International Alliance of
Patients' Organizations

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

International Alliance of Patients' Organizations

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

Annual Report and Financial Statements for the Year Ended in December 2025

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Company number	08495711 (England and Wales)
Charity number	1155577 (England and Wales)
Registered office	International Alliance of Patients' Organizations Canopi, 82 Tanner Street, London, SE1 3GN, UK
Governing Board members (Board of Trustees)	Professor Lara Claire Bloom Orajitt Bumrungskulswat Flavia Kyomukama Paul Albert Sumat Mendoza Fernanda Souza de Carvalho Agron Bytyqi Dr. Ratna Devi Vasiliki-Rafaela Vakouftsi Wael Kamel Ali Ali Mazrouh (Joined 15 Nov 2025)
Chief Executive	Daniela Espindula Mothci
Bankers	NatWest Bank Plc PO Box 12258 1 Princes Street LONDON EC2R 8BP
Independent auditor	Knox Cropper LLP 65 Leadenhall Street London EC3A 2AD
Website	www.iapo.org.uk

Trustees' Report for the Year Ended 31 December 2025

The directors, who are also the trustees of the charity, are pleased to present their report together with the financial statements of the charity for the year ended 31 December 2025 which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

IAPO Trading Limited (company number 08863190) was dormant and was dissolved in July 2024.

The trustees have complied with the duty to have due regard to guidance issued by the Charity Commission and have adopted the Statement of Recommended Practice for charities (SORP) (FRS 102 second edition effective 1 January 2019).

Aims and objectives of the organisation

The International Alliance of Patients' Organizations (IAPO) is a global alliance of patient organisations working across all disease areas, regions and populations to advance people-centred healthcare. We mobilise and support patient organisations worldwide, strengthening their capacity to represent patients, families and carers and to play an active role in shaping health policy, research and healthcare systems.

By connecting patient organisations, amplifying their collective voice and providing opportunities for collaboration, learning and advocacy, IAPO helps ensure that health systems are shaped by the needs, preferences and lived experiences of the people and communities they serve. Through our global network and engagement with international health institutions, we work to foster patient-centred healthcare and improve health outcomes.

IAPO was first established in 1999 in the Netherlands as a Dutch Stichting and subsequently deregistered, registering in England and Wales as a company limited by guarantee on 19 April 2013 and a charity on 30 January 2014. IAPO has a membership of nearly 300 organisations across 74 countries covering 52 disease groups. IAPO is a Non-State Actor in official relations with the World Health Organization (WHO) and has a consultative status with the United Nations Economic and Social Council. IAPO has a memorandum of understanding with a variety of organisations including the International Council of Nurses (ICN), International Hospital Federation (IHF), International Pharmaceutical Federation (FIP), World Medical Association (WMA).

Trustees' Report for the Year Ended 31 December 2025

IAPO's vision and mission

IAPO's **vision and mission** was updated in 2024 following the organisation's 25th Anniversary celebrations.



In 2025, IAPO continued its mission to help build people-centred healthcare worldwide by:

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

IAPO's activities include:

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

Trustees' Report for the Year Ended 31 December 2025

Structure

The organisation is a charitable company limited by guarantee, incorporated on 19 April 2013 and registered as a charity on 31 January 2014. The company was established articles of association which define the objects and powers of the company and its governance arrangements. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

All assets and liabilities from the International Alliance of Patients Organizations and its predecessor not-for-profit structure registered in the Netherlands, were transferred to the new UK incorporated charity on 1 February 2014. IAPO Netherlands was (voluntarily) dissolved from the Netherlands Trade Register with effect from 31 May 2015, executed on 21 October 2015.

Appointment and induction of Governing Board

Every member of the IAPO Governing Board is elected by IAPO's members, through a process defined in the articles of Association, by-laws and election code of conduct. Every year, in advance of the annual general meeting (AGM), the number of vacancies on the Board is notified to all members, who may then nominate someone from their organisations (a Board member or senior staff member) to IAPO's Governing Board. The full list of nominees is sent to all members in advance of the AGM; members may vote by post or proxy or in person at the AGM.

Governing Board members serve for a maximum of two terms subject to the retirement by rotation clause; once their term of service is complete, they or anyone from their organisation cannot be re-elected to the Board for at least a year. All new members of the Board receive induction including core information about the work and history of the organisation, and conversations with the Chief Executive Officer and the Chair.

All Governing Board members sign a code of conduct when they are appointed to the Board. All staff and Governing Board members are required to declare any relevant conflict of interests or conflict of loyalties at every Board meeting, or between meetings if applicable. The Governing Board has no beneficial interest in the charitable company or its trading subsidiary. No Governing Board member receives any remuneration, but some receive reimbursement for essential travel or similar expenses.

Trustees' Report for the Year Ended 31 December 2025

Governance

The International Alliance of Patients' Organizations has a Board of Trustees and Directors overseeing its governance and direction, supported by a secretariat headed by the Chief Executive Officer.

Board of Trustees/Directors			
Name	**Position**	**Country**	**Dates**
Professor Lara Bloom	Chair	United Kingdom	
Mr. Paul Albert Mendoza	Secretary	Philippines	
Mrs. Orajitt Bumrungskulswat	Board Member	Thailand	
Ms. Flavia Kyomukama	Treasurer	Uganda	
Ms. Fernanda Souza de Carvalho	Board Member	Brazil	
Mr. Agron Bytyqi	Board Member	Kosovo	
Dr. Ratna Devi	Board Member	India	
Ms. Vasiliki-Rafaela Vakouftsi	Board Member	Greece	
Dr. Wael Kamel Ali Ali Mazrouh	Board Member	Egypt	Since 15 Nov 2025



Trustees' Report for the Year Ended 31 December 2025

Public benefit

The Governing Board confirms that they have considered the guidance contained in the Charity Commission's general guidance on public guidance when reviewing the charity's aims and objectives. They consider that the activities carried out, summarised in the Achievements and Performance section of this report, provide benefit to the public.

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

In setting our objectives and planning our activities trustees have given consideration to the Charity Commission's general guidance on public benefit (PB1, PB2 and PB3) and have taken these into account in making all decisions. We have not departed from the guidance in 2025.

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

IAPO had 278 members comprising umbrella groups and single organisations in 2025 who directly represented views of over 1 million patients in 72 countries across 54 disease areas. The services the charity provides are designed to build the capacity of patients' organisations, allowing them to better assist the needs of patients and carers (and their own member patient organisations in some cases) from across the world.

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

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

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

Trustees' Report for the Year Ended 31 December 2025

Chair's Report for the Financial Year 1st January to 31st December 2025

If 2024 was a year of transition and renewal for IAPO – laying firm foundations and setting a clear strategic direction – then 2025 was the year in which we put that strategy into action. Building on the FACE framework launched in 2024, IAPO moved with purpose and confidence, translating our renewed vision into tangible impact for the global patient organisation community. Across all four pillars – Facilitation, Advocacy, Collaboration and Empowerment – 2025 was defined by delivery, deepened partnerships, and a growing recognition of IAPO's voice on the world stage.

For the first time, our Global Patients Congress was held in Asia, bringing together more than 200 participants in Manila, Philippines, and online. The Congress highlighted the power of patients' voices and lived experience in shaping health systems worldwide. A key outcome of the Congress was the launch of the Global Patient Charter on Social Participation, a practical framework to help patient organisations engage governments and advance meaningful participation in health decision-making.

Our influence within global health institutions also continued to grow. IAPO's status as a Non-State Actor in official relations with the World Health Organization (WHO) was renewed, and a new three-year Collaboration Plan was approved. Through our engagement at the World Health Assembly and other high-level global forums, we ensured that patient perspectives informed discussions on patient safety, quality of care, social participation and universal health coverage.

Partnership remained central to our work. Together with five leading global health organisations, we adopted the healthcare sector's first joint ethical principle on the responsible use of health data, technology and artificial intelligence through the International Consensus Framework for Ethical Collaboration. We also continued to support the ratification of the African Medicines Agency Treaty, helping advance efforts to strengthen access to safe and effective medicines across Africa.

At the heart of these achievements are our members. Through increased opportunities to engage in our programmes and initiatives, we continued to connect, support and amplify patient organisations around the world, strengthening our collective impact and advancing patient-centred healthcare.

In 2025, we made a number of strategic investments to strengthen IAPO's organisational capacity, including the recruitment of a communications officer and engagement with specialist consultancies and professional services to further enhance our sustainability, operations and governance.

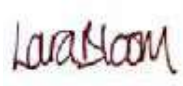
These investments were an intentional and forward-looking decision, enabling us to deliver the ambitious programme of work outlined in this report while building the foundations for future growth. Supported by strong cash reserves, we were well-positioned to invest in the organisation's long-term resilience and impact.

Trustees' Report for the Year Ended 31 December 2025

The board remains confident that these decisions will help position IAPO for its next phase of development, ensuring we continue to strengthen our voice, expand our reach, and deliver value for our members and the wider patient organisation community.

Building on our progress in 2025, we move forward with momentum, confidence and a clear sense of purpose, leaving us well placed to continue advancing people-centred healthcare and to ensure that the voices of patients and people with lived experience remain at the heart of global health.

None of this would have been possible without the dedication of our member organisations, the commitment of our staff and leadership team, and the generosity of our partners and funders. On behalf of the governing board, I extend my sincere gratitude to all of them.



Professor Lara Bloom
Chair of IAPO Governing Board



Trustees' Report for the Year Ended 31 December 2025

Achievements and Performance

The International Alliance of Patients' Organizations – IAPO is a pioneer alliance representing the global voice of almost 300 patient organisations across all disease areas and from all regions of the world. We were established in 1999 to collaborate on common agendas for the patient organisation community and address challenges that transcend national borders. In 2025, IAPO continued its journey of collaboration, advocacy and innovation to empower the patient organisation community and advance people-centred healthcare globally.

Since 2007, IAPO has held the status of **Non-State Actor in official relations with the World Health Organization**. This status is granted to entities that are international in membership and scope and contribute significantly to the advancement of public health. IAPO also has a **special consultative status with the United Nations Economic and Social Council** since 2014, allowing us to actively engage with the Council, the United Nations Secretariat, and across programmes, funds and agencies in several ways.

The FACE Framework

This report presents our 2025 highlights organised around the major initiatives and workstreams that defined our year. Each is mapped to IAPO's impact strategy – the **FACE** framework (Facilitation, Advocacy, Collaboration and Empowerment), launched during our 25th Anniversary campaign in 2024.

F	A	C	E
Facilitation	**Advocacy**	**Collaboration**	**Empowerment**
Representing the interests and needs of patient organisations worldwide, while exchanging knowledge, best practices, and innovative approaches to advance global health agendas.	Mobilising patient organisations globally to raise awareness and influence policy and decision-making that reflect the needs and preferences of the communities they represent.	Building impactful and sustainable partnerships and fostering multi-stakeholder alliances to advance agendas for the global patient organisation community.	Supporting the development of patient organisations' capabilities and fostering a community for growth and collaboration, through resources, events, training and expertise exchange.

Trustees' Report for the Year Ended 31 December 2025

Because our work is deeply interconnected, most initiatives advance more than one pillar of the FACE framework at once. The table below maps the year's work onto the four pillars at a glance.

Pillar	What it meant in 2025	Learn about it in section
Facilitation	Representing members; exchanging knowledge and evidence	2. Engagement with the WHO and the multilateral system 5. Research and evidence 6. Strengthening our membership and community
Advocacy	Influencing policy and decision-making	1. Universal Health Coverage and Social Participation 2. Engagement with the WHO and the multilateral system 3. African Medicines Agency Treaty Alliance (AMATA)
Collaboration	Building partnerships and alliances	2. Engagement with the WHO and the multilateral system 3. African Medicines Agency Treaty Alliance (AMATA) 4. Personalised Cancer Care Alliance (PCCA) 7. Wider partnerships and sector collaboration
Empowerment	Building member capability and community	1. Universal Health Coverage and Social Participation 4. Personalised Cancer Care Alliance (PCCA) 6. Strengthening our membership and community



Trustees' Report for the Year Ended 31 December 2025

1. Universal Health Coverage and Social Participation

Advancing: Advocacy · Empowerment · Facilitation

Universal health coverage (UHC) and social participation sit at the centre of IAPO's mission. In 2025 they were the through-line connecting several of our flagship initiatives – from the launch of the Global Patient Charter on Social Participation to the continued growth of the UHC Compass.

Global Patient Charter on Social Participation

A landmark initiative launched at IAPO's 11th Global Patients Congress in Manila in November 2025, the Global Patient Charter on Social Participation is a practical advocacy tool designed to help patient organisations in engaging governments and promoting locally rooted and context-sensitive social participation. It was developed as part of IAPO's efforts to promote social participation in line with the World Health Assembly resolution on social participation for universal health coverage, health and well-being adopted in 2024, and offers concrete benchmarks for what meaningful social participation should look like.

It was co-created over several months through the collective input of more than 35 IAPO members and an advisory group of over 20 health experts, including WHO representatives, three sister organisations (Rare Diseases International, the European Patients' Forum, and Patient Movement Catalyst) and partners such as NCD Alliance, UHC2030, CSEM, and the Lancet Commission on People-Centred Healthcare. The task force met throughout 2025 to provide valuable feedback on drafts of the Charter, and rounds of consultations with key targeted groups also took place.

In October 2025, the WHO Civil Society Commission offered IAPO the opportunity to present the draft Charter to its members across the wider civil society community and gather their feedback.

Following the launch in November, the Charter was disseminated across different regions, with very encouraging reports about its uptake.

World Health Organization UHC2030 Task Force

Established in 2022, the UHC2030 Task Force leverages its expertise and networks to sustain momentum for the implementation of universal health coverage and advises the UHC2030 Secretariat on accountability for results.

In 2025 IAPO was invited to join the steering committee of the task force and serve as a representative of the patient organisation community. The task force convenes representatives from various constituencies to ensure accountability for, and drive the implementation of, the UHC Political Declaration.

Trustees' Report for the Year Ended 31 December 2025

The work focuses on the development of the new country profile dashboards for the 'From Commitment to Action: A Global UHC Action Tracker Report', as well as on elevating the key findings and recommendations to policymakers once the data analysis is concluded.

UHC Compass

The UHC Compass was developed by the Global Patient Think Tank (GPTT) which was convened by Roche. IAPO was one of the GPTT members and chosen to carry on the work of the UHC Compass. In 2025 we continued developing the tool based on user feedback and expanded its reach and impact through engagement with key stakeholders, networks and events. We started the digitalisation of the Compass into an online platform with an integrated feedback survey.

IAPO delivered four sessions on the UHC Compass for patient organisations attending the regional International Experience Exchange with Patient Organisations (IEEPO) workshops in Latin America, Africa, Eastern Mediterranean and the Asia-Pacific workshop.



Trustees' Report for the Year Ended 31 December 2025

Patient Solidarity Day

Patient Solidarity Day (PSD) takes place every December, when patients and people with lived experience around the world unite to spotlight a key issue affecting our global patient organisation community. Patient Solidarity Day inspires action through social media campaigns, local events, and global conversations - all aimed at putting patients at the heart of healthcare.

We celebrated PSD on 3 December 2025 under the theme 'The Global Patient Charter on Social Participation', championing the importance of meaningful engagement of patients and people with lived experience in health governance, following the launch of IAPO's Global Patient Charter on Social Participation. To mark the day, we encouraged all to endorse the Charter, and created a variety of messages and social media assets for members to share with their networks, amplifying voices and impact.

Representation on UHC and social participation

- IAPO co-hosted the 2025 UHC Day Annual Town Hall with CSEM for UHC2030 and other civil society organisations, in a session titled 'A youth–parliamentarian dialogue on partnering for progress towards affordable health for all'.
- IAPO spoke at the Patient Engagement Open Forum (PEOF) in Italy, about social participation at the plenary session and in one of the co-creation sessions.
- IAPO spoke at the Global Forum Fronteiras da Saúde (Frontiers of Health) in Brazil, at the opening ceremony 'Collaboration in Health: Building Health Public Policies with a People-Centred Focus' and the session 'Patients' Rights and UHC'.

2. Engagement with the World Health Organization and the multilateral system

Advancing: Advocacy · Collaboration · Facilitation

As a Non-State Actor in official relations with the World Health Organization (WHO), IAPO works closely with the organization across advocacy, collaboration and technical engagement. In 2025, the **IAPO–WHO Collaboration Plan (2025–2027)** was reviewed by the WHO Executive Board and approved at its 156th session in February, and our Non-State Actor status was successfully renewed until the next triennial review.

Patient Safety and Quality of Care

As part of our collaboration plan with the WHO IAPO spoke at the VII Global Ministerial Summit on Patient Safety (3-4 April, Philippines), in the opening session on the role of patients and patient organisations in improving patient safety and supporting the implementation of the Global Patient Safety Action Plan 2021-2030.

IAPO also produced the narrative review ***'Patient Safety from the Patient Perspective: Unmet Needs and Opportunities for Engagement'***, by analysing existing literature and available evidence, and emphasising its alignment with the Global Patient Safety Action Plan 2021-2030.

A WHO-led initiative observed yearly on 17 September, **World Patient Safety Day (WPSD)** calls for global solidarity and concerted action by all countries and international partners to improve patient safety. The day brings together patients, families, caregivers, communities, health workers, health care leaders and policy-makers to show their commitment to patient safety and quality of care.

The activities undertaken to mark WPSD 2025 are part of the IAPO-WHO Collaboration Plan (2025-2027). Some of the highlights include:

- IAPO jointly hosted a webinar with the Patients for Patient Safety Observatory on Tuesday, 16 September, titled ***"Engaging Families and Communities, Protecting Every Newborn and Every Child"***. The interactive session brought together leading experts from the World Health Organization, UNICEF Montenegro, Joint Commission International and iCAN (International Children's Advisory Network) for a crucial conversation about protecting our most vulnerable patients. The session was recorded and **posted on IAPO's YouTube channel**.

- IAPO also took part in the WHO's global webinar, *'Safe care for every newborn and every child'*, which took place virtually on 8 September 2025.

- IAPO tailored a **guide to support patient organisations** in marking WPSD, including key information about the campaign and social media captions for online use.

- IAPO's **full report of WPSD activities can be found here.**

Multilateral statements

As a Non-State Actor, IAPO is entitled to lead and join individual and constituency statements during Executive Board meetings and World Health Assemblies. At the **WHO 156th Executive Board,** held 3-11 February 2025, IAPO delivered an individual statement along with **Fight the Fakes Alliance** on Agenda item 12: **Substandard and Falsified Medical Products**. We also joined six constituency statements, as follows:

- Two statements on universal health coverage: **one on the World Health Assembly Resolution on Rare Diseases led by Rare Diseases International**, and the other on **International Medical Imaging and Medical Devices Community Support for a WHA Resolution on Strengthening Medical Imaging Capacity by the World Federation of Nuclear Medicine, and Biology & International Society of Radiology**.

Trustees' Report for the Year Ended 31 December 2025

- Two statements on health emergencies: one led by Global Health Council, and the other by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).
- A statement on climate change and health led by the World Heart Federation.
- A statement on the involvement of Non-State Actors (NSAs) in WHO's governing bodies led by the Global Health Council.



The 78th World Health Assembly (WHA78) took place on 19-27 May 2025. During the event, IAPO worked to amplify the voice of patients and people with lived experience across multiple global health discussions by delivering and joining several statements on key agenda items, such as:

- One individual statement delivered by IAPO on substandard and falsified medical products on behalf of the African Medicines Agency Treaty Alliance (AMATA), of which IAPO is founding member and holds the secretariat, and as part of The Fight the Fakes Alliance.

- Two statements on universal health coverage, one led by NCD Alliance and one led by Save the Children.
- One on the Follow-up to the Political Declaration of the Third High-Level Meeting on NCDs, led by the International Society of Nephrology (ISN).
- One on climate change and health, led by the World Heart Federation (WHF).

During 2025, IAPO actively supported two draft resolutions that were recommended for adoption at the 78th World Health Assembly in May: one on rare diseases through our engagement in the Coalition in Support of the Resolution on Rare Diseases led by Rare Diseases International, and one on skin diseases. We also supported another draft resolution on strengthening medical imaging capacity, which was equally recommended for adoption at the WHA78.

In response to the recent U.S. decisions affecting global health, IAPO issued a statement highlighting the impact on patients and patient organisations, reaffirming our support to the WHO and calling for global solidarity.

WHA78 side events

During WHA78, IAPO jointly hosted four side events:

- With the Civil Society Engagement Mechanism for UHC2030 (CSEM) on 19 May, the session, titled *'The collaborative role of the global patient organisation community in advancing social participation for universal health coverage'*, explored how to optimise the impact of the resolution through thoughtful and trusted cooperation and partnership at all levels.

- Co-hosted with CSEM, UHC2030, The George Institute for Global Health, Global Health Council, Amref, Save the Children, NCD Alliance and Global Mental Health Action Network (United for Global Mental Health) on 21 May, the second event provided a platform for civil society to reflect on progress and explore opportunities to strengthen the implementation of the WHA77 resolution on social participation, particularly at national and regional levels.

- With the Harvard Medical School Program in Global Primary Healthcare, UNAIDS and Gilead Sciences, also on 21 May. Titled *'A Seat at the Table'*, the event took the form of an art exhibition on the importance of people-centred care as a key strategy in radically re-centring and strengthening health systems and primary healthcare.

- In support of AMATA – the African Medicines Agency Treaty Alliance – and the patient safety agenda, we co-hosted an official side event inside the UN Palais des Nations with US Pharmacopeia, International Pharmaceutical Students' Federation and IFPMA on 22 May.

Titled *'Addressing the Global Crisis of Substandard and Falsified Medical Products,'* IAPO was one of the voices advocating for immediate action, emphasising the importance of involving patients and civil society in tackling this crisis and calling for greater global attention to ensure medicine safety and public trust in healthcare systems worldwide.



3. African Medicines Agency Treaty Alliance

Advancing: Advocacy · Collaboration

The African Medicines Agency Treaty Alliance (AMATA) is a multi-stakeholder alliance set up to advocate for the ratification and implementation of the African Medicines Agency (AMA) Treaty and for meaningful engagement with patients and other relevant parties in all aspects of the Agency framework.

In 2025 activities mainly focused on the #AfricanMedsAgencyNOW campaign that aims to shine a spotlight onAMA and its significant benefits, and put pressure on decision makers to act urgently and make the agency a reality. The first wave of the campaign took place in February leveraging the Africa

Union Summit to raise awareness and gather supporters. The campaign gained strong engagement across IAPO, AMATA, and AMATA members' on social media.

IAPO developed a 'Campaign Action Pack' outlining how to implement the campaign across social media through sharing social media posts, key messages on AMA, national call to action cards, personalised quote cards, and a launch email template. All materials were available in English, French, Portuguese, and Arabic, ensuring accessibility across Africa.

At the **75th Session of the WHO Regional Committee for Africa** in August 2025, AMATA published a statement commending Member States for the progress reported under the Regional Strategy on Regulation of Medical Products in the African Region, 2016-2025 (Agenda Item 16.8).

At the **78th World Health Assembly** in May 2025, AMATA delivered a statement on Agenda Item: 13.5: Substandard and Falsified Medical Products, calling on all African Member States yet to ratify the African Medicines Agency Treaty to do so urgently. A recording of the statement can be viewed here.

At the **4th Conference on Public Health in Africa (CPHIA2025)** held in South Africa in October 2025, AMATA called on the African Union and all Member States to back the AMA and to recognise regulatory system strengthening as key to a safer, healthier and more prosperous Africa, and held a side event, *"The African Medicines Agency: A key prerequisite for a safer, healthier and prosperous Africa"*. Earlier, in June, IAPO spoke on our AMATA work at the Africa Health ExCon in Egypt, in the session 'Advancing Africa's Health Sovereignty: Manufacturing, Regulation, and Procurement'.

4. Personalised Cancer Care Alliance (PCCA)

Advancing: Collaboration · Empowerment

The Personalised Cancer Care Alliance (PCCA) is an alliance of cancer patients, carers and representatives of patient organizations from within the WHO Eastern Mediterranean and selected countries from WHO Africa and Europe set up to advance health literacy in cancer, advocacy skills and education on

personalised cancer care. Following a successful capacity-building workshop in late 2024 in Dubai with patient organisations from the Gulf Cooperation Council (GCC) countries, in 2025 IAPO continued to support the organisations that participated in the GCC and Morocco (2024) workshops with information, resources, networking and collaborations to advance personalised cancer care nationally and regionally.

A Gender Working Group (GWG) was established to craft a personalised cancer care approach that harnesses women's distinctive insights while addressing their specific needs and challenges when impacted by cancer.

Trustees' Report for the Year Ended 31 December 2025

In 2025 we co-created three new chapters of the PCCA position paper Personalised Cancer Care in the Eastern Mediterranean Region with patient organisations of the pilots in Morocco and the GCC countries, but also with the Gender Working Group members (launched in April 2026). The Gulf and Morocco chapters highlight the practical application of the 5Ps framework, while the GWG chapter presents an approach tailored to women's insights and needs.

We also held a workshop with the cancer patient organisations of the alliance's three streams (the Morocco and GCC pilots, and the GWG), on the sidelines of our 11th Global Patients Congress in Manila, where we showcased progress across the streams, and together developed a roadmap to pave the way for 2026.



5. Research and evidence

Advancing: Facilitation

Unmet Patient Needs Research

In 2025, IAPO finalised the final report and three advocacy briefings as part of the **Unmet Patient Needs Research**, undertaken in 2024. The survey was co-designed with IAPO members to gather valuable insights about unmet health-related needs from the perspective of patients and people with lived experience.

Trustees' Report for the Year Ended 31 December 2025

EOLinPlace

We continued our support to the international research project EOLinPlace at the University of Coimbra, both as part of the Patient Advisory Group and as the project's patient representative, participating in regular advisory and working group meetings.

As part of our contributions to the project IAPO spoke at the **EOLinPlace** event *'Readying for End of Life in Place: Help Shape the International Classification of Dying Places',* held in May in Finland, and attended the EOLinPlace Annual General Meeting held in June in Portugal.

In September 2025, we co-hosted with the research team a consultation webinar exclusively with IAPO members to support the validation of the International Classification of Dying Places (ICP): A common metric to classify where people die and are cared for at the end of life, which is one of the project's main research deliverables.

In December 2025, IAPO moderated a focus group with several international organisations and key stakeholders with the same objective. The ICP was approved in 2026 by the United Nations Committee of Experts on International Statistical Classifications – UNCEISC.

The BMJ International Patient Advisory Panel

IAPO continued to participate as a member of The BMJ International Patient Advisory Panel, advising within the different working groups.

In November 2025, IAPO co-authored a BMJ article titled *'Action is needed to implement World Health Assembly social participation resolution'*.

6. Strengthening our membership and community

Advancing: Empowerment · Facilitation

Member meetings

In 2025 we held meetings for IAPO members to strengthen our connection with them and ensure alignment on our mission and priorities, providing opportunities for networking, relationship-building, collaboration, and identifying new shared agendas.

Trustees' Report for the Year Ended 31 December 2025

Patient Academy

In 2025, three new videos were developed for the Patient Academy platform on: regulatory affairs, social participation, and unmet patient needs from the patient perspective (showcasing the results of our survey). IAPO members were involved in reviewing the scripts and videos to ensure they are meaningful for our community.

Global Patients Congress

IAPO held the 11th edition of our flagship event, Global Patients Congress (GPC) from 16-17 November 2025. The event, held in Manila (Philippines) brought together our global membership alongside a diverse range of healthcare stakeholders to explore key topics concerning patients and people with lived experience around the world, as well as opportunities for collaboration on shared solutions. We were delighted to welcome almost 200 attendees to the event, both virtually and in person.

The event was co-hosted with IAPO member Psoriasis Philippines (PsorPhil), and explored the theme *'From Voices to Action: Patient Organisations Shaping Health System Transformation'* across 12 inspiring sessions. Speakers and moderators included patient representatives and people with lived experience, as well as stakeholders from World Health Organization, NCD Alliance, GlobalSkin, Rare Diseases International, The Synergist, Roche, Boehringer Ingelheim, International Council of Nurses, ICHOM, and Harvard Medical School.



Sessions included an Opening Plenary from IAPO and WHO representatives, and Teodoro Javier Herbosa, Secretary from the Department of Health, Philippines on the topic *'Why Participation in Health in Non-negotiable'*. Other sessions discussed important topics such as, *'How can lived experience inform and strengthen global health commitments and national implementation?', 'Turning political agreements into national health strategies', 'Equity in Health', 'Making universal health coverage work for patients' real needs', 'Prototyping models of care using patient journeys',* and sharing *'best practices for co-creation with patients in health-related innovation'.*

The event also included an open dialogue session on *'Who holds the power? Rebalancing health ecosystems'*, and two Hackathon sessions on *'From tokenism to meaningful participation in health-decision making'.*

A highlight of GPC 2025 was the launch of the Global Patient Charter on Social Participation, which was well-received and marked the start of the campaign to disseminate the tool worldwide.

Additionally, on 15 November, the IAPO members' day took place with IAPO's annual general meeting, followed by a Learning Lab that gathered insights from members on the UHC Compass, the Charter, and the development of IAPO's Regional Hubs.

Expert dialogues

In July 2025, IAPO held a couple of dialogues between members and experts from different fields, providing an informal environment for learning. Speakers included representatives from ICHOM and EUPATI covering key topics for our community, including patient engagement in research and development, value-based healthcare.

7. Wider partnerships and sector collaboration

Advancing: Collaboration

International Consensus Framework for Ethical Collaboration

The International Consensus Framework for Ethical Collaboration (ICF) was established in 2014 as a global platform to ensure that relationships across the health ecosystem are grounded in ethical, transparent, and responsible decision-making. It unites six leading health bodies representing patient organisations, healthcare professionals, and the pharmaceutical industry.

On 26 June 2025, IAPO and the other five leading international organisations – representing patients, physicians (WMA), pharmacists (FIP), nurses (ICN), hospitals (IHF), and the pharmaceutical industry

(IFPMA) – adopted the first joint ethical principle in the healthcare sector on the responsible use of health data and technology, including artificial intelligence.

The updated version of the ICF was launched via a joint press release and an online promotional campaign. Following this, IAPO sent a specific communication to members highlighting the framework's value and encouraging them to use it.

Memberships, councils and agreements

IAPO joined Patient Focused Medicines Development (PFMD) to represent the global patient organisation community in this multi-stakeholder initiative. PFMD continues to expand its scope of work and address patient engagement across different areas, well aligned with IAPO's mission.

IAPO joined the **International Consortium for Health Outcomes Measurements (ICHOM)'s** Patient Partner Alliance.

IAPO became part of the steering committee of the HTAi Interest Group for Patient and Citizen Involvement in HTA (PCIG). The PCIG brings together patients and citizens with staff from HTA bodies, government, research, industry (health technology developers) and consultancy to strengthen HTA with the systematic incorporation of patient and citizen perspectives.

IAPO was again invited by the **International Hospital Federation (IHF)** to serve as a member of the Scientific Committee of their 48th World Hospital Congress, which took place in November in Geneva.

IAPO continued to actively participate in the discussions and consultations of the WHO Civil Society Commission, of which we are members, and its selected working groups.

IAPO joined the **Joint Commission International**'s Global Patient Safety Leadership Council as a founding member.

Representation at external events

IAPO was also represented at a number of further events during the year:

- the **Patient Involvement Symposium** hosted by the European Federation of Periodontology, held in May in Austria;
- the **16th International Conference on Medical Regulation** organised by the International Association of Medical Regulatory Authorities (IAMRA), which took place in Ireland in September 2025. We presented the patient perspective to an international audience of regulators and health

professional bodies, speaking in the opening plenary *'Community Expectations – What Really Matters?'*;

- the **International Consortium for Health Outcomes Measurement Conference** (ICHOM) held in Ireland at the session *"Driving Change Through Patient Voices,"* and the ICHOM Leadership Forum;

- the side event organised by the **Infectious Disease Alliance**, titled *'Health Without Borders: Integrated Primary Healthcare for All'*; and

- the webinar **'Striving for Balanced IP Systems'**, which launched the IGBA report 'Gaming the system - An overview of originator companies evergreening strategies used to hinder access to generic and biosimilar products,' organised by the International Generic and Biosimilar Medicines Association (IGBA) in February.



Trustees' Report for the Year Ended 31 December 2025

Communications

IAPO maintained its newsletter subscription of over 14,000 subscribers, who receive our announcements, campaigns and regular newsletter covering all IAPO-related news and updates, including initiatives such as our congresses, member activities, advocacy news and information.

We added to the newsletter a section on relevant updates about the World Health Organization (WHO), including new policy documents and guidelines, important dates and advocacy campaigns. We also added a section on upcoming events IAPO will be attending. We used several mailing campaigns to disseminate and promote important IAPO initiatives and events throughout the year.

X (formerly Twitter)

The IAPO secretariat continued to operate the following X accounts: @IAPOvoice, @PatientSolidarityDay, @AfricanAmata, @PCCAlliance.

Facebook

We continued to operate the following Facebook accounts: IAPOvoice, International Alliance of Patients' Organizations, Patient Solidarity Day, Personalised Cancer Care Alliance.

LinkedIn

IAPO also continued to operate the following LinkedIn accounts: International Alliance of Patients' Organizations, African Medicines Agency Treaty Alliance (AMATA), Personalised Cancer Care Alliance.

YouTube

We continued to operate IAPO's YouTube channel – @IAPOPatientVoice – which is currently composed of 238 videos.

Instagram

In November 2025 we launched an Instagram account @IAPO_voice, connecting with as many of our members as possible. We've currently shared 31 posts, and reached an audience of over 1,200 accounts in the last 90 days (Dec-Mar 2026)

Bluesky

In December 2025 we also launched a Bluesky account @iapovoice.bsky.social.

Trustees' Report for the Year Ended 31 December 2025

Website

www.iapo.org.uk

IAPO's website continues to be the main source of information for all IAPO's activities, initiatives and events, as well as an important promotion and dissemination channel. We have spent 2025 designing and implementing a new website, due to be launched in 2026.

UHC Compass landing page

www.tinyurl.com/uhccompass

Sponsorship 2025



Trustees' Report for the Year Ended 31 December 2025

Membership

IAPO continued to strengthen its member network in 2025 supporting its 278 members. IAPO is currently implementing software to streamline the entire membership management, from outreach to invoicing and engagement. As of 31st December 2025, IAPO members were:

Region	
African members	43
Eastern Mediterranean members	10
European members	96
Latin American members	67
North American members	24
South-East Asian member	14
Western Pacific members	24
TOTAL	**278**

Membership Type	
Full	99
Associate	37
Network	142
Affiliate	0
TOTAL	**278**

Trustees' Report for the Year Ended 31 December 2025

Risk Management

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

Risks are identified under headings of Financial, Funding, Governance, Operational and Personnel, and mitigation actions detailed.

IAPO aims to diversify its funding by approaching international trust funds, international development agencies and large programmes to raise non-industry partner funding.



Trustees' Report for the Year Ended 31 December 2025

Financial Review

Financial position at the end of the period

Incoming resources for the year amounted to £280,017 (2024: £595,120), which was higher than the previous year due to a strategic increase in research and special projects funded by our partners.

Expenditure in 2025 was £506,034 (2024: £619,759) Expenditure is also higher than the previous year, in line with the fact that we increased our output in research and Special Projects.

Reserves Policy

The IAPO Board approved a reserves policy in September 2014, with a target level of free reserves of 6-12 months' running costs. 6 months running cost is c.£132,280. This policy was set with due regard to guidance from the Charity Commission (CC19 – Charity Reserves) and is reviewed annually.

The level of unrestricted reserves, as at 31st December 2025 is £213,517. This is within the target in the reserves policy, and will be monitored by the Board of Trustees.

Going Concern

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. Our current partners and funders have been very receptive to new proposals and wish to continue working with IAPO until the foreseeable future.

IAPO funding transparency

The Governing Board members declare relevant conflicts of interests and conflicts of loyalty at each Board meeting and between meetings. A register of interests is maintained.

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

The overall proportion of industry to non-industry income for the year was approximately 99%.

Trustees' Report for the Year Ended 31 December 2025

Pension arrangements

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



Trustees' Report for the Year Ended 31 December 2025

Statement of Trustees' Responsibilities

The trustees (who are also the directors of the company for the purposes of company law) are responsible for preparing the trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial period 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 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 Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable charity will continue in business.

The trustees are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time, the financial position of the charitable company 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 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 corporate and financial information included on 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.

Statement as to disclosure to our auditors

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

- there is no relevant audit information, being information needed by the auditor in connection with preparing their report, of which the charity's auditor is unaware; and

Trustees' Report for the Year Ended 31 December 2025

- the trustees having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Reappointment of auditors

A proposal to reappoint Knox Cropper as the charity's statutory auditors will be put to members at our forthcoming annual general meeting.

Approved and authorised for issue by the Governing Board on 15th November 2025 and signed on their behalf by:

Professor Lara Bloom
Chair of IAPO Governing Board



Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

Opinion

We have audited the financial statements of International Alliance of Patients' Organization for the year ended 31 December 2025 which comprise the Statement of Financial Activities (including the Income and Expenditure Account), the Balance Sheet and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2025 and of its income and expenditure, for the period then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the Trustees' Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information.

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion 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 such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in 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 in this regard.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' Report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The directors' report, included within the Trustees' Report, has been prepared in accordance with applicable legal requirements.

Matters on which we are Required to Report by Exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

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

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

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

- The trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Trustees' Report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees 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 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 company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- The Charitable Company is required to comply with both company law and charity law and, based
- The Charitable Company is required to comply with both company law and charity law and, based on our knowledge of its activities, we identified that the legal requirement to accurately account for restricted funds was of key significance.

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

- We gained an understanding of how the charitable company complied with its legal and regulatory framework, including the requirement to properly account for restricted funds, through discussions with management and a review of the documented policies, procedures and controls.

- The audit team, which is experienced in the audit of charities, considered the charitable company's susceptibility to material misstatement and how fraud may occur. Our considerations included the risk of management override.

- Our approach was to check that all restricted income was properly identified and separately accounted for and to ensure that only valid and appropriate expenditure was charged to restricted funds. This included reviewing journal adjustments and unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Liv Burrell (Senior Statutory Auditor)
For and on behalf of Knox Cropper LLP (Statutory Auditor)
65 Leadenhall Street
London
EC3A 2AD
28/08/2026

Statement of Financial Activities (incorporating an income and expenditure account) for the Year Ended 31 December 2025

	Notes	Unrestricted	Designated	Restricted	Total 2025 (year)	Total 2024 (year)
		£	£	£	£	£
Income from charitable activities:						
Membership		-	-	-	-	193
Healthcare Industry Partners		51,867	-	-	51,867	81,336
APPC congress		-	-	-	-	-
GPC congress		-	64,762	-	64,762	-
Special Projects		-	-	145,208	145,208	488,499
Other charitable activities		18,180	-	-	18,180	25,092
Total	2	**70,047**	**64,762**	**145,208**	**280,017**	**595,120**
Expenditure on charitable Activities:						
Charitable activities:-						
· Capacity building, advocacy and collaboration		(97,094)	-	-	(97,094)	(97,206)
· Asia Pacific Patients Congress		-	-	-	-	-
· Global Patients Congress		-	(86,008)	-	(86,008)	-
· Special projects		-	-	(322,932)	(322,932)	(522,553)
Total	3	**(97,094)**	**(86,008)**	**(322,932)**	**(506,034)**	**(619,759)**
Net income/(expenditure)		**(27,047)**	**(21,246)**	**(177,724)**	**(226,017)**	**(24,639)**
Transfers		-	-	-	-	-
Net movement in funds		(27,047)	(21,246)	(177,724)	(226,017)	(24,639)
Reconciliation of funds:						
Funds brought forward		**240,564**	**(21,351)**	**301,390**	**520,603**	**545,242**
Total funds carried forward		**213,517**	**(42,597)**	**123,666**	**294,586**	**520,603**

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

Balance Sheet as at 31 December 2025

	Notes	2025 £	2024 £
Fixed assets	6	-	-
Current assets			
Debtors	7	23,583	56,885
Cash in hand and in bank		281,016	507,451
		304,599	564,336
Creditors: amounts falling due within one year	8	(10,013)	(43,733)
Net current assets		294,586	520,603
Net assets		**294,586**	**520,603**
Funds			
Unrestricted Funds		213,517	240,564
Designated Funds		(42,597)	(21,351)
Restricted Funds		123,666	301,390
Total Funds	9	**294,586**	**520,603**

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies.

These financial statements were approved and authorised for issue by the Governing Board on 11 August 2026 and signed on their behalf by:





Professor Lara Bloom

Chair

Ms. Flavia Kyomukama

Treasurer

Registered company number: 08495711 (England and Wales)

The notes on pages 41 to 51 form part of these financial statements.

Notes to the Financial Statements for the Year Ended 31 December 2025

- → Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.

- → All costs are allocated between expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, other costs are apportioned on the basis staff time incurred.

The core elements of charitable expenditure are as follows:

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

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

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

1.5 Funds

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds are funds which are 'ring-fenced' to be used for the specific purpose of the congress.

Restricted funds are funds, which are to be used in accordance with specific restrictions imposed by the donor. The aim and use of the restricted fund is set out in the notes of the financial statements.

1.6 Tangible fixed assets and depreciation

Capital expenditure on items costing £1,000 or higher are recorded as tangible fixed assets. Tangible fixed assets are stated at historical cost less depreciation.

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

Notes to the Financial Statements for the Year Ended 31 December 2025

1. Incoming resources

	OTHER	Healthcare Industry Partners	Projects	**Total**
	£	£	£	**£**
GSK	-	37,204	-	**37,204**
Roche	-	14,663	-	**14,663**
Projects	-	-	145,208	**145,208**
Other income	82,942	-	-	**82,942**
	82,942	51,867	145,208	**280,017**

Income Resources comparative 2024

	OTHER	Healthcare Industry Partners	Projects	**Total**
	£	£	£	**£**
IFPMA	-	43,113	-	**43,113**
GSK	-	38,223	-	**38,223**
Projects	-	-	488,499	**488,499**
Other income	25,285	-	-	**25,285**
	25,285	81,336	488,499	**595,120**

Notes to the Financial Statements for the Year Ended 31 December 2025

2. Congress Support 2025

	APPC congress	GPC congress	**Total**
	£	£	**£**
PAPO	-	19,988	**19,988**
Boehringer Ingelheim	-	21,265	**21,265**
IFPMA	-	13,675	**13,675**
Online Transactions	-	9,834	**9,834**
	-	64,762	**64,762**

Congress Support 2024

APPC congress	GPC congress	**Total**
£	£	**£**
-	-	**-**
-	-	**-**
-	-	**-**
-	-	**-**

There was no congress held in 2024 but IAPO is holding the GPC in November 2025 in the Philippines.

Notes to the Financial Statements for the Year Ended 31 December 2025

3. Expenditure on Charitable Activities

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	38,792	-	58,301	**97,093**
Congress	9,684	76,325	-	**86,008**
Special Projects	87,152	148,328	87,452	**322,932**
Total	135,628	224,653	145,753	**506,034**

Expenditure on Charitable Activities Comparative

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	22,870	-	74,113	**96,983**
Congress	-	-	-	**-**
Special Projects	86,235	325,757	110,784	**522,776**
Total	109,105	325,757	184,897	**619,759**

4. Analysis of support costs

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	420	-	630	**1,050**
Other Office Costs	14,485	-	21,728	**36,213**
Legal and Professional Fees	40,180	-	60,270	**100,450**
Audit Fees	3,216	-	4,824	**8.040**
Total	58,301	-	87,452	**145,753**

64% of the charity's total resources—including activities, staff time, and professional expertise —were dedicated to supporting our projects and ensuring the achievement of our deliverables.

Notes to the Financial Statements for the Year Ended 31 December 2025

Analysis of support costs comparative

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	3,000	-	4,500	**7,500**
Other Office Costs	30,149	-	44,839	**74,988**
Legal and Professional Fees	35,772	-	53,657	**89,429**
Audit Fees	5,192	-	7,788	**12,980**
Total	74,113	-	110,784	**184,897**

5. Trustees and staff remuneration

The trustees received no remuneration. The Charity also paid £8,506 on behalf of Trustees to allow them to fulfil their duties (2024: £25,373).

Staff remuneration and numbers

	Total 2025 £	**Total 2024 £**
Wages and salaries	126,346	**125,376**
Social Security	6,613	**13,167**
Pension costs	2,670	**660**
	135,628	**139,203**

The average number of full and part-time employees during the year was 3. 1 individual employee received emoluments in excess of £60,000 (2024: 1 in the band £60,001 to £70,000). Key management personnel costs amounted to £66,391 (2024: £66,391).

Notes to the Financial Statements for the Year Ended 31 December 2025

6. Operating Surplus

Operating surplus is stated after charging.

	Total 2025	**Total 2024**
	£	**£**
Auditors Remuneration	7,320	**5,550**
Depreciation of Assets	-	**-**
Operating Lease Charges (office rental)	-	**7,500**

7. Fixed Assets

	Computer equipment £
Cost	
Brought forward	4,169
Carried forward	4,169
Depreciation	
Brought forward	4,169
Charge for the year	-
Carried forward	4,169
Net book value	
At 31 December 2024	-
At 31 December 2023	-

There are no charges or securities held over any fixed assets. All fixed assets are held in the charity and none in the trading subsidiary. Depreciation was nil was in the previous period.

Notes to the Financial Statements for the Year Ended 31 December 2025

8. Debtors

	2025 £	**2024 £**
Debtors	-	**50,000**
Prepayments	-	**6,885**
Accrued income	23,583	**-**
	23,583	**56,885**

9. Creditors: amount falling due within one year

	2025 £	**2024 £**
Creditors	288	**-**
Deferred income	-	**21,512**
Accruals	9,725	**22,221**
	10,013	**43,733**

10. Analysis of net assets between funds

	Unrestricted Fund £	**Designated Funds £**	**Restricted Funds £**	**Total Funds £**
Current assets	223,530	(42,597)	123,666	**304,599**
Current liabilities	(10,013)	-	-	**(10,013)**
As at 31 December 2025	213,517	(42,597)	123,666	**294,586**

Notes to the Financial Statements for the Year Ended 31 December 2025

Analysis of net assets between funds comparative

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total Funds £
Current assets	262,946	-	301,390	**564,336**
Current liabilities	(22,382)	(21,351)	-	**(43,733)**
As at 31 December 2024	240,564	(21,351)	301,390	**520,603**

The deficit in the designated fund is primarily due to the extra staff costs associated with covering these events that we did not get funding for in the past.

11. Movement in funds 2025

	At 31 December 2024 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2025 £
Unrestricted fund	240,564	70,047	(97,094)	-	**213,517**
Designated Funds: -					
APPC congress	33,978	-	-	-	**33,978**
GPC congress	(9,617)	64,762	(86,008)		**(30,863)**
Africa congress	(22,241)	-	-	-	**(22,241)**
Latin Congress	(23,471)	-	-	-	**(23,471)**
Restricted funds: -					
Special projects *	301,390	145,208	(322,932)	-	**123,666**
	520,603	**280,017**	**(506,034)**	-	**294,586**

Notes to the Financial Statements for the Year Ended 31 December 2025

Movements in funds comparative

	At 31 December 2023	Incoming Resources	Resources Expended	Transfers	**At 31 December 2024**
	£	£	£	£	**£**
Unrestricted fund	231,149	106,621	(97,206)	-	**240,564**
Designated Funds: -					
APPC congress	33,978	-	-	-	**33,978**
GPC congress	(9,617)	-	-		**(9,617)**
Africa congress	(22,241)	-	-	-	**(22,241)**
Latin Congress	(23,471)	-	-	-	**(23,471)**
Restricted funds: -					
Special projects *	335,444	488,499	(522,553)	-	**301,390**
	545,242	595,120	(619,759)		**520,603**

Notes to the Financial Statements for the Year Ended 31 December 2025

12. SOFA – Comparative

	Notes	Unrestricted	Designated	Restricted	Total 2024 (year)
		£	£	£	£
Income from charitable activities:					
Membership		193	-	-	193
Healthcare Industry Partners		81,336	-	-	81,336
APPC congress		-	-	-	-
GPC congress		-	-	-	-
Special Projects		-	-	488,499	488,499
Other charitable activities		25,092	-	-	25,092
Total	2	**106,621**	**-**	**488,499**	**595,120**
Expenditure on charitable Activities:					
Charitable activities:-					
· Capacity building, advocacy and collaboration		(97,206)	-	-	(97,206)
· Asia Pacific Patients Congress		-	-	-	-
· Global Patients Congress		-	-	-	-
· Special projects		-	-	(522,553)	(522,553)
Total	3	**(97,206)**	**-**	**(522,553)**	**(619,759)**
Net income/(expenditure)		**9,415**	**-**	**(34,054)**	**(24,639)**
Transfers		-	-	-	-
Net movement in funds		9,415	-	(34,054)	(24,639)
Reconciliation of funds:					
Funds brought forward		**231,149**	**(21,351)**	**335,444**	**545,242**
Total funds carried forward		**240,564**	**(21,351)**	**301,390**	**520,603**

Related Party Transactions

There were no related party transactions other than reimbursement of Trustee expenses as detailed in Note 6 (2023: nil)

IAPO
International Alliance of Patients' Organizations

Thank you

The International Alliance of Patients' Organizations is registered in England and Wales as charity n° 1155577 and company limited by guarantee n° 08495711

Address: Canopi, 82 Tanner Street, London, SE1 3GN, UK

Website: **www.iapo.org.uk**



Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

Opinion

We have audited the financial statements of International Alliance of Patients' Organization for the year ended 31 December 2025 which comprise the Statement of Financial Activities (including the Income and Expenditure Account), the Balance Sheet and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2025 and of its income and expenditure, for the period then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the Trustees' Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information.

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion 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 such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in 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 in this regard.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' Report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The directors' report, included within the Trustees' Report, has been prepared in accordance with applicable legal requirements.

Matters on which we are Required to Report by Exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

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

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

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

- The trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Trustees' Report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees 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 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 company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- The Charitable Company is required to comply with both company law and charity law and, based
- The Charitable Company is required to comply with both company law and charity law and, based on our knowledge of its activities, we identified that the legal requirement to accurately account for restricted funds was of key significance.

Independent Auditor's Report to the Members of International Alliance of Patients' Organizations for the Year Ended 31st December 2025

- We gained an understanding of how the charitable company complied with its legal and regulatory framework, including the requirement to properly account for restricted funds, through discussions with management and a review of the documented policies, procedures and controls.

- The audit team, which is experienced in the audit of charities, considered the charitable company's susceptibility to material misstatement and how fraud may occur. Our considerations included the risk of management override.

- Our approach was to check that all restricted income was properly identified and separately accounted for and to ensure that only valid and appropriate expenditure was charged to restricted funds. This included reviewing journal adjustments and unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Liv Burrell (Senior Statutory Auditor)
For and on behalf of Knox Cropper LLP (Statutory Auditor)
65 Leadenhall Street
London
EC3A 2AD
28/08/2026

Statement of Financial Activities (incorporating an income and expenditure account) for the Year Ended 31 December 2025

	Notes	Unrestricted	Designated	Restricted	Total 2025 (year)	Total 2024 (year)
		£	£	£	£	£
Income from charitable activities:						
Membership		-	-	-	-	193
Healthcare Industry Partners		51,867	-	-	51,867	81,336
APPC congress		-	-	-	-	-
GPC congress		-	64,762	-	64,762	-
Special Projects		-	-	145,208	145,208	488,499
Other charitable activities		18,180	-	-	18,180	25,092
Total	2	**70,047**	**64,762**	**145,208**	**280,017**	**595,120**
Expenditure on charitable Activities:						
Charitable activities:-						
· Capacity building, advocacy and collaboration		(97,094)	-	-	(97,094)	(97,206)
· Asia Pacific Patients Congress		-	-	-	-	-
· Global Patients Congress		-	(86,008)	-	(86,008)	-
· Special projects		-	-	(322,932)	(322,932)	(522,553)
Total	3	**(97,094)**	**(86,008)**	**(322,932)**	**(506,034)**	**(619,759)**
Net income/(expenditure)		**(27,047)**	**(21,246)**	**(177,724)**	**(226,017)**	**(24,639)**
Transfers		-	-	-	-	-
Net movement in funds		(27,047)	(21,246)	(177,724)	(226,017)	(24,639)
Reconciliation of funds:						
Funds brought forward		**240,564**	**(21,351)**	**301,390**	**520,603**	**545,242**
Total funds carried forward		**213,517**	**(42,597)**	**123,666**	**294,586**	**520,603**

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

Balance Sheet as at 31 December 2025

	Notes	2025 £	2024 £
Fixed assets	6	-	-
Current assets			
Debtors	7	23,583	56,885
Cash in hand and in bank		281,016	507,451
		304,599	564,336
Creditors: amounts falling due within one year	8	(10,013)	(43,733)
Net current assets		294,586	520,603
Net assets		**294,586**	**520,603**
Funds			
Unrestricted Funds		213,517	240,564
Designated Funds		(42,597)	(21,351)
Restricted Funds		123,666	301,390
Total Funds	9	**294,586**	**520,603**

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies.

These financial statements were approved and authorised for issue by the Governing Board on 11 August 2026 and signed on their behalf by:





Professor Lara Bloom

Chair

Ms. Flavia Kyomukama

Treasurer

Registered company number: 08495711 (England and Wales)

The notes on pages 41 to 51 form part of these financial statements.

Notes to the Financial Statements for the Year Ended 31 December 2025

- → Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.

- → All costs are allocated between expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, other costs are apportioned on the basis staff time incurred.

The core elements of charitable expenditure are as follows:

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

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

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

1.5 Funds

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds are funds which are 'ring-fenced' to be used for the specific purpose of the congress.

Restricted funds are funds, which are to be used in accordance with specific restrictions imposed by the donor. The aim and use of the restricted fund is set out in the notes of the financial statements.

1.6 Tangible fixed assets and depreciation

Capital expenditure on items costing £1,000 or higher are recorded as tangible fixed assets. Tangible fixed assets are stated at historical cost less depreciation.

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

Notes to the Financial Statements for the Year Ended 31 December 2025

1. Incoming resources

	OTHER	Healthcare Industry Partners	Projects	**Total**
	£	£	£	**£**
GSK	-	37,204	-	**37,204**
Roche	-	14,663	-	**14,663**
Projects	-	-	145,208	**145,208**
Other income	82,942	-	-	**82,942**
	82,942	51,867	145,208	**280,017**

Income Resources comparative 2024

	OTHER	Healthcare Industry Partners	Projects	**Total**
	£	£	£	**£**
IFPMA	-	43,113	-	**43,113**
GSK	-	38,223	-	**38,223**
Projects	-	-	488,499	**488,499**
Other income	25,285	-	-	**25,285**
	25,285	81,336	488,499	**595,120**

Notes to the Financial Statements for the Year Ended 31 December 2025

2. Congress Support 2025

	APPC congress	GPC congress	**Total**
	£	£	**£**
PAPO	-	19,988	**19,988**
Boehringer Ingelheim	-	21,265	**21,265**
IFPMA	-	13,675	**13,675**
Online Transactions	-	9,834	**9,834**
	-	64,762	**64,762**

Congress Support 2024

APPC congress	GPC congress	**Total**
£	£	**£**
-	-	**-**
-	-	**-**
-	-	**-**
-	-	**-**

There was no congress held in 2024 but IAPO is holding the GPC in November 2025 in the Philippines.

Notes to the Financial Statements for the Year Ended 31 December 2025

3. Expenditure on Charitable Activities

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	38,792	-	58,301	**97,093**
Congress	9,684	76,325	-	**86,008**
Special Projects	87,152	148,328	87,452	**322,932**
Total	135,628	224,653	145,753	**506,034**

Expenditure on Charitable Activities Comparative

	Staff Costs	Other Costs	Support Costs	Total
Capacity Building, advocacy and collaboration	22,870	-	74,113	**96,983**
Congress	-	-	-	**-**
Special Projects	86,235	325,757	110,784	**522,776**
Total	109,105	325,757	184,897	**619,759**

4. Analysis of support costs

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	420	-	630	**1,050**
Other Office Costs	14,485	-	21,728	**36,213**
Legal and Professional Fees	40,180	-	60,270	**100,450**
Audit Fees	3,216	-	4,824	**8.040**
Total	58,301	-	87,452	**145,753**

64% of the charity's total resources—including activities, staff time, and professional expertise —were dedicated to supporting our projects and ensuring the achievement of our deliverables.

Notes to the Financial Statements for the Year Ended 31 December 2025

Analysis of support costs comparative

	Capacity Building, advocacy and collaboration	Congress	Special Projects	Total
Rent and Rates	3,000	-	4,500	**7,500**
Other Office Costs	30,149	-	44,839	**74,988**
Legal and Professional Fees	35,772	-	53,657	**89,429**
Audit Fees	5,192	-	7,788	**12,980**
Total	74,113	-	110,784	**184,897**

5. Trustees and staff remuneration

The trustees received no remuneration. The Charity also paid £8,506 on behalf of Trustees to allow them to fulfil their duties (2024: £25,373).

Staff remuneration and numbers

	Total 2025 £	**Total 2024 £**
Wages and salaries	126,346	**125,376**
Social Security	6,613	**13,167**
Pension costs	2,670	**660**
	135,628	**139,203**

The average number of full and part-time employees during the year was 3. 1 individual employee received emoluments in excess of £60,000 (2024: 1 in the band £60,001 to £70,000). Key management personnel costs amounted to £66,391 (2024: £66,391).

Notes to the Financial Statements for the Year Ended 31 December 2025

6. Operating Surplus

Operating surplus is stated after charging.

	Total 2025	**Total 2024**
	£	**£**
Auditors Remuneration	7,320	**5,550**
Depreciation of Assets	-	**-**
Operating Lease Charges (office rental)	-	**7,500**

7. Fixed Assets

	Computer equipment £
Cost	
Brought forward	4,169
Carried forward	4,169
Depreciation	
Brought forward	4,169
Charge for the year	-
Carried forward	4,169
Net book value	
At 31 December 2024	-
At 31 December 2023	-

There are no charges or securities held over any fixed assets. All fixed assets are held in the charity and none in the trading subsidiary. Depreciation was nil was in the previous period.

Notes to the Financial Statements for the Year Ended 31 December 2025

8. Debtors

	2025 £	**2024 £**
Debtors	-	**50,000**
Prepayments	-	**6,885**
Accrued income	23,583	**-**
	23,583	**56,885**

9. Creditors: amount falling due within one year

	2025 £	**2024 £**
Creditors	288	**-**
Deferred income	-	**21,512**
Accruals	9,725	**22,221**
	10,013	**43,733**

10. Analysis of net assets between funds

	Unrestricted Fund £	**Designated Funds £**	**Restricted Funds £**	**Total Funds £**
Current assets	223,530	(42,597)	123,666	**304,599**
Current liabilities	(10,013)	-	-	**(10,013)**
As at 31 December 2025	213,517	(42,597)	123,666	**294,586**

Notes to the Financial Statements for the Year Ended 31 December 2025

Analysis of net assets between funds comparative

	Unrestricted Fund £	Designated Funds £	Restricted Funds £	Total Funds £
Current assets	262,946	-	301,390	**564,336**
Current liabilities	(22,382)	(21,351)	-	**(43,733)**
As at 31 December 2024	240,564	(21,351)	301,390	**520,603**

The deficit in the designated fund is primarily due to the extra staff costs associated with covering these events that we did not get funding for in the past.

11. Movement in funds 2025

	At 31 December 2024 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2025 £
Unrestricted fund	240,564	70,047	(97,094)	-	**213,517**
Designated Funds: -					
APPC congress	33,978	-	-	-	**33,978**
GPC congress	(9,617)	64,762	(86,008)		**(30,863)**
Africa congress	(22,241)	-	-	-	**(22,241)**
Latin Congress	(23,471)	-	-	-	**(23,471)**
Restricted funds: -					
Special projects *	301,390	145,208	(322,932)	-	**123,666**
	520,603	**280,017**	**(506,034)**	-	**294,586**

Notes to the Financial Statements for the Year Ended 31 December 2025

Movements in funds comparative

	At 31 December 2023	Incoming Resources	Resources Expended	Transfers	**At 31 December 2024**
	£	£	£	£	**£**
Unrestricted fund	231,149	106,621	(97,206)	-	**240,564**
Designated Funds: -					
APPC congress	33,978	-	-	-	**33,978**
GPC congress	(9,617)	-	-		**(9,617)**
Africa congress	(22,241)	-	-	-	**(22,241)**
Latin Congress	(23,471)	-	-	-	**(23,471)**
Restricted funds: -					
Special projects *	335,444	488,499	(522,553)	-	**301,390**
	545,242	595,120	(619,759)		**520,603**

Notes to the Financial Statements for the Year Ended 31 December 2025

12. SOFA – Comparative

	Notes	Unrestricted	Designated	Restricted	Total 2024 (year)
		£	£	£	£
Income from charitable activities:					
Membership		193	-	-	193
Healthcare Industry Partners		81,336	-	-	81,336
APPC congress		-	-	-	-
GPC congress		-	-	-	-
Special Projects		-	-	488,499	488,499
Other charitable activities		25,092	-	-	25,092
Total	2	**106,621**	**-**	**488,499**	**595,120**
Expenditure on charitable Activities:					
Charitable activities:-					
· Capacity building, advocacy and collaboration		(97,206)	-	-	(97,206)
· Asia Pacific Patients Congress		-	-	-	-
· Global Patients Congress		-	-	-	-
· Special projects		-	-	(522,553)	(522,553)
Total	3	**(97,206)**	**-**	**(522,553)**	**(619,759)**
Net income/(expenditure)		**9,415**	**-**	**(34,054)**	**(24,639)**
Transfers		-	-	-	-
Net movement in funds		9,415	-	(34,054)	(24,639)
Reconciliation of funds:					
Funds brought forward		**231,149**	**(21,351)**	**335,444**	**545,242**
Total funds carried forward		**240,564**	**(21,351)**	**301,390**	**520,603**

Related Party Transactions

There were no related party transactions other than reimbursement of Trustee expenses as detailed in Note 6 (2023: nil)

IAPO
International Alliance of Patients' Organizations

Thank you

The International Alliance of Patients' Organizations is registered in England and Wales as charity n° 1155577 and company limited by guarantee n° 08495711

Address: Canopi, 82 Tanner Street, London, SE1 3GN, UK

Website: **www.iapo.org.uk**

