THE HPV AND ANAL CANCER FOUNDATION LIMITED

TRUSTEES REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31st DECEMBER 2025

REGISTERED COMPANY NO: 07955451 (England and Wales)

REGISTERED CHARITY NO: 1147457

THE HPV AND ANAL CANCER FOUNDATION LIMITED

TRUSTEES REPORT

AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

CONTENTS

	Page
Reference and Administrative Details	1
Report of the Trustees	2-19
Independent Examiners' report	20
Statement of Financial Activities	21
Balance Sheet	22
Notes to the Financial Statements	23-30

THE HPV AND ANAL CANCER FOUNDATION LIMITED
REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2025

Reference and Administrative Details For the Year ended 31 December 2025

LEGAL AND ADMINISTRATIVE INFORMATION

TRUSTEES	C Almada J Almada T Almada C Levett (resigned 20 February 2026)
REGISTERED OFFICE	128 City Road London EC1V 2NX
REGISTERED COMPANY NUMBER	07955451 (England and Wales)
REGISTERED CHARITY NUMBER	1147457
INDEPENDENT EXAMINER	Richard Billinghurst Knox Cropper LLP 65 Leadenhall Street London EC3A 2AD
SOLICITORS	Stone King 16 St John's Lane London EC1M 4BS
BANKERS	HSBC 16 King Street Covent Garden London WC2E 8JF

THE HPV AND ANAL CANCER FOUNDATION LIMITED
REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2025

STRUCTURE, GOVERNANCE AND MANAGEMENT

The HPV and Anal Cancer Foundation Limited is a United Kingdom (UK) subsidiary of The HPV and Anal Cancer Foundation in the United States of America (USA) (Charity EIN: 27-3217520), which was established April 2010. All work undertaken by the UK Foundation is in collaboration with its parent.

The HPV and Anal Cancer Foundation Limited is a charitable company limited by shares, incorporated in the UK on the 20th February 2012 and registered as a charity on the 25th May 2012. The company was established through its Articles of Association, which established the objects and powers of the charitable company. All shares in the company are owned by The HPV and Anal Cancer Foundation in the USA.

The HPV and Anal Cancer Foundation board consists of four members. The directors are responsible for the legal, financial, program and management oversight of the charity. The board held its annual meeting on December 30. The daily responsibilities and mission of the Foundation are executed by the teams in the USA and the UK. In the latter, the Director of UK Operations is responsible for the coordination of day-to-day activities.

When the Trustees advertise for new board members, candidates are sourced from the general public. A diverse mix of skills and backgrounds are sought. Prospective trustees are interviewed prior to appointment. As part of their induction, new trustees are given an overview of the work of The HPV and Anal Cancer Foundation in addition to copies of the organization's financial documents, bylaws, and policies.

Risk Management

The trustees of the Foundation hold the responsibility of safeguarding the charity's assets and are satisfied that systems are in place to mitigate those risks which the charity may face.

FINANCIAL REVIEW

It is important to note that the parent and subsidiary organizations operate as one entity in achieving the mission of the organisation. The revenue for the charity is dependent on donations from the public. Income for the UK HPV and Anal Cancer Foundation in 2025 was £369,790 and expenditure was £366,740.

Total free reserves at the year end amounted to £179,665.

Reserves Policy

The reserves policy is to maintain a minimum that enables the organisation to meet its financial commitments for the year, including grants, contracts, and staff salaries.

OBJECTIVES, ACTIVITIES AND ACHIEVEMENTS

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning future activities.

History

The Foundation was first established in the USA in 2010 by three siblings who lost their mother, aged 53, to stage IV HPV-related anal cancer. Frustrated by the limited therapeutic and community support available to her, they created the organisation to fill the void caused by scant public, scientific and medical focus on this disease and its cause, the human papillomavirus (HPV). HPV causes anal cancer and at least five other cancers, amounting to 5% of cancers worldwide. These cancers are preventable. In 2012, the organization expanded to the UK with 2013 as its first full operational year.

Mission

The HPV and Anal Cancer Foundation empowers anal cancer patients and accelerates prevention and research methods that eliminate anal cancer and the virus that causes the majority of cases, HPV.

Objectives

- Highlight the relevance of human papillomavirus (HPV) in contracting cancer;
- Advocate for prevention methods that will end anal cancer and HPV-related cancers, including gender-neutral vaccination;
- Accelerate a cure for the 5% of all cancers that are caused by HPV, with a focus on anal cancer; and
- Provide support for survivors, caregivers, scientists and providers connected to anal cancer.

The Need

A fundamental objective of the Foundation's work is to reduce the incidence of anal cancer and other HPV-related cancers. HPV is a very common skin virus that nearly every sexually active person will get at some point in their lives. HPV affects both men and women and is responsible for 5% of the world's cancer burden. HPV causes cancers of the anus, cervix, head and neck, penis, vagina, and vulva.

Protection against HPV through universal HPV vaccination is a critical public health goal. With HPV identified as a cause of six different types of cancer, and 5% of cancer cases worldwide, it is imperative that we protect the entire population against it. The most effective method to reduce cancers related to HPV is to prevent initial infection of the virus through immunisation. The Foundation achieves this important aim through its efforts to advance equal access to HPV protection for both boys and girls through gender-neutral vaccination (GNV) against the virus. At the introduction of the vaccine in most countries, only girls were able to receive this life-saving intervention while boys were generally excluded. The Foundation created and led the coalitions in the US and UK to ensure all children have equal access to protection against these cancers. The US achieved the milestone of recommending HPV protection to all children in 2011. Following the Foundation's five-year advocacy campaign in the UK, school-based HPV vaccination for boys began in September 2019. Our focus is on securing the same protection for boys as well as girls across Europe, and beyond.

While we work to prevent future cases, it is also fundamental that scientific and medical disparities are addressed for the population that will continue to be diagnosed with HPV-related cancers like anal cancer. Treatment options have barely progressed since the 1970s and minimal research has been undertaken in new therapies. The medical and scientific communities need better research tools and investment in novel ideas to develop a cure.

The stigma surrounding anal cancer remains one of the central challenges to improving outcomes for anal cancer patients. Unfortunately, many medical centres provide only limited information specific to the experience of anal cancer. Many patients feel isolated and lack the support and educational resources that significantly improve quality of life during and after treatment.

Strategies to Achieve Our Goals

We achieve our mission in the UK and US through collaboration with scientists, clinicians, survivors, organisations, and government agencies; education of stakeholders and the general public; survivor support; and investment in the medical and scientific community to end HPV and the cancers it causes. Specifically, we take action to destigmatize and raise awareness about HPV, HPV-related cancers, and anal cancer; increase access to the HPV vaccine; improve screening protocols and preventative care; empower anal cancer thrivers; and accelerate a cure for anal cancer and other HPV-related illnesses.

Key achievements in 2025

NOMAN is an Island: Race to End HPV

The NOMAN Campaign works globally on advocacy and education, coalition building and generating evidence-based calls to action to educate and convince policymakers that HPV elimination is possible, but only via routine universal (formerly referred to as gender-neutral) HPV immunisation. Supporters are challenged to undertake extreme endurance events across the world to support the cause. It is through such extreme feats of athleticism that NOMEN honour the struggle and isolation that many cancer patients feel.

NOMAN has been an incredibly successful campaign. Since its inaugural event in 2013 with the Barcelona – Ibiza: Row to End HPV, over 250 individuals – and their hundreds of supporters – have embraced the cause and our values. These NOMEN have raised awareness about HPV cancers on a local, national and international scale, as well as funds to support our programmes.

In 2025 the movement to end HPV cancers and diseases worldwide, led by NOMAN, took important steps toward a simple goal, to stop a virus that causes cancers in women and men alike through routine HPV vaccination for every child. This year brought a major win at the global level and growing momentum across regions, driven by rising recognition that both girls and boys deserve protection from the devastation caused by HPV. Eighty-seven countries around the world now undertake routine universal HPV vaccination, protecting both their daughters and their sons against the devastation caused by this preventable virus.

Leading the charge for global routine universal HPV vaccination

In Autumn 2023 we announced a partnership between NOMAN is an Island: Race to End HPV Campaign and Global Action on Men's Health (GAMH), an organisation dedicated to promoting health and well-being on a global scale. Together, we are embarking on a mission to ensure global universal access to routine HPV vaccination, a vital step towards a healthier future for all.

HPV-related diseases affect millions worldwide, irrespective of gender. HPV can cause a range of cancers - cervical, anal, penile, vaginal, vulvar, head and neck - as well as genital warts and recurrent respiratory papillomatosis (RRP). Yet routine universal HPV vaccination, despite now being a 'flagship' cancer prevention policy in the European Union (as detailed in Europe's Beating Cancer Plan, 2021), is still only the gold standard of protection in just over half of HPV vaccination programmes. Routine universal vaccination remains a controversial policy, especially for lower-income countries with very high rates of cervical cancer.

By focusing only on the vaccination of girls to prevent cervical cancer, girls-only programmes fail to protect males sufficiently from the cancers caused by HPV. They also fail to protect unvaccinated women from infection by men, a particular problem in countries with low vaccination rates in girls. Girls-only programmes also mean that they unfairly shoulder the responsibility for prevention. With vaccine supply increasing, single-dose programmes changing cost-effectiveness calculations and evidence showing that 21% of males have a high-risk (cancer-causing) HPV infection, we believe it is time to make the case for routine universal vaccination on a global basis.

By advocating routine universal HPV vaccination, we are not only safeguarding the health of current generations, male and female, but also paving the way for a future where HPV-related cancers and diseases are relics of the past.

Achievements of the NOMAN and GAMH partnership in 2025 include:

A global first at the United Nations

This year brought a breakthrough on the global stage. For the first time, boys are included in a global call for HPV vaccination through the Political Declaration of the UN High-Level Meeting on Non- Communicable Diseases.

From the Political Declaration of UN High-Level Meeting on NCDs:

"Eliminate cervical cancer by scaling up where appropriate: (i) human papillomavirus vaccination coverage for girls and boys; (ii) access to effective, feasible and appropriate screening for cervical cancer, especially for those at higher risk, such as women living with HIV; (iii) access to early, quality treatment for all women with cervical cancer; and integrate breast and cervical cancer prevention in national programmes;"

Throughout the summer, NOMAN and Global Action on Men's Health (GAMH) worked with partners across our global network to ensure that protecting boys against HPV was written directly into the draft declaration being negotiated at the UN General Assembly. This work contributed to the language now present in the final text. Since the negotiations concluded, the WHO Civil Society Working Group on NCDs has reinforced the importance of the Declaration and called for its swift adoption, underscoring that its commitments remain a vital tool for advancing national action. The declaration was adopted by the UN on December 15, 2025.

This marks the first global signal that HPV vaccination should protect every child, a shift that strengthens national decision makers and sets a new norm even as we continue pressing for broader recognition that HPV vaccination prevents many cancers and diseases, not only cervical cancer.

New Perspectives on Men, Cancer and HPV: World Health Assembly 2025

Hosted by Global Action on Men's Health (GAMH) and NOMAN is an Island: Race to End HPV (NOMAN), a successful roundtable was held in Geneva in May 2025 alongside the World Health Assembly (WHA) with the aim of building consensus for worldwide action on men, cancer and human papillomavirus (HPV). The meeting brought together influential public health leaders and policymakers to identify barriers and strategies to expand routine universal HPV vaccination (RUV) programmes – those that include boys as well as girls – particularly in low- and middle-income settings.

A wide range of stakeholders participated in this event, including representatives from public health organisations, HPV coalitions, federations, UN agencies, patient forums, pharmaceutical companies and governments.

An eminent set of speakers set the scene: Professor Richard Sullivan (Professor of Cancer and Global Health at King's College London and Director of the Institute of Cancer Policy), Professor Giampiero Favato (Director of Postgraduate Research, Kingston Business School, London), Professor Karina Butler (former chair, National Immunisation Advisory Committee, Ireland, paediatrician and infectious diseases specialist), Damian Naidoo (Research Assistant, Health Promotion, University of KwaZulu-Natal (UKZN), South Africa), Dr Shalom Ndoula (Permanent Secretary of the Expanded Programme on Immunization [EPI], Cameroon) and Dr André Ilbawi (Lead, Cancer, WHO). The meeting was chaired by Peter Baker, GAMH Director, and David Winterflood, CEO of NOMAN, presented the concluding remarks.

Key Outcomes of the session:

- There is a strong economic, equity, public health and practical case for vaccinating boys, as well as the historical precedent of universal rubella vaccination. The challenge is one of resources, political will and that global health decisions often deprioritise boys' and young men's health.
- Our language needs to shift from only focusing on vaccinating against HPV to prevent cervical cancer to vaccinating to prevent all HPV-associated cancers and diseases.
- Policy changes by WHO, Gavi and UNICEF are key to enabling an expansion of boys' vaccination, particularly in low-and middle-income countries.
- New global elimination targets are needed for all HPV-associated cancers, beyond only cervical cancer. Discussions should begin now on interim targets and new targets agreed for beyond 2030.
- National HPV policies and immunisation guidelines should be broadened to include boys and routine data collection should cover all HPV-associated diseases in men and women.
- There is a need to strengthen the value proposition for RUV and to be clear that RUV is not a zero-sum issue but a win-win for everyone.

Read the report

Advancing routine universal HPV vaccination in Asia

During the International Papillomavirus Conference (IPVC) in Bangkok, NOMAN and Global Action on Men's Health hosted a high-level meeting to explore how to accelerate progress on routine universal vaccination programmes across Asia.
Seventy-eight stakeholders participated, representing multilateral organisations, clinicians, researchers, cancer societies, NGOs, youth organisations, and international partners. Most were based in Asia but many were from Africa and other regions. The meeting combined expert presentations with structured group discussions to identify barriers, enablers, and opportunities for collaborative action. An eminent set of speakers set the scene for the meeting, offering insights into national policy processes, regional coalition-building, and global HPV policy.

Key Insights from the session included:

- **Policy clarity and sustainable financing remain the strongest determinants of progress on routine universal HPV vaccination.** Countries stressed the need for clear global guidance, particularly from the World Health Organization (WHO) as well as predictable financing pathways to support the inclusion of boys in national immunisation programmes.
- **Awareness gaps, stigma and misinformation continue to shape both public demand and political will.** Participants emphasised the importance of coordinated communication strategies and trusted messengers, including clinicians, community leaders, educators and youth, to shift understanding of the HPV risks for boys as well as girls.
- **Persistent data gaps limit policymaker confidence and slow national decision-making.** Participants called for better surveillance, clearer evidence of the HPV disease burden in males, cost-effectiveness data and regional mechanisms for sharing and interpreting evidence.
- **Progress requires coordinated action across multiple sectors.** Governments, health professionals, civil society organisations, educators, parents, youth and community leaders all have essential roles. Meeting participants from all sectors saw themselves as active contributors to national and regional efforts.
- **Regional collaboration offers a powerful way to accelerate action**. Stakeholders expressed strong interest in shared advocacy, cross-country learning, public and private partnerships and joint problem-solving to overcome barriers that are difficult to address in individual nations.
- **Countries need practical technical support to strengthen and expand programmes.** This includes guidance on delivery systems, logistics and supply chains, regulatory pathways, clinical practice and workforce training, all of which were identified as areas where collaboration could add substantial value.

Based on the discussion, NOMAN and GAMH propose the following recommendations for regional opportunities to advance routine universal vaccination in Asia

- Explore the development of a regional platform for advocacy, technical support, data sharing and practical problem-solving on routine universal HPV immunisation.
- Develop a coordinated advocacy agenda focused on policy alignment, financing, and reframing HPV as a multi-cancer issue.
- Support countries to generate and utilise male-specific HPV burden and cost-effectiveness data in national decision-making
- Build on existing coalitions and pilot-initiatives in Asia to model scalable approaches to routine universal vaccination.

NOMAN and GAMH will explore how these recommendations can be most effectively implemented, working with the meeting participants and stakeholders in Asia, to support accelerated progress on routine universal vaccination programmes across the region.

Read the report

Endorsement of our global report

Our flagship report Boys, Men and HPV: A global call for gender-neutral HPV vaccination' (now increasingly referred to as routine universal vaccination) was launched at the UICC World Cancer Congress in 2023. Calling for a more ambitious, and ethical approach to HPV vaccination at the global level, our goal is clear: by 2030, all countries without an HPV vaccination programme should have introduced HPV vaccination on a routine universal basis, while countries currently with a girls-only programme should have transitioned to routine universal vaccination programmes.

Our 6 recommendations for global and national stakeholders are:

1. HPV must be understood, and responded to, as a threat to the health of all sexes and genders.

2. RUV should be viewed from the perspective of its potential to eliminate high-risk, oncogenic HPV types, thereby accelerating the elimination of not only cervical cancer but also all the cancers caused by HPV.

3. By 2028, global policymakers should have reviewed the issue of RUV with a view to recommending its implementation. WHO should make boys a primary target for HPV vaccination.

4. By 2030, all countries currently without an HPV vaccination programme should have introduced HPV vaccination on a gender-neutral basis while countries currently with a girls-only programme should have transitioned to RUV.

5. Health partnerships between countries with established RUV programmes and lower-income countries should be established along with capacity-building initiatives to support the wider implementation of RUV.

6. A greater focus is needed on increasing vaccine uptake to at least 90% for all, a target most likely to be achieved through school-based vaccination programmes.

By the end of 2025, over 70 organisations around the world have endorsed the report.

Men, Cancer and HPV webinar series

In 2025 we continued our webinar series focusing on the following topics:

Increasing Male Participation in HPV Vaccination Programmes
(Wednesday 18 June 2025)
The implementation of routine universal HPV vaccination is a vital step in the elimination of all the cancers caused by HPV in men and women. But it's also essential that vaccination uptake in boys and girls reaches a 90% target. In many countries, however, the rate in boys is significantly lower than 90% and well below the rate for girls. This webinar explored the barriers currently limiting boys' vaccination uptake and how they can be effectively overcome.

Speakers included:
- Prof Maria Grandahl, Uppsala University, (Sweden)
- Tashi Dawa, Ministry of Health, (Bhutan)

Living With A Cancer Caused by HPV: the Experience of Men
(Tuesday 8th July 2025)
Globally, at least 180,000 men a year are diagnosed with a cancer caused by HPV. But their personal stories are seldom heard. Sharing mens' lived experience can help to challenge the stigma often associated with HPV cancers, highlight that men as well as women can be affected, and make the case for more effective prevention through routine universal vaccination programmes. It can also encourage boys and their parents/carers to opt for vaccination, men with cancer symptoms to seek help, and health services to do more to meet men's specific needs. This webinar went beyond the scientific and medical evidence and to hear and learn from men whose lives have been directly affected by an HPV cancer including:

- Patrick Howard (who has had penile cancer) (UK)
- Jason Mendelsohn (throat cancer) (USA)
- Kevin Case (anal cancer) (USA)
- Samuel Ziwada, who lives in South Africa, shared his experience of becoming a widower following his wife's death from cervical cancer caused by HPV

HPV prevention for gay, bisexual and men, including trans men, who have sex with men (GBMSM)
(Tuesday 16th September 2025)
Gay, bisexual and men, including trans men, who have sex with men (GBMSM) are at much greater risk of an HPV infection that leads to cancer or genital warts. GBMSM are unprotected by HPV vaccination programmes aimed only at girls. The third in our series on Men, Cancer and HPV, this webinar explored key issues in the prevention of HPV-related cancer and diseases in GBMSM and why routine universal HPV vaccination for all young people is the best way of protecting everyone.

Speakers included:

- Dr Peter Greenhouse, Consultant in Sexual Health and Menopause (UK)
- Dr Janette Pow and Dr Carol Gray Brunton, Napier University, Edinburgh (UK)
- Prof Dr Joel Palefsky, University of California (USA)
- Gurchaten Sandhu, ILGA World (Switzerland)

The webinar was co-hosted by ILGA World, the International Lesbian, Gay, Bisexual, Trans and Intersex Association

New insights into the links between HPV and infertility, cardiovascular disease, skin cancer and prostate cancer

(*Thursday 30th October 2025 • 11:00 GMT*)

Is HPV even more dangerous than we thought? New insights suggest there may be wider HPV disease burden than is commonly known, with evidence of links with prostate cancer, skin cancer, infertility and cardiovascular disease (CVD). This webinar shared the latest research into these possible associations and explores the implications for policy and practice. It highlights why, more than ever, routine universal HPV vaccination for all young people is the best way of protecting everyone.

Speakers included:

- Prof John Doorbar, Cambridge University (UK)
- Peter Baker, Chief Executive, Global Action on Men's Health (GAMH)
- Prof. Daniel Kelly, Cardiff University (UK)
- Prof. Sarah Allinson, Lancaster University (UK)
- Prof. Carolina Olivera, Universidad Nacional de Córdoba (Argentina)

Advancing universal HPV vaccination in the MENA region

(*Tuesday 9th December 2025 • 10:00 GMT*)

Despite steady progress in expanding HPV vaccination across the Middle East and North Africa (MENA), universal vaccination for HPV—protecting both boys and girls—remains unevenly adopted. Several MENA countries have taken important steps toward universal HPV vaccination, recognising its critical role in preventing not only cervical cancer but a broad spectrum of HPV-related cancers and reducing overall transmission. These efforts demonstrate growing regional commitment to comprehensive, evidence-based prevention. Yet many countries in the region still limit HPV vaccination to girls only, leaving boys unprotected and slowing progress toward population-level immunity. This webinar explored the advances made, the gaps that remain, and the opportunities for accelerating universal HPV vaccination throughout the MENA region.

Speakers included:

- Dr. Ibtihal Fadhil, Founder and Chairwoman, Eastern Mediterranean NCD Alliance (EM-NCDA)
- Dr. Khaled Hamid Elawad, Manager of Communicable Disease Control, Primary Healthcare Corporation (PHCC), Qatar
- Dr. Aarti Singh, Immunization Medical Officer, Eastern Mediterranean Regional Office of the World Health Organisation (WHO EMRO)
- Dr. Jâafar Heikel, Epidemiologist and Public Health Expert, Mohamed VI University for Health Sciences, Morocco
- Peter Baker, Chief Executive, Global Action on Men's Health (GAMH)
- Dr. Balkiss Abdelmoula, Co-lead, MENA Coalition for HPV Elimination (Moderator)

Shaping the global conversation around HPV prevention

We continue to inform the discussion around HPV and its connection to cancers in males as well as females, and why protecting everyone is vital if we are to eliminate all HPV cancers. Throughout 2025, NOMAN presented and participated at forums across the globe including:

- During the World Cancer Leaders Summit in Melbourne, Australia, NOMAN co-hosted a session titled: 'Vision 2030: Transformative Strategies to Prevent HPV-Related Cancers', convening leading global experts to share innovative approaches and successful initiatives aimed at preventing HPV-related cancers and diseases. The session served as a platform for exploring collaborative pathways toward a future free from HPV-related cancers showcasing notable examples from Qatar, Rwanda and Sweden.

- At the EUROGIN conference in Porto, Portugal in May 2025, David Winterflood presented the Boys, Men and HPV: A global call for gender-neutral HPV vaccination report.

- At the UNFPA Regional Alliance for Cervical Cancer Prevention meeting in Skopje, North Macedonia NOMAN presented about how cross-border cooperation and gender-neutral vaccination are turning ambition into measurable action through Europe's Beating Cancer Plan.

Other initiatives supported by NOMAN in 2025 include:

A Shared Vision for South East Europe: Eliminating HPV Cancers Together

Hosted at the Bulgarian Parliament in Sofia, NOMAN: Race to End HPV was proud to reinforce its dedication to global HPV cancer elimination efforts by sponsoring *A Shared Vision for South East Europe: Eliminating HPV Cancers Together*. The conference served as a platform to strengthen regional collaboration, share successful practices, and discuss challenges and opportunities for the new year in combating HPV-related cancers across borders in South East Europe.

Initiated by the European Cancer Organisation and the HPV Coalition Bulgaria, the conference brought together representatives from 10 countries in the region at the Bulgarian National Assembly, and culminated in the signing of the *Message Beyond Borders* memorandum, committing to the elimination of HPV-related cancers and advocating for routine universal HPV vaccination across the region.

Distinguished speakers included key Bulgarian representatives such as Speaker of the Parliament Natalia Kiselova and Chairman of the Health Committee Professor Kostadin Angelov. Their leadership underscored the importance of cross-border cooperation in the fight against HPV-related diseases.

By convening stakeholders from diverse backgrounds, the event aimed to accelerate progress towards the elimination of these cancers across the region. Critical topics included increasing vaccination uptake and coverage, improving access to cervical screening, and overcoming barriers to prevention. With regional collaboration at its core, the event provided a vital platform for policymakers, healthcare professionals, and advocates to discuss actionable steps toward achieving HPV cancer elimination.

This conference was the latest project NOMAN: Race to End HPV had undertaken in collaboration with the European Cancer Organisation to combat HPV cancers in Europe, and the event was particularly timely following the announcement that Kosovo would expand its HPV vaccination programme to include boys starting in February 2025.

This initiative marks a significant step forward in ensuring that HPV-related cancers became a thing of the past and the commitment demonstrated at the conference paved the way for stronger, more coordinated efforts to enhance public health across South East Europe.

This was reinforced by the signature of the *Message Beyond Borders* -- a Joint Declaration by representatives and organisations in the South East Europe region which have publicly committed to working collaboratively towards the elimination of HPV cancers for the benefits of all peoples, in order to create a future free from the burden of HPV, safeguarding the health of future generations through:

1. Strengthening Data and Monitoring Systems
2. Engaging Stakeholders for Collective Action
3. Expanding Gender-Neutral Vaccination Coverage
4. Enhancing Screening Programmes
5. Addressing Common Challenges Together

HPV Action Europe Network

In 2018 and 2019 the Foundation was involved in discussions to establish an advocacy campaign in Europe to introduce routine universal HPV vaccination across the region and completely eliminate HPV-related diseases. NOMAN has partnered with the European Cancer Organisation (ECO) to achieve this mission. ECO works to reduce the burden of cancer and improve outcomes and the quality of care for patients through multidisciplinary initiatives. As the European not-for-profit federation of member organisations working in cancer, they convene oncology professional and patients to agree on policy, advocate for positive change, and be the united voice of the European cancer community. In 2019, RUV was a novel concept. As of 2025, all EU member states have now begun or committed to immunising both girls and boys against HPV. This is part due to the securing in 2021 of a major milestone; a commitment to eliminate HPV cancers in Europe's Beating Cancer Plan.

Together with ECO, the Foundation looks forward to working with European policy makers to end the suffering caused by HPV cancers. The HPV Action Network achieved the following in 2025:

Accelerating Progress Towards the EU's Goal of Eliminating HPV Cancers - A Path to the Finish Line

On 15 July, the HPV and Hep B Action Network, in collaboration with MEP Tilly Metz, convened the high-level event Accelerating Progress Towards the EU's Goal of Eliminating HPV Cancers at the European Parliament. Bringing together European, national and regional experts, including Karam Adel of the European Centre for Disease Prevention and Control, the event reviewed progress under Europe's Beating Cancer Plan and the Council Recommendation on vaccine-preventable cancers. Discussions also considered how HPV cancer prevention should be reflected in the next EU multiannual financial framework and the future direction of European cancer policy.

Participants examined the cost-effectiveness of comprehensive HPV prevention, the benefits of routine universal vaccination, and the need for stronger data monitoring and surveillance across Member States. The programme also highlighted inequalities in vaccination and screening, particularly in Southeast Europe, alongside opportunities to scale up effective national and regional approaches. Advances in cervical cancer screening, including HPV testing and self-sampling, were discussed as important tools for increasing participation and improving early detection. An interactive discussion enabled participants to share experiences and identify priorities for maintaining political momentum towards the elimination of HPV-related cancers.

Following the event, the following six key recommendations were shared:

1. **Strengthen universal access to HPV vaccination across all genders**
   HPV vaccination should be accessible to everyone, regardless of gender, income or geography. This means promoting catch-up vaccination programmes, reaching out to underserved communities, and enshrining gender-neutral approaches in national immunisation schedules.
2. **Scale up cervical cancer and HPV screening with a focus on self-sampling and innovation**
   Cervical screening must evolve with a broader use of HPV testing and self-sampling technologies, and greater EU-level coordination. These tools are proven to reduce cervical cancer incidence, but only if uptake is high and consistent.
3. **Invest in strong data systems and vaccine monitoring**
   The European Centre for Disease Prevention and Control (ECDC) highlights the importance of better vaccine data to track progress and guide policy. Strengthening surveillance and enabling data sharing across Member States is crucial to target efforts where they're most needed.
4. **Address inequalities in prevention and care across Europe**
   Persistent gaps in vaccination coverage, screening access and public awareness are highlighted, particularly in Southeast Europe. Commitments will be made to support regional collaboration, knowledge exchange and tailored strategies to address local needs.
5. **Involve the public and patients in driving change**
   Public storytelling and lived experience has the power to counter stigma, inform policy, and motivate individuals to seek vaccination or screening. Their voices must be elevated.
6. **Consider the economic burden of HPV-related diseases and the return on investment in prevention**
   HPV-related diseases exert a significant economic and societal burden through treatment costs, loss of productivity, and premature mortality. Comprehensive prevention strategies, including vaccination, cervical screening, early detection, and public education, offer a high return on investment by reducing disease incidence, improving health outcomes, and easing pressure on healthcare systems. Countries should integrate economic evaluations into policy planning to ensure that prevention is prioritised as a cost-effective, long-term public health investment.

HPV Prevention Policy Atlas: Europe

The HPV Prevention Policy Atlas is a comparative map that scores on prevention policies providing up-to-date, publicly available information on HPV vaccination, cervical cancer screening policies, and access to online information. It offers a clear picture of progress and persistent gaps for the WHO Global Strategy to Eliminate Cervical Cancer and the Europe's Beating Cancer Plan. NOMAN Director, David Winterflood joined the expert advisory group for the Atlas in 2025, contributing to its development.

Launched in November at the Polish Senate, the 3rd edition of the HPV Prevention Policy Atlas, led by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) maps HPV prevention policies across 48 countries in the WHO Europe region. Atlases for Latin American and Asia are to be developed in 2026.

A New European Code Against Cancer

In November, the International Agency for Research on Cancer (IARC) made an update to the European Code Against Cancer (ECAC5).

For the first time, ECAC5 is aimed not only at individuals but also at policy-makers, including 14 complementary recommendations on population-level measures that may reinforce the recommendations for individuals. These recommendations provide co-benefits to prevent other noncommunicable diseases (NCDs) with similar underlying risk factors, and opportunities for health promotion. Together, the ECAC5 recommendations provide a roadmap to reduce cancer risk, tackle misconceptions about cancer, and improve public health and well-being.

The updated code includes an expanded recommendation on HPV vaccination that now highlights the importance of offering vaccination to both girls and boys. It also urges countries to strengthen their HPV vaccination programmes so they can reach the 90 percent coverage target for girls and boys, which is essential for maximising population level protection. This call for parity in coverage is notable in that it goes further than the recommendation of Europe's Beating Cancer Plan, which calls for vaccinating at least 90% of the EU's target population of girls and for significantly increasing the vaccination rate among boys. We will advocate with key stakeholders for the adoption of the ECAC5 recommendation.

Learn more about the HPV and Hep B Action Network

Anal Cancer Foundation

Anal cancer is one of the fastest growing cancers in the United States, and steadily increasing in the United Kingdom. We continue to work tirelessly to make life better for families facing anal cancer through our programs to raise awareness, accelerate early detection, improve quality of life, and advance a cure. This year, we made incredible progress raising awareness about the need to reform how anal cancer thrivers are diagnosed and treated.

Peer to Peer Support Programme and Thriver Education

In the UK, about 1,600 people, and in the US, around 11,000 are diagnosed with anal cancer annually. Anal cancer incidence is increasing and affects more people across the world every year. The social stigma that anal cancer carries prevents fair and equitable conversation, awareness, and funding to support research and care for people with the disease.

Prior to the establishment of the Foundation, support and information was historically limited, for anal cancer thrivers (our word for survivors) and many thrivers never meet another anal cancer patient. The Foundation provides educational forums and a peer mentoring program to support thrivers to close this gap. The Peer to Peer Support Program is a free service provided by the Foundation in the UK and USA to connect patients and caregivers facing the challenges brought on by anal cancer with a peer who has undertaken the same journey.

Connections are available for anyone at any cancer stage from newly diagnosed to years after treatment. Volunteers listen and help thrivers through their cancer journey by sharing their own experiences on treatment, stigma and social experiences relating to an anal cancer diagnosis. The programme's goals are to improve the lives of those affected by anal cancer and give survivors a voice and a community. The program also matches caregivers together. At the end of 2025, our Peer to Peer Support Program included over 1,400 thrivers, caregivers, and peer mentors. Our online educational events continue to provide hope and resources for thrivers. Our 'Taking Care of You: Managing Side Effects From Treatment For Anal Cancer' event, featuring expert clinicians who treat people living with anal cancer as well as a panel of thrivers has been viewed by over 6,500 people by the end of 2025. 'Living and Thriving After Treatment for Anal Cancer: Addressing Long Term Side Effects', was viewed 13,500 times by the end of the year.

Virtual Anal Cancer Patient Summit

Established in 2021, the annual Virtual Anal Cancer Patient Summit brings together anal cancer thrivers, caretakers, and advocates with medical experts to discuss the latest in anal cancer treatment and prevention research. The intention is to learn from one another, and join in solidarity to empower all those impacted by anal cancer to thrive. Hundreds of thrivers attend the event which brings together patients, caregivers, advocates, and leading experts from around the world for a day of learning, connection, and honest conversations about living with and beyond anal cancer.

Topics presented at the 2025 summit included:

- The International Anal Neoplasia Society (IANS) Global Consensus Guidelines to inform anal cancer screening use among various high-risk groups.
- Findings from ACT4 of the PLATO trial for anal cancer which explores radiotherapy doses in people with advanced disease.
- A session on restoring hope for living well
- Throughout the day, thrivers shared their personal stories.

Feedback from the 2025 Virtual Anal Cancer Patient Summit demonstrates the programme's strong value to participants:

- 100% of attendees said the Summit met their expectations
- 98% of attendees said they would attend another ACF event
- Across all sessions, between 88-91% of participants rated content as 'Excellent' or 'Very Good'

International Anal Neoplasia Society (IANS)

IANS, the International Anal Neoplasia Medical Society, creates medical guidelines and supports research essential to preventing and treating anal cancer. IANS was created with a seed grant from the Foundation.

IANS mission is to provide a forum for individuals with a broad spectrum of background, viewpoints and geographic origin, an exchange of ideas and dissemination of knowledge regarding the pathogenesis, diagnosis, treatment and prevention of anal neoplasia.

In support of this mission IANS:

- Develops position papers regarding the pathogenesis, diagnosis, treatment and prevention of anal neoplasia.
- Represents the consensus opinion of IANS regarding the above topics to other professional societies, public organizations, regulatory authorities and governmental bodies.
- Encourages the development of a robust research agenda on the pathogenesis, diagnosis, treatment and prevention of anal neoplasia.
- Develops educational materials and conduct training courses that encourage the entry of a broad spectrum of clinicians into the field of anal neoplasia, and that furthers the development and depth of skills of clinicians needed to optimally diagnose, treat and prevent anal neoplasia.
- Develop educational materials for patients with anal neoplasia.

In 2025, the IANS conference took place in London. Topics and seminars were wide ranging over the 3 days covering the anal microbiome, pathogenesis, trends and treatment of early stage cancer, screening of high risk groups, and the latest treatment news including information on the PLATO trial. ACF's CEO David Winterflood presented as part of a panel on anal cancer screening, highlighting the importance of the performance of DARE's by HCPs for patients presenting symptoms.

Information and Connection

The Foundation's anal cancer program website features a wealth of resources and is a source of information, support, and inspiration for patients and families affected by anal cancer.

Our focus is ensuring patients get the information and support they need during their anal cancer journey. Our *Living with Anal Cancer* section features information for patients at all stages of the anal cancer journey from newly diagnosed to post-treatment resources, such as how physical therapy can help with anal cancer treatment recovery. The site is the most comprehensive source of information on side effects and side effect mitigation during and after anal cancer treatment. This digital hub is populated with personal thriver stories (patients' stories of their experiences), information about helpful medical resources, and professional medical bodies, as well as connections to other patients and caregivers through our Peer-to-Peer Support Program.

Our goal in 2025 continued to be ensuring that more anal cancer thrivers have access to the information they need to face their cancer journey through targeted outreach based on our existing supporter base and a newsletter series for patients and caregivers, focused on our expert and popular resources. Our communications strategy continues to focus on consistency and providing "useful" information, with content covering treatment and research updates, stories from community members, and explainers of our services and how we support the anal cancer community.

Continued investment in our digital resources has expanded our reach to the communities that need this information most. Organic and direct traffic to the website has increased by a significant amount; 297% and 234% respectively vs 2024 figures. This indicates that users value informed and trustworthy resources when it comes to their health. We will continue to refine our online content to ensure that our information and content is of the highest quality.

Webinars

In 2025, we also undertook several webinars:

"Write to Release" Workshop, 21 March 2025

To mark Anal Cancer Awareness Day, the Foundation held a special online workshop led by anal cancer thriver Jenny. The session combined expressive writing exercises, guided meditation and reflective tools to help participants explore difficult emotions, build resilience and find a greater sense of peace during and after anal cancer treatment. Drawing on her own experience of diagnosis and recovery, Jenny shared how writing had helped her manage fear and uncertainty, regain hope and develop a sense of empowerment. The workshop provided a compassionate and private space in which participants could engage with the emotional and psychological aspects of recovery at their own pace.

Living with an Ostomy After Anal Cancer Treatment, 14 May 2025

Kaci Costello, WOC RN, and Christine Dorman, NP, from Memorial Sloan Kettering Cancer Center delivered a webinar on living with an ostomy following anal cancer treatment. The session supported people who were adjusting to a new ostomy, managing a temporary ostomy during treatment, or living long term with a permanent ostomy. It provided practical guidance, clinical advice and everyday strategies intended to help patients feel more informed, confident and supported.

Abdominoperineal Resection Surgery for Anal Cancer, 26 June 2025

Dr Marcus Oosenbrug, MD CM, FRCSC, from Cleveland Clinic Florida led a webinar on abdominoperineal resection surgery for anal cancer. The session explained what APR surgery involved, why and when it might be considered during the treatment pathway, and the questions patients and caregivers could raise with their medical teams. It also addressed recovery and rehabilitation, helping participants develop a clearer understanding of the procedure and its implications for patients and caregivers.

Overall, in 2025, ACF directly served over 1,000 anal cancer patients through our best-in-class patient programs, at no cost to them. Going forward, we will continue working to provide all the support the anal cancer community needs.

Looking Ahead 2026

The HPV and Anal Cancer Foundation seeks the most effective methods to prevent HPV and cure the cancers it causes. The Foundation will continue to work tirelessly to eliminate all HPV-related cancers by furthering public policy and scientific debate, eliciting further professional and expert support, encouraging the development of regional initiatives on vaccinating boys, and demonstrating why it is important to protect all children against HPV at the recommended age.

In our HPV prevention work, we will build on the recognition secured in the UN declaration and leverage this for an opportunity for global change. We will work with partners to advocate for updates to global vaccination recommendations and financing policies so that every country, including those in low- and middle- income settings, can protect boys as well as girls. This includes influencing decisions at WHO, SAGE and other global health bodies, while supporting governments preparing to introduce routine universal programmes and continuing to shape public understanding that HPV vaccination for males is imperative.

In partnership with GAMH we will expand the evidence base and expert consensus through new economic analyses, and reports that show both the feasibility and the urgency of vaccination of boys and girls. Our work will also support the development of broader global targets for HPV associated cancers beyond 2030, helping shift the narrative from eliminating one cancer to eliminating all cancers caused by high-risk HPV types.

Regionally, we will deepen collaboration across Europe through our work with the European Cancer Organisation, in addition to Asia, and the Middle East and North Africa where momentum is building, and continue working closely with partners in Africa and other LMIC regions to highlight barriers and demonstrate solutions. We will also maintain our presence at major global health meetings, bringing partners and global health experts together to build shared understanding and drive alignment around routine universal vaccination.

For the anal cancer community, we will continue to push for legislative, research and policy changes to end anal cancer and improve the lives of those affected by it. We are excited by the response to our Patient Summit and "Ask the Expert" sessions and look forward to providing more touchpoints for our community in 2026. Our Peer-to-Peer support program retains its importance in supporting and empowering anal cancer survivors and caregivers.

It is clear that the investment into our digital platforms ensuring that we provide best-in-class information for anal cancer thrivers, and their loved ones as they face an anal cancer diagnosis, has proved fruitful and is well received by our community. Utilising digital and live platforms, we will reach a wider proportion of the anal cancer community, enabling patients to gain answers to the concerns they have and to connect to other anal cancer patient experiences. In 2026 we will hold further webinars as part of our programme, in addition to the 5th edition of the anal cancer patient summit.

We thank all of our donors and look forward to continuing the mission to empower anal cancer patients and accelerate prevention and research methods that eliminate anal cancer and the virus that causes the majority of cases, HPV.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also the directors of The HPV and Anal Cancer Foundation Limited) for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charity SORP
- make judgements and estimates that are reasonable and prudent
- 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 proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

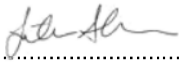
In so far as the trustees are aware:

- there is no relevant information of which the charitable company's examiners are unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant information and to establish that the examiners are aware of that information.

The independent examiner, Knox Cropper LLP, will be proposed for re-appointment at the forthcoming Annual General Meeting.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

APPROVAL
This report was approved by the Board of Directors and Trustees on 27.09.2026 and signed on their behalf by:



.....
J Almada - Trustee

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF THE HPV AND ANAL CANCER FOUNDATION LIMITED

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2025.

Responsibilities and basis of report

As the trustees of the charitable company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act'). You are satisfied that the accounts of the Company are not required by charity or company law to be audited and have chosen instead to have an independent examination.

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the Company's accounts carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement
Since the Company's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Richard Billinghurst
Knox Cropper LLP
Chartered Accountants
65-68 Leadenhall Street, London, EC3A 2AD

Date: 28/09/2026

THE HPV AND ANAL CANCER FOUNDATION LIMITED

STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 DECEMBER 2025

	Notes	Unrestricted Funds	Restricted Funds	2025 Total Funds	2024 Total Funds
		£	£	£	£
INCOME AND ENDOWMENTS FROM					
Donations and Legacies	2	26,695	-	26,695	10,711
Other Trading Activities	3	342,805	-	342,805	51,705
Investment Income		290	-	290	1,532
Total		369,790	-	369,790	63,948
EXPENDITURE ON					
Raising Funds	4	103,077	-	103,077	13,796
CHARITABLE ACTIVITIES	5				
Care and Support		45,460	-	45,460	40,707
Awareness Raising & Education		212,253	-	212,253	108,026
Research for a Cure		5,950	-	5,950	6,459
TOTAL		366,740	-	366,740	168,988
NET INCOME/(EXPENDITURE)		3,050	-	3,050	(105,040)
RECONCILIATION OF FUNDS					
Total Funds Brought Forward		176,615	13,100	189,715	294,755
TOTAL FUNDS CARRIED FORWARD		179,665	13,100	192,765	189,715

THE HPV AND ANAL CANCER FOUNDATION LIMITED
(REGISTERED COMPANY NUMBER: 07955451)

BALANCE SHEET

AS AT 31st DECEMBER 2025

	Notes	2025	2024
		£	£
FIXED ASSETS	12	-	-
CURRENT ASSETS	13		
Debtors		585	-
Cash at Bank and in hand		198,240	194,936
		198,825	194,936
CREDITORS: Amounts falling due within one year	14	(6,060)	(5,221)
NET CURRENT ASSETS		192,765	189,715
TOTAL ASSETS LESS CURRENT LIABILITIES		192,765	189,715
NET ASSETS		192,765	189,715
FUNDS	16		
Unrestricted Funds		179,665	176,615
Restricted Funds		13,100	13,100
TOTAL FUNDS		192,765	189,715

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2025.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2025 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 27.09.2026 and were signed on its behalf by:

.....
J Almada – Trustee

THE HPV AND ANAL CANCER FOUNDATION LIMITED

NOTES TO THE ACCOUNTS

FOR THE YEAR ENDED 31st DECEMBER 2025

1. ACCOUNTING POLICIES

Basis of Preparation of Accounts

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Going Concern

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

Financial Reporting Standard 102 – reduced disclosure exemptions

The Charitable company has taken advantage of the following disclosure exemptions in preparing these Financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

- The requirements of Section 7 Statement of Cash Flows.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Tangible Fixed Assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Ocean rowing boat and accessories – over 3 years.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund Accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purpose within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1. ACCOUNTING POLICIES - continued

Fund Accounting
Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension Costs and Other Post-Retirement Benefits
The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statemen of Financial Activities in the period to which they relate.

Judgements and Key Sources of Estimation Uncertainty.
No judgement (apart from those involving estimates) have been made in the process of applying the above accounting policies that have significant effect on amounts recognised in the financial statements.

2. GRANTS AND DONATIONS

	2025	2024
	£	£
Grants	-	
Donations and gift aid	26,695	10,711
	26,695	10,711

3. OTHER TRADING ACTIVITIES

	2025	2024
	£	£
Fundraising Events	342,805	51,705

4. RAISING FUNDS

Raising Donations and Legacies

	2025	2024
	£	£
Staff Costs	7,968	9,236
Development Expenses	-	32
Donor Software Subscription	3,763	3,375
Event Expenses	87,537	-
Support Costs	3,809	1,153
	103,077	13,796

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Grant Funding of Activities (see note 6)	Support Costs (see note 7)	2025 Totals
	£	£	£	£
Care and Support	43,780	-	1,680	45,460
Education and Awareness Raising	172,821	31,587	7,845	212,253
Research for a Cure	5,730	-	220	5,950
	222,331	31,587	9,745	263,663

	Direct Costs	Grant Funding of Activities (see note 6)	Support Costs (see note 7)	2024 Totals
	£	£	£	£
Care and Support	37,306	-	3,401	40,707
Education and Awareness Raising	71,466	27,533	9,027	108,026
Research for a Cure	5,919	-	540	6,459
	114,691	27,533	12,968	155,192

6. GRANTS PAYABLE

	2025	2024
	£	£
Awareness Raising & Education	31,587	27,533

The total grants paid to institutions during the year was as follows

	2025	2024
	£	£
European Cancer Organisation	21,587	17,533
Global Action on Men's Health	10,000	10,000
	31,587	27,533

7. SUPPORT COSTS

	2025	2024
	£	£
Bank charges	229	313
Rent and rates	4,106	4,427
Insurance	341	277
Fees and subscriptions	84	1,331
Office costs	901	935
Sundries	34	-
Travel and meetings	-	1,018
Accountancy and legal fees	7,860	5,820
	13,555	14,121

8. NET INCOME (EXPENDITURE)

	2025	2024
	£	£
Net Income/(Expenditure) is stated after charging/(Crediting):		
Independent Examiner's Fee	6,060	5,220

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2025 nor for the year ended 31 December 2024.

Trustees' Expenses

There were no trustees' expenses paid for the year ended 31 December 2025 nor for the year ended 31 December 2024.

10. STAFF COSTS

	2025	2024
	£	£
Wages and Salaries	45,184	53,009
Social Security Costs	6,473	6,728
Other Pension Costs	1,500	1,500
	53,157	61,237

10. STAFF COSTS – continued

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

	2025	2024
Average monthly employees	1	1

No employees received emoluments in excess of £60,000.

The key management personnel of the charity are those persons having authority and responsibility for planning, directing and controlling the activities of the charity, directly or indirectly, including any trustee of the charity and, in the case of the charity, includes the Director of UK Operations. Total employee benefits paid to key management personnel in the period amounted to £45,184 (2024: £45,250).

11. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted Funds	Restricted Funds	Total Funds 2024
INCOME AND ENDOWMENTS FROM	£	£	£
Donations and Legacies	10,711	-	10,711
Other Trading Activities	51,705	-	51,705
Investment Income	1,532	-	1,532
Total	63,948	-	63,948
EXPENDITURE ON			
Raising Funds	13,796	-	13,796
Charitable Activities			
Care and Support	40,707	-	40,707
Awareness Raising & Education	108,026	-	108,026
Research for a Cure	6,459	-	6,459
Total	168,988	-	168,988
NET INCOME/(EXPENDITURE)	(105,040)	-	(105,040)
RECONCILIATION OF FUNDS			
Total Funds Brought Forward	281,655	13,100	294,755
TOTAL FUNDS CARRIED FORWARD	176,615	13,100	£189,715

12. TANGIBLE FIXED ASSETS

	Plant and Machinery
	£
COST	
At 1 January 2025 and 31 December 2025	47,250
DEPRECIATION	
At 1 January 2025 and 31 December 2025	47,250
NET BOOK VALUE	
At 31 December 2025	-
At 31 December 2024	-

13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2025	2024
	£	£
Prepayments	585	-

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2025	2024
	£	£
Deferred Income		-
Accrued Expenses	6,060	5,220
	6,060	5,220

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds	Restricted Funds	2025	2024
	£	£	£	£
Current Assets	185,725	13,100	198,825	194,936
Current Liabilities	(6,060)	-	(6,060)	(5,221)
	179,665	13,100	192,765	189,715

COMPARATIVE	Unrestricted Funds	Restricted Funds	2024	2023
	£	£	£	£
Current Assets	181,836	13,100	194,936	303,735
Current Liabilities	(5,221)	-	(5,221)	(8,980)
	176,615	13,100	189,715	294,755

16. MOVEMENT IN FUNDS

	Brought forward	Income	Expenditure	At 31.12.25
	£	£	£	£
Unrestricted Funds				
General Fund	176,615	369,790	(366,740)	179,665
Restricted Funds				
Research for a Cure	13,100	-	-	13,100
TOTAL FUNDS	189,715	369,790	(366,740)	192,765

Net Movement in Funds, included in the above are as follows:

COMPARATIVE	Brought forward	Income	Expenditure	At 31.12.24
	£	£	£	£
Unrestricted Funds				
General Fund	281,655	63,948	(168,988)	176,615
Restricted Funds				
Research for a Cure	13,100	-	-	13,100
TOTAL FUNDS	294,755	63,948	(168,988)	189,715

Capital Fund
The HPV and Anal Cancer Foundation Limited has shareholder capital equal to £1 and is owned by HPV and Anal Cancer Foundation, a registered charity in the United States of America, EIN 27-3217520.

Research for a Cure Fund
The Fund was set up to award grants to research which will advance development of effective treatments for anal and all HPV-related cancers.

17. RELATED PARTY DISCLOSURES

No remuneration was paid to the trustees in the year (2024: £NIL).

The trustees made no donations to the Charity during the year (2024: £NIL).

The charitable company is a wholly owned subsidiary of the HPV and Anal Cancer Foundation registered in the United States of America (USA) (charity EIN: 27-3217520) PO Box 232, New York, NY, USA, 10272. There were no transactions or balances remaining at the year end with the parent charity (2024: £nil).

18. GOING CONCERN

The Trustees have considered the effect of the current economic climate on the Charity's activities. The Charity currently holds a comfortable level of reserves, and its fixed costs are not significant. It has the ability to align its activities to the level of reserves available. The Trustees are optimistic about the fundraising outlook for the next twelve months.