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Report of the Trustees and Annual Accounts

Year Ended 31 December 2025



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Charity Information

Trustees:	Caron Best (Chair from 14th January 2025) Dr Ian Wilson Dr John Milne Dr Nila Jackson Dr Robert Dyas Martha Mwammale (appointed 14th January 2025) Patrick Allen (appointed 14th January 2025) Bob Newsome (appointed 9th July 2025) Dr Abisola Asuni (appointed 9th July 2025) Dr Andrew Paterson (resigned 9th July 2025) Ian Kerr (resigned 14th January 2025) Colin Cohen (Chair – resigned 14th January 2025)
Chief Executive:	Shaenna Loughnane
Registered Office:	The Keepers Symn Lane Wotton-Under-Edge Gloucestershire GL12 7BD
Registered Charity Number:	1170578
Report of the Independent Examiners	MSK Solutions Ltd 2 Jasmine Close Redhill Surrey RH1 5LH
Bankers:	Lloyds Bank Plc 23 Long Street Wotton-Under-Edge Gloucestershire GL12 7DA

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A Word from the CEO - Shaenna Loughnane

2025 was a year of renewed confidence, purposeful growth and deeper partnership for Bridge2Aid. After rebuilding our operating model during the previous two years, we moved from testing new approaches to putting them into practice. Across Tanzania, Malawi and the UK, education remained at the heart of our work: preventing disease, strengthening the people and systems that already serve communities, and building routes into care that can last.

Partnership has been central to everything we have achieved. In Tanzania, our relationships with the Ministry of Health, the Tanzanian Dental Association, THEDI, Sibaba Clinic and Colgate have continued to guide and strengthen our work, ensuring our programmes remain locally led, appropriate and aligned with national priorities.

In Tanzania, the national launch of the Infant Oral Mutilation programme in Morogoro brought this hidden form of violence against children into the public conversation. Alongside Dr Nila Jackson, the Ministry of Health, the Tanzanian Dental Association and local government, we supported community education that challenged harmful beliefs and equipped trusted local people to become champions for change.

We also launched our first six-month mentoring pilot for Dental Therapists in Mwanza, pairing Tanzanian and UK mentors with therapists who had completed our clinical skills programme. In September, a further eight Dental Therapists completed two weeks of practical training and moved into the mentoring pathway. This combination of hands-on learning, ongoing professional relationships and increasing leadership from Tanzanian trainers is central to our journey of localisation. We did, however, make the difficult decision to cancel some planned programmes because of concerns about the safety of travel to Tanzania. While disappointing, these decisions were made responsibly, with the wellbeing of our volunteers, team and partners at the forefront.

In the UK, our partnership with Bristol Dental School continued to grow, and we developed the next phase of a programme that will connect student education, community oral health promotion and supported access to treatment for people who face significant barriers to care. We also signed a service level agreement with Leeds Dental School and prepared our first joint teaching, giving us a strong foundation for wider replication.

The year also reminded us that Bridge2Aid is held by an extraordinary community. Our team, trustees and volunteers gave time, skill and energy far beyond what a small organisation could normally command. The dental industry continued to be our bedrock: companies, professional bodies, practices and individuals stood beside us not simply as donors, but as partners, advocates and volunteers.

As 2025 drew to a close, the Peak to Plains Cycle campaign gave us an amazing lift. Twenty cyclists and around 1,400 donors ultimately raised approximately £90,000. Although the ride itself took place just after the year end, the relationships, energy and fundraising that made it possible were built during 2025. It was a powerful expression of what relational fundraising can achieve.

Our challenge now is to build on that belief without losing what makes Bridge2Aid distinctive: listening first, working through trusted partnerships, valuing local expertise and planning for sustainability from the beginning. Thank you to everyone who shared this year with us. Together, we are preventing pain, expanding education and supporting stronger, more equitable health systems.

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A Word from the Chair

My first year as Chair has been one of progress, honest reflection and renewed ambition. Bridge2Aid entered 2025 with a clear intention to strengthen governance, review its strategy and rebuild its supporter community. By the end of the year, we had made significant progress in each area.

The Board was strengthened by the appointment of trustees with experience in international development, the dental industry, clinical education, leadership and rural workforce challenges. We began a structured strategy review, and used it to clarify the organisation we want Bridge2Aid to become: a trusted partner that helps local organisations and health systems deliver high-quality, sustainable training and pathways to care.

The financial picture reflects both the scale of activity and the need for continued discipline. Income more than doubled in 2025, while substantial investment was made in programme delivery, partnerships and fundraising. Total funds reduced from £48,034 to £35,223, and unrestricted reserves ended the year below the Board's preferred level. Trustees have considered this carefully and are maintaining close oversight of cash flow, programme commitments, team capacity and income diversification. The strength of the year-end fundraising pipeline gives us confidence, but not cause for complacency.

I want to recognise the dedication of our small contractor team. I also thank our Tanzanian partners and leaders, including Dr Nila Jackson, Dr Gordian Kikompolisi, THEDI, the Tanzanian Dental Association and the Ministry of Health. Their expertise ensures that programmes respond to local priorities and become progressively more locally owned.

Finally, thank you to every volunteer, donor, funder, cyclist, walker, runner, corporate partner and professional colleague who supported Bridge2Aid in 2025. Our results are created through relationships, and those relationships are our greatest strength as we enter the next phase of the charity's development.

Caron Best
Chair of Trustees



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Report of the Trustees

The Trustees present their annual report and the charity's financial statements for the year ended 31 December 2025. The financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document and the Charities Act 2011. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) Accounting and Reporting by Charities (FRS 102).

Our Purpose

Bridge2Aid is a UK-based oral health training and education charity founded in 2002. Our charitable purpose is to relieve pain and improve health by increasing access to safe oral healthcare, prevention and education, particularly for people living in underserved communities.

Oral disease affects around 3.5 billion people worldwide and falls most heavily on disadvantaged populations. Untreated pain and infection can prevent people from eating, speaking, working, attending school and caring for their families. Yet much oral disease is preventable, and sustainable improvement is possible when communities have reliable prevention information and local health professionals have the skills, confidence and support to provide care.

Our programmes therefore focus on strengthening existing systems. We work with health ministries, professional associations, local non-governmental organisations, dental schools, community leaders, teachers and health workers. Programmes are developed in response to identified need and, internationally, are undertaken by invitation and with the permission of relevant health authorities.

Public Benefit

The Trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the charity's aims, activities and future plans. Bridge2Aid's work provides public benefit by relieving pain and ill health; advancing oral health knowledge and prevention; strengthening the competence and confidence of local health workers; and improving access to education and treatment for communities that are underserved.

Benefits are directed towards people and communities experiencing significant barriers to oral healthcare. Any private benefit to volunteers, students, professionals or partner organisations is incidental and necessary to achieving the charity's purposes. The Trustees review proposed programmes for charitable fit, need, safety, sustainability, partnership quality and the potential to create lasting public benefit.

Our Core Values

- Community and inclusion — We build relationships, listen to the people closest to the issue and work so that everyone is treated with dignity and respect.
- Integrity and accountability — We act transparently, uphold high ethical standards and deliver on our commitments.
- Excellence and learning — We value professionalism, evidence, reflection and continuous improvement.
- Collaboration and partnership — We believe change is more likely to last when programmes are co-designed and locally owned.
- Equity and advocacy — We focus where need and barriers are greatest and use our voice to support fairer access to healthcare and education.

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How We Work

Bridge2Aid's model combines education, mentoring, community engagement, clinical outreach and advocacy. Service delivery provides immediate benefit, but it is not the end point. Every programme is designed to build skills, relationships and locally owned capacity that remain after a visiting team has left.

- Work with health ministries and professional bodies to identify where Bridge2Aid can add value to national and regional priorities.
- Co-design programmes with trusted local partners and communities.
- Combine practical training with mentoring and follow-up so that learning is embedded in day-to-day practice.
- Train influential community members to cascade prevention and health messages through schools, clinics, villages and community networks.
- Support local trainers and leaders to take increasing responsibility for design, delivery and quality assurance.
- Use agreements, due diligence, agreed budgets, monitoring and reporting to oversee funds transferred to delivery partners.
- Share learning with other organisations and institutions where Bridge2Aid's experience can improve the quality, sustainability or local ownership of outreach.

Achievements in 2025

Tanzania — Strengthening the Rural Oral Health Workforce

Tanzania has a population of around 70 million people and approximately 600 dentists, most of whom are based in urban centres. In Mwanza Region, around 3.7 million people are served by four dentists and 30 Dental Therapists. Dental Therapists are therefore central to access in remote and rural districts, but many have limited opportunities for continuing professional development, clinical supervision or peer support.
Bridge2Aid continued to work with the Ministry of Health, the Tanzanian Dental Association (TDA) and Tanzania Health, Environment and Development Initiative (THEDI) to strengthen this workforce. The approach responds to competencies and service priorities identified nationally and regionally, and combines practical skills training with six months of structured mentoring.

The mentoring pilot

In June 2025, Bridge2Aid, TDA and THEDI launched a six-month mentoring pilot for seven Dental Therapists who had taken part in the October 2024 clinical skills programme. Five Tanzanian mentors and five UK mentors provided a combination of monthly one-to-one conversations, group learning and clinical support. Objectives were agreed between mentors and mentees and adapted to the context in which each therapist worked.
The programme was deliberately bi-directional. Tanzanian mentors brought an essential understanding of local systems, resources and referral constraints; UK mentors contributed additional clinical and educational experience. Mentees reported that access to colleagues who understood their day-to-day challenges helped them to reflect, apply new skills and grow in confidence. Learning from the pilot informed the mentoring pathway for subsequent cohorts.

September clinical skills training and outreach

A planned programme earlier in the year was cancelled following the Marburg virus outbreak in Tanzania. The decision reflected Bridge2Aid's duty of care and risk procedures. In September, the two-week clinical skills and outreach programme went ahead in Mwanza Region.

Eight Dental Therapists completed supervised practical training in competencies agreed with the Ministry of Health and TDA. The programme included an increased contribution from Tanzanian dentists, TDA members, dental school colleagues and local clinicians, supported by 12 volunteers.

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Training covered areas within the expanded Dental Therapist scope of practice, including radiography, single-root endodontics, partial dentures, atraumatic restorative treatment and management of dental infection. Community outreach and school screening provided immediate education and care while creating a practical learning environment for the trainees.

Following the programme, the new cohort entered the mentoring stage. This sequence — training, supported practice and longer-term professional relationships — is intended to improve both competence and confidence and to strengthen access to safe care in the therapists' home facilities.

Localisation and partnership

During 2025, Bridge2Aid continued to shift responsibility and visibility towards Tanzanian leadership. Local dentists were increasingly involved as trainers and mentors, Dental Therapists contributed peer learning, and programme decisions were made with government and professional partners. Bridge2Aid's role is to bring resources, specialist support and additional capacity while local partners lead on context, priorities, delivery and long-term ownership.

Tanzania — Tackling Infant Oral Mutilation

Infant Oral Mutilation (IOM) describes harmful practices carried out on babies and young children because of false beliefs about childhood illness or development. These include removing developing canine tooth buds, cutting the uvula and cutting the frenum. Procedures are often carried out without anaesthetic or sterile equipment and can cause severe pain, infection, long-term harm and death.

Bridge2Aid supports a Tanzanian-led education and advocacy programme developed by Dr Nila Jackson with the Ministry of Health, TDA, regional and district authorities and community partners. The model begins with a baseline survey, followed by a five-day workshop that equips trusted local people as IOM Champions. Supervision and follow-up surveys at three and six months assess whether messages are being cascaded and beliefs are changing.

National launch in Morogoro

In March 2025, the programme was formally launched in Morogoro Region as the next stage of the national rollout requested by the Ministry of Health. The launch brought together 148 representatives from national and local government, security and child protection structures, regional and district health teams, TDA, THEDI, schools, community groups and the media.

Baseline interviews with 1,345 mothers in Morogoro demonstrated the scale of the challenge: 49% identified tooth-bud removal as an appropriate response to childhood fever or diarrhoea, 63% supported cutting the uvula to treat chronic cough, and 61% supported cutting the frenum in response to delayed speech. The launch used clinical information, testimony, poetry, drama and national media coverage to make the issue visible and promote appropriate care-seeking through health facilities.
Community education in Mvomero

Programmes were funded and delivered in phases as resources were secured; Bridge2Aid did not commit to unfunded activity. Monitoring, data collection and case stories continued to strengthen the evidence base for further national advocacy. BBC Tanzania coverage helped bring the issue to a wider public audience.

The Morenable Family Trust provided £10,000 towards the purchase, taxation and maintenance of a four-wheel-drive vehicle for the IOM programme. This investment reduces reliance on journeys of up to 23 hours by public transport, lowers future transport costs and enables safer access to remote training and monitoring sites.

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Malawi — Digital Learning and Future Partnership

During 2025, Bridge2Aid renewed work with Smileawi, Professor Jeremy Bagg and Malawian partners to progress online continuing professional development for Dental Therapists. Work began to transfer and update material on a Bridge2Aid-owned learning platform that can be used across programmes and adapted with local partners.

Bridge2Aid also signed a memorandum of understanding with Smileawi and BPF Malawi to develop a joint training and outreach programme for 2026, working with the Ministry of Health and the dental school. The planned programme will combine outreach with training for Dental Therapists and the preparation of young people as Oral Health Ambassadors. The agreement is founded on complementary roles, shared standards and a commitment to strengthen local oral health literacy.

United Kingdom — Socially Accountable Dental Education

Bridge2Aid's work with dental schools applies lessons from international partnerships to oral health inequalities in the UK: listen to communities, work through trusted organisations, put education at the centre and create sustainable routes into care.

Bristol Dental School

The partnership with Bristol Dental School continued to embed global oral health, equity, social accountability and community engagement within student learning. In 2025, partners secured approval and completed detailed development of the next phase of the programme. This will connect classroom learning to community visits, the training of Oral Health Ambassadors and supported clinical care for people who experience major barriers to routine dentistry.

Bristol Dental School also became the first dental school to be recognised as a Bridge2Aid Unity Partner. A student and staff Snowdon challenge raised more than £3,000 towards the training of a Dental Therapist in Tanzania, linking local education, professional solidarity and global health partnership.

Leeds Dental School

Bridge2Aid signed a service level agreement with Leeds Dental School in 2025, worked with colleagues to adapt teaching materials and prepared the first joint education sessions. This represented an important step towards testing whether the Bristol approach can be adapted by other dental schools while retaining its emphasis on partnership, reflection, prevention and social accountability.

Fundraising, Supporters and Communications

Bridge2Aid continued its shift from transactional fundraising towards long-term relationships. The dental industry remained the charity's bedrock, providing funding, expertise, volunteers, introductions and platforms through which Bridge2Aid could rebuild its profile. Bridge2Aid was selected as a Charity of the Year partner by the British Dental Industry Association, Rodericks Dental Partners and Henry Schein.

More than 90 people from across the dental industry took part in the September Snowdon Sunrise Trek. Severe weather prevented the group from reaching the summit, but their commitment raised almost £11,000 and generated significant awareness. The 5K4B2A event in October brought together around 100 runners and walkers with the support of the BDIA. These events were as valuable for the relationships they strengthened as for the income they generated.

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The charity is grateful to every individual, trust, foundation, practice and company that supported the year's work. Significant restricted and programme support included funding from Wesleyan Foundation, The Beatrice Laing Trust, Festival Medical Services, Campbell Clinic, Colgate, Souter Charitable Trust, Morenable Family Trust, Unity Partners and other charitable and corporate supporters. Dental Design, Microminder, Henry Schein, Barker PR and professional media partners contributed additional communications, fundraising and profile-building support.

Bridge2Aid used newsletters, blogs, professional publications, podcasts, press releases, trade shows, conferences and social media to explain both the need for its work and the partnership model behind it. Coverage of the IOM programme by BBC Tanzania and increased engagement from dental organisations helped local and international audiences hear directly about the work.

Volunteers and Donated Time

Volunteers remain fundamental to Bridge2Aid. During 2025, 24 volunteers supported programme delivery and one volunteer supported office administration; two trustees were included within these numbers. These figures do not capture the additional time contributed by Tanzanian trainers, mentors, community champions, professional advisors, event organisers and partner organisations.

Bridge2Aid had no employees during the year and used a small team of self-employed contractors. Two contractors did not charge for all of their time. Donated contractor time valued at £35,510 has been recognised in the accounts as both income and expenditure, demonstrating the scale of voluntary contribution on which the charity continued to rely.

Looking Forward to 2026

The strategic review begun in 2025 will move into implementation in 2026. The new strategy positions Bridge2Aid as a trusted delivery, training and advisory partner that helps underserved communities access better healthcare by building local skills and strong relationships. Growth will be measured and partnership-led, with impact, sustainability, quality and reputation taking priority over organisational size.

Implement the new strategy

- Consolidate Bridge2Aid's role as an expert in community-based healthcare training, mentoring and sustainable outreach.
- Invest in the people, systems and governance needed to support credible partnership work.
- Prioritise influence as well as direct delivery by helping other organisations improve the quality and sustainability of their outreach.
- Keep oral health as the charity's core strength while considering carefully selected wider health or advocacy opportunities that fit the charity's objects and expertise.

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Continue Tanzania systems strengthening and localisation

- Continue to support the Ministry of Health and Tanzanian Dental Association to implement national oral health priorities.
- Deliver two THEDI outreach, Dental Therapist training and mentoring programmes in the Lake Zone, subject to funding and safety requirements.
- Build a stronger community of practice among the 30 Dental Therapists serving Mwanza Region and increase Tanzanian delivery of training and mentoring.
- Continue the national IOM rollout.
- Identify other suitable partner organisations in Tanzania where Bridge2Aid's experience can strengthen existing work.
- Continue the journey of localisation: local partners lead; Bridge2Aid supports, coaches, mobilises resources and steps back over time. Exit and sustainability planning will begin at programme design, not at the end.

Develop the Bristol project around four objectives

The next phase with Bristol Dental School will move beyond teaching alone to combine community engagement, oral health promotion, supported referral and supervised treatment. Its four objectives are to:

1. Educate future dentists about oral health inequalities, barriers to access and trauma-informed care.
2. Increase oral health literacy and support prevention within underserved communities.
3. Offer treatment to people who are currently excluded from routine dental care.
4. Test whether the Dental School can provide a sustainable pathway back into oral healthcare services.

Bridge2Aid will work with Bristol Dental School, Foundation Dentists, clinical educators and trusted community organisations. Evaluation will gather anonymous feedback from patients, students, Foundation Dentists, clinical supervisors and community partners so that referral, attendance, treatment and follow-up pathways can be improved.

Build the Leeds partnership and wider UK network

- Build on the Leeds teaching programme and explore a future community engagement and treatment pathway.
- Identify other dental schools interested in adapting the Bristol model
- Look for additional UK community and voluntary-sector partners that can connect dental education with people whose voices and needs are often missed.
- Increase Bridge2Aid's networks outside dentistry, including international development, health, community and academic networks.

Deliver the Malawi partnership

With Smileawi, BPF Malawi, the Ministry of Health and local education partners, Bridge2Aid plans to support a joint outreach and training programme. The programme will include capacity building for Dental Therapists, involvement of Malawian dentists and dental students, and training for young people to become Oral Health Ambassadors. The digital learning platform will continue to be developed as a reusable resource owned by Bridge2Aid and adapted with partners.

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Develop carefully selected new partnerships

Bridge2Aid will remain primarily focused on East Africa and the UK, while remaining open to time-limited support in other countries where an established organisation or health authority requests help and Bridge2Aid's expertise adds clear value. This may include programme design, training, mentoring, evaluation or advice rather than Bridge2Aid establishing a new permanent delivery structure.

The charity will also look for additional partner organisations in the UK and Tanzania, and will work more closely with Den-tech and other industry partners where there is a strong strategic and ethical fit.

Deepen and diversify fundraising relationships

- Continue relational fundraising: taking time to understand supporters, share learning and build long-term trust.
- Recognise the dental industry as Bridge2Aid's bedrock foundation while expanding networks beyond dentistry.
- Diversify income across trusts and foundations, corporate partnerships, individual giving, community fundraising, challenge events and appropriate earned-income opportunities.
- Develop corporate partnerships as meaningful two-way relationships that can include funding, skills, staff engagement, learning, advocacy and access to networks.
- Seek multi-year support where possible and avoid commitments to programmes before funding is secured.
- Keep building relationships — with communities, government, professional bodies, universities, NGOs, donors, volunteers and supporters — as the foundation of sustainable impact.

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Financial Review

2025 was a year of significantly increased income and activity. Total income rose to £332,557 from £143,965 in 2024. Of this, £234,025 was unrestricted and £98,532 was restricted. Donations and legacies contributed £217,783, charitable activities contributed £40,484 and fundraising activities contributed £74,290.

Total expenditure was £345,368, compared with £242,008 in 2024. Expenditure on charitable activities was £294,016 and the cost of raising funds was £51,352. The increase in fundraising costs principally reflected investment in major challenge events that generated unrestricted income, renewed relationships and a wider supporter base.

The charity recorded a net deficit of £12,811 for the year, compared with a deficit of £98,043 in 2024. Total funds carried forward reduced from £48,034 to £35,223. At 31 December 2025, unrestricted funds were £24,223 and restricted funds were £11,000.

During the year, £123,908 was transferred from unrestricted to restricted funds to support delivery of approved programmes where restricted income alone did not meet the full cost. This reflects the Trustees' decision to invest available general resources in the charity's core purposes while continuing to monitor the level of free reserves closely.

Financial Highlights

	2025	2024
Total income	£332,557	£143,965
Total expenditure	£345,368	£242,008
Net movement in funds	(£12,811)	(£98,043)
Total funds carried forward	£35,223	£48,034
Unrestricted funds	£24,223	£44,534
Restricted funds	£11,000	£3,500

Balance Sheet and Liquidity

At 31 December 2025, the charity held £45,425 in cash and £2,221 in debtors. Creditors falling due within one year were £12,423, including £10,558 received in advance for future Dental Training Programme activity. Net assets were £35,223.

Contractors and Donated Services

The charity had no employees during 2025. Three paid contractors supported programme delivery, fundraising, communications, finance and administration, with an average full-time equivalent of 0.44. The total paid to contractors during the year was £27,641. In addition, two contractors donated time valued at £35,510; this has been included as both income and expenditure in the accounts and has no net effect on funds.

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Reserves Policy
The reserves policy seeks to protect Bridge2Aid's work against short-notice disruption while ensuring that charitable funds are applied within a reasonable period. Free reserves are required to manage unforeseen emergencies, income fluctuations, operational costs, international delivery risks and commitments under service contracts.

The Trustees' target is to hold free reserves of £30,000. If the forecast free-reserves position exceeds £90,000 over a 12-month period, the Board will plan how the excess can be applied to further charitable activity. The policy and target are reviewed annually against the programme pipeline, risk assessment and operating model.

Unrestricted funds at 31 December 2025 were £24,223, below the £30,000 target. Trustees are addressing this through close cash-flow and commitment monitoring, staged programme approvals, income diversification and continued investment in supporter relationships. The Board will balance rebuilding reserves with the need to deliver funded charitable activity.

Future Financial Aims
In 2026, Bridge2Aid will maintain disciplined core costs while investing appropriately in the people and systems required for safe, credible partnership delivery. The charity will seek a broader mix of unrestricted and restricted income, including multi-year grants, deeper corporate partnerships, individual giving, challenge events and carefully assessed earned income from training or advisory work.

The dental industry will remain Bridge2Aid's bedrock, but the charity will increase its presence in wider international development, health, voluntary-sector and academic networks. The Board will continue to monitor the balance between restricted programme growth and the unrestricted resources needed for governance, partnership management, fundraising, safeguarding, quality and organisational resilience.

Major Financial Development after the Year End
The Peak to Plains campaign began during 2025 and culminated in a 360-kilometre cycle challenge in Tanzania shortly after the year end. Twenty cyclists and approximately 1,400 donors ultimately raised around £90,000 gross for Bridge2Aid. Income recognised up to 31 December 2025 is included in these accounts; subsequent income and the final event costs will be reflected in the 2026 financial statements. The success of the campaign materially strengthened the charity's fundraising pipeline and capacity to invest in its next strategic phase.

Going Concern
The financial statements have been prepared on a going-concern basis. The Trustees have reviewed available funds, cash flow, the approved budget, programme commitments, fundraising performance and expected income and expenditure for at least 12 months from the date of approval. On this basis, the Trustees believe that the charity has adequate resources to continue operating and that no material uncertainties have been identified that would make the going-concern basis inappropriate.

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Structure, Governance and Management

Governing Document

Bridge2Aid is established as a Charitable Incorporated Organisation (CIO). The CIO was registered on 6 December 2016 and became the operational entity in January 2019 following transfer from the original charity. Our governing instruments remain those noted in prior reports (Declaration of Trust dated 29 January 2002, Supplementary Declaration 12 May 2002, Deed of Variation 11 July 2005), as applied to the CIO.

Governance

The Board of Trustees meets at least quarterly to set strategy and oversee finance, risk, programmes, safeguarding, policy and governance. Day-to-day management is delegated to the Chief Executive and a small contractor team, with specialist clinical advice and support from volunteers and advisors.

Trustees are appointed in accordance with the constitution and with regard to the skills, experience and perspectives needed by the charity. Induction includes meetings with the Chair and Chief Executive, access to key policies, financial and programme information, and relevant Charity Commission guidance. A skills audit and Board review inform recruitment and development.

All trustees are required to declare interests, and conflicts are recorded and managed. Bridge2Aid maintains zero tolerance for bribery and corruption and seeks to comply with the UK Bribery Act 2010 and relevant requirements in the countries where it works. The Board reviews key policies and receives information necessary to oversee safeguarding, clinical quality, partner due diligence, data protection and financial control.

Management Responsibilities

Bridge2Aid continued to operate with a small, flexible structure during 2025. The Chief Executive role was held by Shaenna Loughnane and financial control was supported by Keith Du-Rose, both on a self-employed basis. Contractor responsibilities and delegated authority are defined through service agreements, budgets, policies and Board oversight.

The charity's delivery model depends on partnerships. Funding transferred to local organisations is governed by agreements setting out purpose, roles, budgets, reporting, safeguarding and oversight. Bridge2Aid seeks to avoid creating parallel systems and instead supports partners to deliver through existing professional, community and government structures.

Fundraising Approach

Fundraising during 2025 was led by Bridge2Aid's team, trustees, volunteers and supporters, with communications and event support from partner organisations. The charity aims to comply with applicable fundraising law, data-protection requirements and the principles of responsible fundraising. Trustees oversee fundraising plans, costs, messaging and relationships, and expect communications to be clear, respectful and proportionate, particularly when engaging people who may be vulnerable

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Major Risks

The Trustees maintain and review a risk register and consider the following to be the principal risks facing the charity:

- **Financial sustainability** — unrestricted reserves ended the year below target, and income can be affected by grant timing, event performance and wider economic conditions. Mitigation includes rolling cash-flow forecasts, staged commitments, a diverse pipeline and active reserves monitoring.

- **People and capacity** — a small team and high levels of donated time create key-person, workload and succession risks. Mitigation includes clearer responsibilities, contractor agreements, volunteer support, trustee oversight, system investment and plans to strengthen core capacity.

- **International operations, health and security** — outbreaks, travel disruption, political change, transport, currency and local infrastructure can affect delivery. The cancellation of an early-2025 programme during the Marburg outbreak demonstrated the importance of risk assessment, local advice, insurance, contingency planning and the authority to postpone activity.

- **Clinical quality and safeguarding** — training, outreach and treatment involve clinical and safeguarding responsibilities. Mitigation includes local registration and permissions, defined scopes of practice, clinical leadership, infection prevention, referral protocols, safeguarding procedures and partner agreements.

- **Partnership and financial control** — the charity relies on local organisations to deliver programmes and account for transferred funds. Mitigation includes due diligence, written agreements, approved budgets, reporting, monitoring visits and long-term relationship management.

- **Funding concentration and supporter expectations** — the dental industry is a major source of income and support. Bridge2Aid will protect these relationships while diversifying into wider networks and income streams.

- **Mission, reputation and controlled growth** — new opportunities can create mission drift or stretch capacity. Proposals are assessed against charitable objects, strategy, expertise, risk, public benefit, sustainability and available resources before commitment.

- **Information and data** — programme monitoring can involve sensitive participant and health information. Bridge2Aid and its partners seek to collect only what is needed, use appropriate consent and anonymisation, and protect information through policies and secure systems.

At the year end, people and funding risks were assessed as high; the remaining principal risks were assessed as medium. All were being actively managed and monitored by the Trustees.

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Statement of Trustees' Responsibilities

Charity law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the financial activities of the charity 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 of the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent Examiners

MSK Solutions Ltd has expressed its willingness to continue in office. Its independent examiner's report will accompany the approved financial statements.

Approval of the Report

This report was approved by the Board of Trustees on 22nd July 2026 and signed on its behalf by:

Signed by:
AA78508BD6DC4B2...

Caron Best, Chair of Trustees

Date: 9/17/2026

Further information
www.bridge2aid.org

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Independent Examiner's Report to the Trustees of Bridge2Aid

Statement of Trustees' Responsibilities

I report to the trustees on my examination of the financial statements of Bridge2Aid (the Charity) for the year ended 31 December 2025.

Responsibilities and basis of report

As the trustees of the Charity, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 (the Act).

I report in respect of my examination of the Charity's accounts carried out undersection 145 of the Act and in carrying out my examination I have followed all the applicable directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. Accounting records were not kept in respect of the Charity as required by section 130 of the Act; or
2. The accounts do not accord with those records; or
3. The accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

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

MSK Solutions Ltd
2 Jasmine Close
Redhill
Surrey
RH15LH

Signed: DocuSigned by: DB131918A168493... Date: 9/18/2026

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Statement of Financial Activities

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £		Total Funds 2024
Income						
Income and endowments from:						
Donations and legacies	3	119,251	98,532	217,783		111,420
Charitable activities	5	40,484	-	40,484		27,716
Other trading activities						
Activities for raising funds	4	74,290	-	74,290		4,829
Total income		234,025	98,532	332,557		143,965
Expenditure on:						
Raising funds						
Costs of raising voluntary income	6	51,352	-	51,352		12,120
Charitable activities	7	79,076	214,940	294,016		229,888
Total expenditure		130,428	214,940	345,368		242,008
Net (expenditure)/income		103,597	(116,408)	(12,811)		(98,043)
Gross transfers between funds		(123,908)	123,908	-		-
Net movements in funds		(20,311)	7,500	(12,811)		(98,043)
Reconciliation of funds						
Total funds brought forward		44,534	3,500	48,034		146,077
Total funds carried forward		24,223	11,000	35,223		48,034

All income and expenditure is derived from continuing activities.

The charity has no recognised gains or losses for the year other than the results above.

The notes on pages 19 to 25 form an integral part of these financial statements

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Balance Sheet

	Note	2025 £	2025 £	2024 £	2024 £
Current assets					
Debtors	10	2,221		2,808	
Cash at bank and in hand	11	45,425		54,306	
		47,646		57,114	
Creditors: Amounts falling due within one year	12	(12,423)		(9,080)	
Net current assets			35,223		48,034
Net assets			35,223		48,034
The funds of the charity:					
Restricted funds	13		11,000		3,500
Unrestricted funds					
Unrestricted income funds	13		24,223		44,534
Total charity funds			35,223		48,034

Approved by the Board and signed on its behalf by:

Signed by:
AA78508BD6DC4B2...
Chairman of the Trustees

Signed by:
Bob Newsome
D284EE3GBF60461...
Trustee

Date: 9/17/2026

The notes on pages 19 to 26 form an integral part of these financial statements

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Notes to the Financial Statements

1 General information

Bridge2Aid is a charity, established as a Charitable Incorporated Organisation on 6th December 2016. The address of the registered office is provided in the Reference and Administrative details. Details of the charity's operations are provided in the Report of the Trustees.

2 Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

Basis of preparation

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements are prepared on a going concern basis under the historical cost convention and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011. The accounts include the results of the charity's operations which are described in the Trustees' Report, all of which are continuing.

Fund accounting policy

Unrestricted income funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the charity.

Restricted funds are those donated for use in a particular area or for specific purposes, the use of which is restricted to that area or purpose.

Further details of each fund are disclosed in notes 13 and 14.

Income

Voluntary income including donations and grants that provide core funding or are of a general nature is recognised where there is entitlement, it is more likely than not that the trustees will receive the resources and the amount can be measured with sufficient reliability. Gifts and services in kind are included at their estimated open market valuation.

Deferred income represents amounts received for future periods and is released to incoming resources in the period for which, it has been received.

Volunteer help

The value of any general voluntary help received is not included in the accounts but is described in the trustees' annual report. The value of voluntary help from key contract holders is included.

Expenditure

Liabilities are recognised where it is more likely than not that there is a legal or constructive obligation committing the charity to the expenditure and the amount of the obligation can be measured with reasonable certainty. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of raising funds are the costs associated with attracting voluntary income.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

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Governance and support costs
Support costs have been allocated between governance costs and other support. Governance costs comprise all costs involving public accountability of the charity and its compliance with regulation and good practice.

Debtors
Debtors (including trade debtors) are measured on initial recognition at settlement amount after any trade discounts or amount advanced by the charity. Subsequently, they are measured at the cash or other consideration expected to be received.

Foreign currencies
Transactions in foreign currencies are translated into sterling at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated into sterling at the closing rates at the balance sheet date and the exchange differences are included in the statement of financial activities.

Pensions
The charity operates a defined contribution pension scheme for its employees.

Going Concern
The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

3 Income from donations and legacies

	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Individuals	64,211	-	64,211	21,449
Corporate	37,231	11,000	48,231	42,673
Gift Aid tax reclaimed	17,809	-	17,809	7,534
	119,251	11,000	130,251	71,656
Grants				
Ashworth Charitable Trust		3,000	3,000	-
Austin Bailey		500	500	-
Campbell Clinic		9,600	9,600	4,000
Colgate		7,990	7,990	-
Festival Medical Services		10,130	10,130	8,764
J & M Britton Charitable Trust		2,500	2,500	-
King Charles III KCCF		2,500	2,500	2,500
Morenable Trust		10,000	10,000	3,500
Souter Charitable Trust		7,312	7,312	5,000
The Beatrice Laing Trust		16,000	16,000	16,000
Wesleyan Foundation	-	18,000	18,000	-
	-	87,532	87,532	39,764
	119,251	98,532	217,783	111,420

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4 Activities for raising funds

	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Sundry events & other challenges				
Other fundraising	74,290	-	74,290	4,829
	74,290	-	74,290	4,829

5 Incoming resources from charitable activities

	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Dental Training Programme fees	40,484	-	40,484	27,716

6 Costs of raising voluntary income

	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Cost of events and challenges	39,855	-	39,855	-
Travel costs	877	-	877	294
Publicity and fundraising costs	2,435	-	2,435	1,154
Platform Collection Fees	1,601	-	1,601	338
Contractor Costs	6,584	-	6,584	10,334
	51,352	-	51,352	12,120

7 Charitable activities

	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Grant funded activities	-	201,940	201,940	168,502
Direct Costs	63,262	13,000	76,262	48,973
Support costs - UK operations	15,814		15,814	12,413
	79,076	214,940	294,016	229,888

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8 Support costs

	Total 2025		Total 2024	
	£	£		
Contractor Costs		12,317		8,675
Office expenses		2,696		2,448
Travel and subsistence		-		-
Bank Charges		-		-
Governance costs				
Cost of trustee meetings	296		888	
Professional fees	95		-	
Independent examiner's remuneration	410		402	
		801		1,290
		15,814		12,413

9 Employees' remuneration

During 2025 and 2024 the charity had no employed staff, however it made use of paid contract staff to cover administration and marketing, the numbers given below relate to these contractors. The total actually paid to all contractors during the year was £27,641 (2024: £32,636)

Two of the contractors did not charge for all of their time and in effect donated a large amount of time. The total amount not charged was £35,510, and this been recorded as income (part of individual donors) and as an expense included in programme delivery, support and fundraising costs.

	No.	No.
Programme delivery	0.19	0.28
Fundraising and communications	0.08	0.22
Support and Administration	0.17	0.18
Average full time equivalent number of staff employed	0.44	0.68
The average number of contractors/staff employed (Headcount)	3	3
Volunteers:		
Programme delivery	24	12
Office administration	1	-
Total	25	12

Number of trustees in the above	2	1

All of the volunteers were from the UK apart from one of the trustees, who is from Tanzania

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10 Debtors

	Total 2025	Total 2024
Gift aid refunds due	776	777
Prepayments and accrued income	1,445	2,031
	2,221	2,808

11 Cash at Bank and in hand

	Total 2025	Total 2024
Bank Accounts	45,425	54,306
UK and foreign cash floats	-	-
	45,425	54,306

12 Creditors: Amounts falling due within one year

	Total 2025	Total 2024
Taxation and social security	-	-
Accruals and deferred income	1,865	9,080
	1,865	9,080

Creditors amounts falling due within one year includes the following deferred income for future dental training programme trips:

	Total 2025	Total 2024
		-
As at 31 December 2025	10,558	-

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13 Analysis of funds

	B/Fwd 01.01.25	Incoming resources	Resources expended	General Funds Transfer	C/Fwd 31.12.25
	£	£	£	£	£
Restricted Funds					
Malawi OHP	-	-	-	-	-
Tanzania IOM Education	-	55,732	(87,973)	32,241	-
THEDI	-	22,300	(113,967)	91,667	-
THET - TDA	3,500	-	-		3,500
UK University Dental Schools	-	20,500	(13,000)	-	7,500
	3,500	**98,532**	**(214,940)**	**123,908**	**11,000**

Designated Funds					
Dental Volunteer	8,678	42,364	(40,484)	-	10,558
General Funds					
Unrestricted income funds	35,856	191,661	(76,944)	(123,908)	26,665
	44,534	**234,025**	**(117,428)**	**(123,908)**	**37,223**
Total Funds	**48,034**	**332,557**	**(332,368)**	**-**	**48,223**

Designated funds
Monies other than non refundable registration fees, received from participants of future dental volunteer programmes are kept in a designated fund and transferred to general funds at the date of the programme.

Restricted funds
Monies were donated during the year to fund dental education programmes in Tanzania, Malawi and the UK.

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14 Net assets by fund

	Unrestricted Funds	Restricted Funds	Total 2025	Total 2024
	£	£	£	£
Current assets	36,646	11,000	47,646	57,114
Creditors: Amounts falling due within one year	(12,423)	-	(12,423)	(9,080)
Net assets	24,223	11,000	35,223	48,034

15 Related Party transactions

There were no related party transactions during the year.

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Report of the Trustees and Annual Accounts

