelity Global Dividend Fund	5.9	6.0
Vanguard S&P 500 ETF	8.8	9.2
SPDR S&P 500 UCITS	6.5	5.9
M&G Japan Fund	5.1	4.9
Schroder Income Fund	5.4	5.1
HSBC FTSE All World Index Fund	10.0	10.1
Schroder WM Global Sustainable Fund	7.9	-
T.Rowe Global Tech Equity Fund	4.3	-

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

e Income from investments

	2025 £000	2024 £000
Unrestricted funds	442	445
Restricted funds	117	128
	559	**573**

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f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1. The company supports the activities of the Charity.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2025 £'000	St. John of Jerusalem Eye Hospital 2025 £'000	St. John of Jerusalem Eye Hopsital Group Ophthalmic Association Limited 2025 £'000	St. John Eye Hospital in Jerusalem (RA) 2024 £'000	St. John of Jerusalem Eye Hospital 2024 £'000	St. John of Jerusalem Eye Hopsital Group Ophthalmic Association Limited 2024 £'000
Total income and endowments	8,417	4,775	39	8,232	3,088	162
Total resources expended	(9,267)	(4,168)	(39)	(8,158)	(2,515)	(162)
Net (outgoing) incoming resources before other recognised (losses) / gains	**(850)**	**607**	**-**	**74**	**573**	**-**
Other recognised (Losses) / gains	(30)	545	-	25	77	-
Net movement in funds	**(880)**	**1,152**	**-**	**99**	**650**	**-**
Total assets	11,697	8,429	-	10,848	7,039	-
Total liabilities	(12,279)	(2,108)	-	(9,034)	(1,870)	-
Total funds	**(582)**	**6,321**	**-**	**1,814**	**5,169**	**-**
Restricted income funds	456	82	-	486	49	-
Designated funds	3,259	4,389	-	2,910	3,170	-
Other general funds	(4,297)	1,850	-	(1,582)	1,950	-
Total funds	**(582)**	**6,321**	**-**	**1,814**	**5,169**	

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

	Note	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Trade debtors		3,981	3,652	-	-
Allowance for bad debts	10 b	(2,915)	(2,790)	-	-
Net trade debtors		1,066	862	-	-
Donations receivable		1,650	2,835	38	864
Prepayments and accrued income		199	224	14	23
Total debtors		**2,915**	**3,921**	**52**	**887**

b Movement in allowance for bad debts

	Group 2025 £000	Group 2024 £000
1 January	2,790	2,784
Additions	680	359
Write off *	(573)	(359)
Exchange differences	18	6
31 December	**2,915**	**2,790**

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority and Israeli Sick Funds.

11 Cash and cash equivalents

	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Cash at bank and in hand	7,853	5,407	5,452	3,253
Cash Equivalent held at liquidity fund	4,500	4,500	4,500	4,500
	12,353	**9,907**	**9,952**	**7,753**

12 Creditors

a Amounts falling due within one year

	Note	Group 2025 £000	Restated Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Trade creditors		498	662	26	3
Taxation and social security		85	102	2	3
Accruals		341	223	84	44
Deferred income	11 b	83	-	-	-
Total creditors		**1,007**	**987**	**112**	**50**

Prior period comparatives for Creditors: Amounts falling due within one year have been restated. See Note 21 for further details.

b Deferred income

	Group 2025 £000	Group 2024 £000
1 January	-	100
Deferred income	113	(96)
Exchange differences	(30)	(4)
31 December	**83**	**-**

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

13 a Provision for Liabilities

	2025 £'000	Restated 2024 £'000
Legal Provisions	397	372
Retirement benefits	9,918	8,757
	10,315	**9,129**

Prior period comparatives for Provision for liabilities have been restated. See Note 21 for further details.
Legal claim provision represents management's judgment for potential liabilities arising from legal disputes.
Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

b Movement in legal provisions

	Group 2025 £000	Group 2024 £000
1 January	372	368
Additions	-	-
Exchange differences	25	4
Payments	-	-
31 December	**397**	**372**

c Movement in the retirement benefits

	Group 2025 £000	Group 2024 £000
1 January	8,757	8,498
Additions	907	919
Exchange differences	614	93
Payments	(360)	(753)
31 December	**9,918**	**8,757**
Amounts payable within one year	1,707	1,344
Amounts payable after more than one year	8,211	7,413

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14 Unrestricted income Funds

	1 January 2025 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & (Losses) £000	31 December 2025 £000
Group						
General reserves	12,817	6,334	(5,924)	-	11	13,238
Designated funds	10,379	1,834	(1,043)	315	472	11,957
Revaluation reserve	1,316	-	-	-	990	2,306
Total unrestricted funds	**24,512**	**8,168**	**(6,967)**	**315**	**1,473**	**27,501**
Charity						
General reserves	13,956	2,195	(708)	-	242	15,685
Designated funds	4,299	17	(7)	-	-	4,309
Revaluation reserve	1,316	-	-	-	990	2,306
Total unrestricted funds	**19,571**	**2,212**	**(715)**	**-**	**1,232**	**22,300**

	1 January 2024 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains &(Losses) £000	31 December 2024 £000
Group						
General reserves	9,653	8,743	(5,436)	-	(143)	12,817
Designated funds: Tangible fixed assets	9,498	355	(873)	1,323	76	10,379
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	**19,741**	**9,098**	**(6,309)**	**1,323**	**659**	**24,512**
Charity						
General reserves	11,205	3,283	(532)	-	-	13,956
Designated funds: Tangible fixed assets	4,282	18	(1)	-	-	4,299
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	**16,077**	**3,301**	**(533)**	**-**	**726**	**19,571**

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

15 Designated funds

	1 January 2025	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2025
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	10,379	1,834	(1,043)	315	472	11,957
Charity						
Designated funds	4,299	17	(7)	-	-	4,309

	1 January 2024	Incoming Resources	Resources Expended	Transfers	Gains	31 December 2024
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	9,498	355	(873)	1,323	76	10,379
Charity						
Designated funds	4,282	18	(1)	-	-	4,299

Designated funds represent amounts that have been set aside to finance tangible fixed assets £7.7m (2024, £6.1m) and a number of other projects. The areas of designation as set by Trustees are:

- Poor Patients Relief Fund £2.4m (2024, £2.4m) - uninsured and marginalised patients who cannot afford basic treatment costs due to the worsening of economic situation within the West Bank and Gaza. To be spent over the next couple of years.

- Upgrading Hospital Infrastructure £1.2m (2024, £1.2m) - to be used as a sustainable funding source that provides reliable, continuous capital necessary for hospital infrastructure continuous maintenance and renovation. To be spent over the next couple of years.

- High levels of unplanned Capital investment (mainly medical equipment) £0.7m (2024, £0.7m) - to avoid service interruption. To be spent over the next couple of years.

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16 Restricted Income Funds

	1 January 2025	Incoming Resources	Charitable Activities	Transfers - Purchase of Tangible Fixed Assets	31 December 2025
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	551	(551)	-	-
Outreach	-	307	(190)	-	117
West Bank and Gaza facilities	-	150	(140)	-	10
Other capital projects	86	218	-	(273)	31
Patient relief	-	5	(4)	-	1
Income received from endowments	-	117	(117)	-	-
Other projects	71	94	(67)	-	98
Others value less in each case than £25,000	3	3	-	-	6
Total Charity	**160**	**1,445**	**(1,069)**	**(273)**	**263**
Capital projects	47	55	-	(42)	60
Service Delivery projects	443	4,361	(4,351)	-	453
Others value less in each case than £25,000	45	11	(1)	-	55
Total Group	**695**	**5,872**	**(5,421)**	**(315)**	**801**

	1 January 2024	Incoming Resources	Charitable Activities	Transfers - Purchase of Tangible Fixed Assets	31 December 2024
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	407	(407)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	58	(58)	-	-
Other capital projects	30	114	-	(58)	86
Patient relief	9	29	(38)	-	-
Income received from endowments	-	128	(128)	-	-
Other projects	79	50	(58)	-	71
Others value less in each case than £25,000	98	86	(181)	-	3
Total Charity	**216**	**968**	**(966)**	**(58)**	**160**
Capital projects	1,020	292	-	(1,265)	47
Service Delivery projects	44	3,527	(3,128)	-	443
Others value less in each case than £25,000	37	32	(24)	-	45
Total Group	**1,317**	**4,819**	**(4,118)**	**(1,323)**	**695**

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to purchase medical equipment for the Group.
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

Group

- Capital projects funds represent funds received from various donors to establish a new hospital in Nablus and purchase medical equipment for the Group.
- Service Delivery projects represent projects that cover the cost of services provided to needy patients.
- Other projects include donations received to resume operations within the Gaza Strip, and to cover patient services and medical supplies for the Group.

17 Endowment Funds
Group and Charity

	1 January 2025 £000	Investment Gains £000	31 December 2025 £000
American Society of St John: Walsh Bequest	556	46	602
Frost Charitable Trust	607	51	658
Frost Nursing School	574	48	622
Mr. Owen Smith Endowment	122	10	132
The John Swire Foundation Endowment	1,329	111	1,440
	3,188	**266**	**3,454**

	1 January 2024 £000	Investment Gains £000	31 December 2024 £000
American Society of St John: Walsh Bequest	526	30	556
Frost Charitable Trust	576	31	607
Frost Nursing School	544	30	574
Mr. Owen Smith Endowment	116	6	122
The John Swire Foundation Endowment	1,260	69	1,329
	3,022	**166**	**3,188**

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as restricted investment income in the Statement of Financial Activities.

18 Total Group and Charity Funds

a Analysis by type of asset and liability (Group)	Unrestricted Funds 2025 £000	Restated Unrestricted Funds 2024 £000	Restricted Funds 2025 £000	Restricted Funds 2024 £000	Endowment Funds 2025 £000	Endowment Funds 2024 £000	Total Funds 2025 £000	Restated Total Funds 2024 £000
Tangible assets	7,676	6,098	-	-	-	-	7,676	6,098
Investments	16,139	14,733	-	-	3,454	3,188	19,593	17,921
Net current assets	14,001	12,810	801	695	-	-	14,802	13,505
Provision for liabilities	(10,315)	(9,129)	-	-	-	-	(10,315)	(9,129)
	27,501	**24,512**	**801**	**695**	**3,454**	**3,188**	**31,756**	**28,395**
b Analysis by type of asset and liability (Charity)								
Tangible assets	28	18	-	-	-	-	28	18
Investments	12,643	11,123	-	-	3,454	3,188	16,097	14,311
Net current assets	9,629	8,430	263	160	-	-	9,892	8,590
	22,300	**19,571**	**263**	**160**	**3,454**	**3,188**	**26,017**	**22,919**

Prior period comparatives have been restated. Refer to Note 21 for further details.

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19 Reconciliation of net operating income to net cash inflow from operating activities

	2025 £000	Restated 2024 £000
Net income before investment gains	1,622	3,490
Investment income	(559)	(573)
Depreciation	1,043	873
Decrease /(Increase) in stocks	123	(25)
Decrease /(Increase) debtors	1,006	(1,771)
Increase / (decrease) in creditors	20	(1,260)
Increase in provisions	1,186	263
Net cash inflow from operating activities	**4,441**	**997**

Prior period comparatives have been restated. Refer to Note 21 for further details.

20 Financial instruments

Financial assets at fair value through statement of financial activities	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Investments	**19,593**	**17,921**	**16,097**	**14,311**

21 2024 Restatement

During the current year, the Charity identified a misstatement in the presentation of the financial statements for the year ended 31 December 2024 concerning employee retirement benefits and legal claims. Specifically, these liabilities were presented within "Creditors: Amounts falling due within one year" and "Creditors: Amounts falling due after more than one year," rather than being disclosed separately in accordance with the requirements of FRS 102 and the Companies Act 2006.

This misstatement has been retrospectively corrected, and the comparative figures for the year ended 31 December 2024 have been restated accordingly.

The effects of this correction are as follows:

	Previously Stated £000	Restatement £000	As Restated £000
Creditors: amounts falling due within one year	2,703	(1,716)	987
Creditors: amounts falling due after more than one year	7,413	(7,413)	-
Provision for liabilities	-	9,129	9,129
	10,116	**-**	**10,116**

22 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for 7 trustees (2024, 6) during the year amounted to £65,525 (2024, 21,861).

Donations made by trustees amounted to £13,135 (2024, £3,750).

Charity Trustee Indemnity insurance is provided at a cost of £9,031 (2024, £12,699) to cover the charity, trustees and officers against potential claims and losses.

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23 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priories and Establishments of the Order of St John, which are considered to be related party transactions:

Priory	**2025 £000**	**2024 £000**
USA	2,403	2,828
England and the Islands	43	65
Scotland	96	146
New Zealand	127	121
Australia	144	139
Canada	63	33
	2,876	**3,332**

Other Members of St. John Family	**2025 £000**	**2024 £000**
Johanniter Orde in Sweden	69	36
Johanniter Orde in Nederland	2	-
St John Rescue Corps Malta	14	8
The Secretariat of the Alliance of the Orders of St John	6	8
Commandery of Ards in Northern Ireland	8	-
Johanniter-Unfall-Hilfe in Austria	19	-
	118	**52**

Donations by the Priory of the United States:	**2025 £000**	**2024 £000**
Hospital - General Support	1,519	2,145
Hospital Restricted Gifts	884	683
	2,403	**2,828**

Outstanding donations from the Priories and Establishments of The Order of St John at 31 December 2025 amounted to £977,000 (2024: £877,000).

24 Contractual & designated obligations

In 2025, the Board approved a plan to renovate the hospital theatre at our Gaza Hospital. The total cost for this project was £94k and completed in March 2026.



ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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Bankers in the occupied Palestinian territories
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Hebron Outreach, November 2025

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THANK YOU

Without our donors we could not continue to save sight and change lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2025. The St John Priories from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

We are grateful to the Guild of St John of Jerusalem Eye Hospital, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.



A total of 1,827 hours were offered by volunteers in 2025 (compared to 1,095 in 2024). We thank volunteers for their time provided to support our work.

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St John of Jerusalem
Eye Hospital Group

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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