



health professionals for a
safer, fairer & better world



Annual Report 2015-16



Medact

Conflict, violence, poverty and injustice are the fundamental and most important causes of premature death and avoidable disease and suffering. Medact exists to harness the expertise, mandate and ethical principles of health professionals to speak out and campaign on these issues. Medact is now over 20 years old and builds on many past examples of health professionals acting as agents for social change.

Medact works across four broad and inter-connected programme areas.



Peace and Security



Climate and Ecology



Economic Justice



Health and Human Rights

Please support our work

Medact seeks to exist independently of large donors. Our funding is based on membership subscriptions and individual donations, supplemented by support from grant-making foundations. To find out more about membership please visit the how to join page on our website. You can also support and be part of Medact without being a member – find out more on our get involved page.

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Chair's Report

This has been an exciting year for Medact. The success of our conference in 2015 raised aspirations, energy and enthusiasm. The Director's report and the descriptions of our activities set out the range of our contributions across a wide spectrum of areas which interact with each other and all of which impact on peace, security and global health and wellbeing. Once again, Medact has produced evidence and assessments of high quality that are respected and widely quoted. Our small but highly effective team continues to make a significant impact in many areas.

I wish to thank our outstanding staff and volunteers who have made this all possible. Their expertise, loyalty and generosity are much appreciated.

Chris Venables, whose hard work and energy ensured the success of the conference, left Medact during the year. We are very grateful for all he did for Medact during some challenging times when he consistently worked beyond his job description, to great effect. We offer him our thanks and are delighted that he will still be working in related areas.

I am grateful to the Trustees for their many contributions to the work of Medact and for the personal support they have given me.

Finally I offer special thanks to our Director, Dr David McCoy. His leadership and commitment are outstanding and have been central to the year's achievements.

We look forward to the coming year with confidence.

June Crown

Chair

Director's Report



The past 12 months have been busy at Medact, and I hope this report does justice to all the great work done by our staff, volunteers and members. However, I want to highlight here three sobering events from this summer which should cause us concern, but which also

illustrate the relevance of Medact.

The first event was the EU Referendum and the manner in which it was soaked in rising levels of xenophobia and extremism, whilst politicians and segments of the press displayed a casual disregard for truth and informed debate whilst reducing complex questions about globalisation, national identity and democracy to a simplistic and jingoistic binary choice of remain or leave.

The second event was the atmospheric concentration of CO₂ reaching 400 parts per million (ppm), accompanied by record-breaking temperature rises. Behind the optimistic hype generated by the Paris Climate Conference last December, the reality is that greenhouse gas emissions will continue to rise for many years to come and positive feedback loops may make it impossible for us to prevent the earth's temperature from rising beyond two degrees.

The third event was the publication of the Chilcot Report which documented the various moral, democratic, strategic and operational failures within the political and military establishment that took this country into an illegal war that has caused untold suffering and mayhem, and helped fuel further violence and terror across the world.

In contrast to the Brexit debate, Medact seeks explicitly to describe how the world's major threats to human health are in fact complex matters that are shaped by a multitude of factors. The refugee crisis is a case point: it has roots in decades of war, injustice, manufactured social division and militarisation across the Middle East, but is also driven by environmental stresses and a form of globalisation that has marginalised hundreds of millions of people from the benefits of human progress.

By highlighting this complexity, we seek not only to address the root causes of problems, but also offer a civilised and rights-based counter-narrative to the depiction of refugees as underserving scroungers or threats to society. Thus while the health community provides vital humanitarian relief across north Africa and the Mediterranean, we speak to the role of a corrupt and illegitimate arms trade in driving the refugee crisis.

And in the face of political inaction on climate change, we have sought to highlight not just the threats of climate change but by campaigning for fossil fuel divestment and the social de-legitimisation of Big Coal, Oil and Gas companies, we have sought to tackle the fundamental problem of a powerful oil and gas sector that buys political influence and undermines climate science in order to lock us into continued fossil fuel dependency.

It seems clear that an organisation like Medact is needed. And while we can be pleased with our work over the past 12 months, we hope to do more in coming years.

David McCoy
Director

What We've Been Working On

It is not easy to describe what we do. For a start, it is hard to summarise work on so many issues that cut across four broad programme areas. It can also look like we are over-ambitious and unrealistic.

In actual fact, our choice to work across such a broad canvas is deliberate. Most of the major threats to health are not just inter-connected but mutually reinforcing: for example, ecological degradation accentuates the risk of war, conflict and poverty; while war, conflict and poverty are barriers to effective climate change mitigation. Many of the direct and immediate causes of ill health are also rooted in a set of common underlying social, economic and political drivers, including widening inequalities and the growth of democratic deficits that have accompanied globalisation.

Although Medact works on a number of discrete projects, we are also concerned with effecting systemic social, political and economic change. This involves us acting as a catalyst and working *with and through* other health organisations.

We may not always be able to determine with much precision how much we are shifting the health community as a whole in a more progressive direction and enabling it to tackle the underlying social, political and economic pathologies that harm not just patients and the NHS, but also our social fabric, and the planet on which we live.

However, we can point to a lot of work across a wide range of critical issues.

Fracking and energy

In 2015, Medact produced a report on the health risks associated with fracking. We concluded that fracking is potentially harmful to local communities, risky in terms of climate change and blinkered in terms of alternative approaches to achieving energy security. Thousands of copies of the report were printed and circulated. Many more people have read it.

Since then, we have provided expert testimony to the Public Inquiry into fracking in Lancashire, and have been invited to review drafts of the Health Impact Assessment of Unconventional Oil and Gas being produced by Public Health Scotland. We also organised a 'Masterclass' in fracking in Sheffield aimed at increasing the number of health professionals with the knowledge and confidence to be able to speak authoritatively on the subject.

In July 2016, we released an updated report on shale gas, as well as a set of detailed academic notes on all aspects of fracking including the future prospects of carbon capture and storage, and so-called negative emissions technologies (designed to suck carbon dioxide out of the atmosphere).

Divestment

Since last year, the global divestment movement has seen \$3.4 trillion pledged to some degree of fossil fuel divestment. Working with the student group Healthy Planet UK, Medact formed Fossil Free Health to lobby health bodies to divest from fossil fuels. We have also worked to amplify legal opinions published in the last year which have suggested that fossil fuel investments may be incompatible with the fiduciary and legal duties of trustees of health charities.

While many health organisations, universities and private foundations have seen the logic and moral imperative of divestment, both the Wellcome Trust and Gates Foundation have stuck stubbornly to the view that making a financial return from fossil fuel investments is okay if the returns are used for good purposes and because you are also able to influence the behaviour of oil and gas companies! This argument does not withstand much in the way of ethical scrutiny, nor does it chime with the evidence of failed attempts to end even the egregious behaviours of fossil fuel companies.

Other health organisations agree with divestment, but find it difficult to move their investments without incurring financial costs. Together with experts from the financial sector, we are now examining and identifying the alternative investment options that work financially and for good health benefits.

Sustainable diets

The global food system contributes 20-30% of all GHG emissions. A more sustainable diet means more plant-based eating and less meat consumption. This could also result in healthier diets, a fairer food system, less unsafe antibiotic usage, and greater animal welfare.

Medact has been working with the Eating Better Alliance to promote the development of dietary guidelines that consider both human and ecological health, and working with the UK Health Forum to produce a new policy report on sustainable food systems.

Although the government's new Eatwell Guide (published in March 2016) mentions sustainability and places more emphasis on plant based foods, there is still room for improvement and a need to make the links between our diets, the environment and health explicit.



A more sustainable diet means less meat consumption.

Better hospital food

Hospitals should be comprehensive and holistic health-promoting institutes. Providing healthy *and* sustainable food is an obvious thing to do. But for many patients, hospital food is poor and unappetising. Many hospitals have also got rid of their on-site kitchens and outsourced meal provision to external commercial companies.

Medact is working with Sustain's Campaign for Better Hospital Food to improve the way hospital food is procured and provided. We co-organised a London hospital food procurement workshop to share best practice and have been applying pressure on food retailers within hospitals to comply with national standards. Working with Sustain, UNISON and Medact Manchester, we also supported a campaign to stop Salford Royal Hospital from closing down its kitchen.

And we are calling for new incentives to encourage hospitals to view the provision of food to their patients and staff as a social and cultural act which may also generate local employment and strengthen the local economy.

Reducing antibiotic use in farming

The inappropriate use of antibiotics on animals in intensive farms increases the risk of accelerating the development of antimicrobial resistance with serious consequences for human health. Medact has been working with Alliance to Save Our Antibiotics (ASOA) to advocate for stronger UK and EU regulation around farm antibiotic use, as well as improvements in animal husbandry so that the need for antibiotic treatment is reduced.

Last year we organised a conference that brought together over 170 delegates from health, industry, government, farming and civil society to discuss ways forward. We also helped organise key health professionals to sign onto letters to both the EU and the UK government and have written a commentary drawing the links between antibiotic resistance, unsustainable production and consumption of meat, climate change and health.

A new economics

Many health problems are rooted in economic arrangements that are unfair, undemocratic and harmful to the environment. Enduring poverty, widening social inequalities and inadequate public financing for essential public services are major underlying causes of poor health across the world.

Critical problems identified by a Commission on Global Economic Governance for Health organised by the Lancet and University of Oslo include an unregulated global financial system, large-scale tax evasion, over-zealous privatisation and marketisation, and democratic deficits

within the institutions of global governance. Imbalances of power have made it difficult for communities and governments to redesign the economic system so that it better serves social and ecological goals.

In the last year, Medact's work in this area has included highlighting the ruinous impacts of illegitimate private finance initiatives in the NHS; describing why tax policy is fundamental to global health improvement; and explaining how the military industrial complex and fossil fuel industries distort markets and block the development of more useful and ecologically responsible economic development.

The recruitment of children into the UK armed forces



The UK is one of a small number of countries that recruits children into the armed forces, drawing criticism from leading human rights and children's organisations in the UK and internationally. Organisations such as Child Soldiers International, Forces Watch and Veterans for Peace have campaigned for years to

raise the minimum recruitment age to 18 years. Last year, Medact joined the campaign by summarising evidence that shows that child recruits experience an excessive and disproportionate risk to their mental and physical health, and by criticising recruitment practices that target vulnerable communities and children.

Banning nuclear weapons

The accidental or deliberate use of nuclear weapons would produce a human and environmental catastrophe waiting to happen. As an active member of the International Physicians for the Prevention of Nuclear War (IPPNW) and the International Campaign to Abolish Nuclear Weapons (ICAN), Medact has been supporting the growing international momentum to establish a nuclear weapons ban treaty through the United Nations.

We have also, with much less success, been campaigning against the folly of replacing Trident in the UK; and drawing public attention to the risks associated with the transportation of nuclear warheads near and through UK cities and towns.



Medact campaigners at Stop Trident march.

The arms trade

The global arms industry causes great harm and damage worldwide. The world is over armed, and the way in which arms are traded is fundamentally unethical and corrupt. The International Arms Trade Treaty which came into force in 2014 appears to have done little to mitigate harm and the UK remains one of the world's biggest arms dealers.

Working with the Campaign Against the Arms Trade, we have begun campaigning against the sale of arms to Saudi Arabia, a country run by an autocratic and repressive regime. On top of this, the conduct of the Saudi armed forces in the conflict in Yemen, enabled by UK weapons, has been particularly egregious and has involved multiple breaches of International Humanitarian Law. Although the causes of the conflict in Yemen are complex and atrocities have been committed on both sides, the arms industry has played a key role in escalating the humanitarian crisis which has seen thousands of civilians killed or injured, and left 80% of the population in need of humanitarian assistance.

Torture, human rights abuse and the right to care for all

As conflict, war and terror engulfs large parts of the Middle East and North Africa, the incidence of human rights abuses, including the use of torture and rape to intimidate and instil fear grows. A growing number of survivors of such abuse are now being seen in the UK.

While focusing our attention on the upstream determinants of human rights abuses (war, conflict, militarism and authoritarianism), Medact has also been engaging in practical work. Working with the Helen Bamber Foundation, Freedom From Torture, Doctors of the World and Medical Justice, we have organised and delivered trainings sessions to help doctors more effectively treat and help patients who have suffered torture.

We have also spoken out against the denial of access to care for refugees, asylum seekers and undocumented migrants; and in particular against cruel and inhumane treatment of men, women and children in immigration detention centres.

Reframing the discourse of security

The UK's approach to national security remains stuck in an old and discredited mindset that privileges military power and national security. We need a new way of thinking and discourse to reshape our approach to security so that it is more relevant to the 21st century, and the globalised nature of many threats to human security. This would mean recognising the limitations of military force as a source of protection from the consequential threats of climate change and from terrorism, and addressing the root causes of conflict and violence

including inequality, injustice, militarism and the power and influence of a military industrial complex that benefits from war.

A public health approach would emphasise the *prevention* of war and conflict; and elevate human and environmental security to the same level of national security. We are working with members of the Ammerdown Group, who are calling for a public conversation around the United Kingdom's approach to its national security.

Medact conference.



Research and Analysis

Evidence, analysis and sound argument are key planks of Medact's work. We seek to build on the work of others in academia, think-tanks and charities; but we also produce our own research and analysis.

Fracking

In July this year, Medact released its second report on fracking, accompanied by a document with over a hundred pages of detailed and referenced notes.

UK defence policy

In April 2016, Medact produced a comprehensive and detailed assessment of the UK's defence and security needs in response to the Labour Party's request for submissions. We described why a new and more holistic approach to national security was needed based on an assessment of the various threats posed to the UK.

Studying the association between peace and health

Medact helped produce an academic study of the correlation between peace and health. The study reported significant correlations (Spearman rank coefficients) between a country's 'peace index' (devised by the Institute for Economics and Peace) and a variety of health indicators (life expectancy, death rates and health expenditures).

Child recruitment into the armed forces

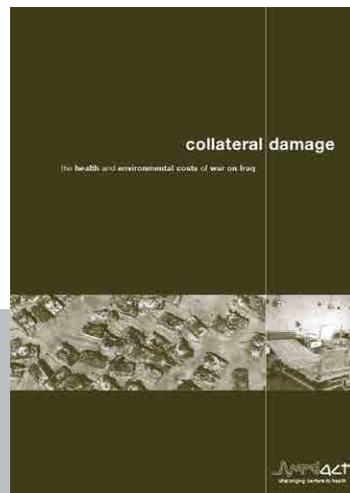
Working with a number of psychologists and child psychiatrists Medact produced a report that described the health outcomes of child recruits into the armed forces compared to older recruits, and explained why normal psychological developmental processes make it important that the minimum age for recruitment be raised to at least 18 years in line with most other countries in the world.

Collateral Damage: The health and environmental costs of war on Iraq

In November 2002, Medact produced a health impact assessment that concluded that launching a war on Iraq would be catastrophic and counter-productive. In noting Medact's study, the Chilcot Report clearly nodded to the importance of comprehensive and thoughtful analysis before rushing to war, while acknowledging the validity of health professionals engaging robustly in matters of peace and international affairs. Fourteen years on, this report is still worth reading.



Medact has highlighted the potential health risks of fracking.



Education and Learning

A core function of Medact is to educate, inform and enable learning. In addition to our promotion of research and analysis, Medact also works to develop teaching materials and to help improve and shape the curriculum of formal undergraduate and postgraduate education.

Integrating learning about the food system into teaching about nutrition and diet

As part of our work on food systems, we have been assessing the guidance on curricula development for undergraduate nursing, medicine and dietetics, and identifying areas where teaching on food systems, diets, environmental change and health may be most relevant.

We have scoped the current inclusion of teaching on this subject in dietetic curricula, networked with a number of university academics and made agreements to either deliver teaching or work to develop curricula on food systems, diets, environment and health with two medical, two nursing and two dietetic courses. Medact is also conducting a joint piece of research, with Plymouth University on sustainability teaching within dietetics curricula.

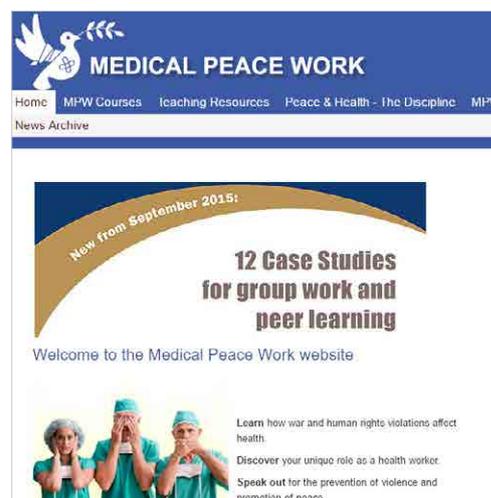
Medical Peace Work

Working with a European consortium of health and peace organisations (Medical Peace Work), Medact has produced a set of structured web-based training modules covering six topics: (1) Bridging the divide (2) Refugee health (3) Nuclear weapons (4) Climate change (5) Domestic violence (6) Torture. The duration of the course is 12 hours, delivered at 2 hours per week. Medact is now working with Queen Mary University London to convert the materials into a MOOC (massive open on-line course).

Medact's annual 'teach in'

A core element of Medact's two day annual conference is the formal provision of teaching for attendees. A number of postgraduate public health programmes integrated the conference into their formal teaching.

Last year's *Health Through Peace* conference saw a series of teaching sessions that covered topics including the nature of the arms trade, the likely health and environmental impacts of a limited exchange of nuclear weapons; the impacts of climate change on tension and conflict; and the health and environmental impacts of the toxic remnants of war.



Medact collaborated with European health and peace organisations on Medical Peace Work

Strengthening the Wider Movement

To effect *real* change in the real world, we need to be more than an organisation that produces reports, runs campaigns and quietly lobbies government. We must also help mobilise the wider health community, including individual health practitioners and organisations such as the Royal Colleges, BMA and RCN, to demand and generate the political will to promote real change in the world.

Local area groups

The last year has seen the emergence of a number of new local Medact groups. Active groups now exist in London, Oxford, Tyneside, Scotland, Manchester, Liverpool and Brighton.

Medact London held its launch event at Lush on Oxford Street in May, with a film screening of 'The Divide', a documentary on social inequality in the UK and the US.

After forming in summer 2015, the **Manchester Medact group** is focusing its work on refugee and migrant health. Working with Freedom from Torture, they have designed a survey for doctors at all grades of training aimed at identifying gaps in knowledge in this area.

Medact Liverpool launched their inaugural public lecture series with a talk on 23rd February from Professor David Nutt on alcohol and drug policy. They are collaborating with Fossil Free Merseyside, Medsin and the Young Greens as well as a local homeless charity.

Medact Scotland's recent activities have included lobbying in the Scottish Parliament on Trident.

Medact Tyneside has also been busy on Trident and have helped organise local awareness about the risks associated with the UK's nuclear weapons convoys.

Medact Brighton launched itself with a public event about peace and security in the context of modern warfare in March 2016 with speakers from Veterans for Peace, Brighton University and Doctors of the World.

Medact Oxford will launch officially in the autumn of 2016 and will be developing campaigns supporting Medact's work on Climate and Ecology as well as other programme areas.



Medact discussion on how to campaign against the sale of arms to Saudi Arabia

Building the Health Peace Movement

Medact's Health Through Peace conference in 2015 saw over 700 people converge in London over two days to discuss the effects of war, conflict and militarisation on health; and how the health community can work on peace, disarmament and demilitarisation.

The conference was designed to inform and educate, but also inspire and motivate, and to remind participants that we have voice, agency and opportunity to make a difference.

Following the conference, two new 'action groups' consisting of interested individuals have been set up in London: the Medact Arms and Militarisation Group and the Medact Refugee Solidarity Group.

Alongside attending demonstrations and conferences, members of the Refugee Solidarity Group have undertaken training in psychological first aid and psychosocial support for refugees, and in access to healthcare rights. They are partnering with Doctors of the World to deliver training on healthcare entitlement in the UK, and are working to introduce this training into medical curricula. The group is also developing a campaign against extensions to charges for NHS services.

The Medact Arms and Militarisation Group has been campaigning against UK arms sales to Saudi Arabia, and running campaigning and educational events about the arms trade and the bombing of hospitals in war zones.



Medact campaigning for health.

Fossil Free Health

Fossil Free Health is an informal group of health professionals and activists who have been working with 350.org and other climate groups to encourage divestment from fossil fuel companies and help societies all across the world to break free from our dependence on coal, oil and gas. The group, with support from Medact and Healthy Planet, has been active in devising campaigns aimed at getting health organisations to divest from fossil fuel, making the case that it is neither ethical nor financially prudent to continue doing so.

Building a public health food movement

In the same way that we have catalysed the development of groups of health professionals with an interest in tackling the harmful effects of militarisation and unethical arms trading, we have started to catalyse the establishment of local groups of health professionals who will form to campaign and lobby for healthy changes to the food system. This includes encouraging local groups to campaign to ensure that NHS hospitals provide healthy, nourishing and sustainable food for their patients and staff.



Medact engaging on the links between food and health.

Getting Out There

Being noticed in today's world of information overload and media saturation is a challenge. But we are doing better.

We have continued to improve our website and social media presence.

We are looking to produce audio and video to accompany our reports and written analysis. Work last year has included progress on making a film about the health divestment movement.

We seek where possible to reach an audience through the mainstream press. Two examples of mainstream media presence in the last year were reports on a conference we organised about antibiotic use in farming; and a letter against Trident Renewal in the *Daily Telegraph*.

We also conduct direct, face-to-face discussions with key stakeholders. In November 2015, for example, we organised a series of meetings for a delegation of Medact and IPPNW experts to discuss nuclear weapons with the Russian Embassy, American Embassy, then Labour Party Shadow Secretary of State for Defence, and UK Ministry of Defence.

Medact members raised anti-nuclear weapons issues at the BMA Annual Representatives' Meeting for 2016, and also participated in the large anti-Trident demonstration that took place in February this year, along with multiple other peace, environmental and human rights demonstrations around the UK.



Medact campaigning against renewal of Trident outside Parliament.

Treasurer's Report

Medact had an excellent year financially in 2015/16. Income nearly doubled, from £147,000 to £279,000 in round numbers. Expenditure increased by about half, from £129,000 to £196,000, giving a surplus of £83,000 versus the £18,000 achieved in 2014/15. Total funds at year-end (31 January 2016) increased to £150,000 from £67,000 at 31 January 2015.

The main income development was an increase in grant funds received by Medact from £7,000 to £88,000. During the year Medact secured three important grants, each in the £50,000 - £100,000 range over two years, from the Esmee Fairbairn Foundation (Food Systems & Health), Sainsbury Family Charitable Trusts (Fossil Fuels) and the Joseph Rowntree Charitable Trust (Conflict and Health). Of these, the first two became active in the year as new staff joined. The third begins in 2016/17.

Subscription income, which tends to be stable year to year, edged up slightly from £49,000 to £53,000. Donations and legacies, which oscillate greatly year to year, rose from £20,000 to £45,000. There were two gifts here during the year, both for £10,000, one of which came just after the November conference.

This conference was run to break even and did so successfully. Congratulations are due to Chris Venables for his astute financial and general management of this event.

The annual Hiroshima appeal generated £10,000 this year against £7,000 last.

ICAN UK, which is treated in the accounts as a restricted fund, was stable in income terms at around £40,000 once one allows for the Polden Puckham grant in 2015/16, which is not shown in the accounts as it did not arrive within the year.

Expenditure changed in four principal ways between the years. First, Medact's core staff costs (that is, those funded by subscriptions, gifts and appeals rather than by grants) decreased because of the departure half-way through the year of Vic Ponsford. Second, project-related staff moved from core funds to grant funds, resulting in a decrease of £30,000 in core (i.e. non-grant) spending. Third, grant-funded staff costs increased as new staff joined. Fourth, Medact reduced its spending on legal and financial administration from £12,000 to £4,000.

Medact's financial position is strong. Of the £150,000 total reserves at 31 January 2016, £70,000 belongs to the various restricted funds and £80,000 constitutes Medact's core funds, compared to £13,000 and £54,000 respectively at 31 January 2016. The surplus on Medact core activities was therefore £26,000.

This £80,000 Medact reserve constitutes a little under six months of core income and somewhat over six months of core expenditure.

Towards the end of the year Medact made two decisions with financial consequences. A larger office – now occupied – will increase annual spending by £15,000, and a new deputy director position will increase spending by a little under £20,000. In addition, Medact now has 2.0 full-time staff paid for by core funds, up from 1.5 – 1.7 in the previous two years.

The effect of these changes will create a deficit in 2016/17 and will require additional core fundraising in the coming year.

William Buckland

Treasurer

August 2016

Balance Sheet

	31 JAN 16	31 JAN 15
ASSETS		
Fixed Assets		
Equipment - Cost	30,357.55	30,357.55
Equipment - Depreciation	-28,897.75	-28,272.55
Total Fixed Assets	1,459.80	2,085.00
Current Assets		
Other Current Assets	10,400.00	6,520.65
Cash at bank and in hand		
Barclays	1,790.21	1,585.21
CAF Bank	12,662.38	12,429.54
Cooperative Bank	66,493.63	32,550.89
Cooperative Bank MAPW	47,290.12	3,275.09
Lloyds TSB	13,465.08	8,275.08
Petty Cash	20.70	-1,294.72
Santander	7,252.91	4,512.91
Total Cash at bank and in hand	148,975.03	61,334.00
Total Current Assets	159,375.03	67,854.65
Current Liabilities		
Accounts Payable	7,424.54	0.00
Other Current Liabilities	3,136.18	2,916.94
Total Current Liabilities	10,560.72	2,916.94
NET CURRENT ASSETS	148,814.31	64,937.71
TOTAL ASSETS LESS CURRENT LIABILITIES	150,274.11	67,022.71
NET ASSETS	150,274.11	67,022.71
Reserves		
Restricted Funds	81,025.78	24,441.00
Unrestricted Reserves	69,248.33	42,581.71
TOTAL FUNDS	150,274.11	67,022.71

Profit & Loss

ORDINARY INCOME/EXPENSE		FEB '15 - JAN 16	FEB '14 - JAN 15
INCOME	Activities to generate funds		
	Total Conference	36,328.44	6,505.94
	Interest received	78.75	230.69
	Other	3,199.90	
	Total Activities to generate funds	39,607.09	6,736.63
	Incoming resources		
	Appeals	13,264.38	11,123.00
	General Donations		
	Cash		172.10
	Cheques	132.00	-50.00
	Just Giving Charity trust CAF	18,516.95	16,672.73
	One off donations	14,729.68	3,048.57
	Regular donations D/D	17,393.00	5,472.75
	Regular donations S/O	35,405.26	43,516.25
	Total General Donations	86,176.89	68,832.40
	Gift Aid	12,011.02	9,611.53
	Grants Medact		
	Fossil Fuel Divestment	33,000.00	
	General Funds	500.00	6,858.00
	Marmot	3,500.00	
	Medical Peace work	10,826.93	
	People vs PFI	8,340.85	
	Sustainability Diet & Health	32,000.00	
	Total Grants Medact	88,167.78	6,858.00
	Grants ICAN		
	Joseph Rowntree Charitable Trust	31,188.00	32,812.00
	MEDACT admin fee	-3,199.90	
	Poldham Puckham		10,345.00
	Total Grants ICAN	27,988.10	43,157.00
	Legacies	12,000.00	
	Total Incoming resources	239,608.17	139,581.93
	Total Income	279,215.26	146,318.56
EXPENSE	Fundraising activities	5,277.32	4,854.21
	Restricted Project costs	3,720.00	3,601.55
	Hosted ICAN costs	26,019.03	41,763.16
	Medact Management & Administration		
	Affiliations	1,214.16	1,497.00
	Board	25.00	612.23
	Communique and publications	9,146.95	9,044.00
	Conference & AGM	36,685.35	245.45
	Consultants (project)	27,641.97	-5,428.56
	Events	1,248.40	3,805.00
	Insurance	420.12	419.28
	IT and Website	4,396.62	5,948.00
	Legal finance & professional	3,653.83	11,978.00
	Office expenses	2,589.94	2,781.54
	Premises costs	9,478.97	9,127.18
	Sponsorship	200.00	
	Staff & Volunteer expenses	4,356.95	1,326.40
	Staff recruitment & training	1,971.29	549.60
	Subscriptions	75.00	
	Support for other charities	503.00	
	Telephone, fax & data	744.14	925.00
	Payroll expenses	55,970.62	35,076.69
	Total Medact Management & Administration	160,322.31	77,906.81
	Depreciation Expense	625.20	625.20
	Total Expense	195,963.86	128,750.93
NET ORDINARY INCOME		83,251.40	17,567.63

Thank you

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