

Medact's 19th year

# 19



Annual Report 2010/2011

## Treasurer's Report

The economic environment has continued to be challenging for small charities such as Medact and we are enormously grateful to our members and donors for enabling us to continue with our work this year.

During the financial year ending January 2010 our total audited income of £185,204 consisted of £118,975 in core funds and the balance of £66,229 in restricted funds. Total expenditure was £175,162 with an overspend in core funds of £8,339. In total we had a positive balance in core funds of £21,180 and £20,547 in restricted funds.

Members' subscriptions totalled £52,763, a drop of £3,554 from last year and appeals raised £30,524, a drop of £9,448. However, we were very fortunate to receive several generous legacies and donations, bringing in £36,509, an increase of £22,051 from last year. These, and the loyalty and support of all members has as ever underpinned and contributed to our activities throughout the year.

We have continued taking measures to reduce our core costs, following our move to a smaller office in 2009. In the present economic climate, when many funders have also been affected, maintaining and increasing our membership and donations – including through appeals – is crucial.

On a more positive note, I would like to welcome Abdulai Bangura as our new accountant, who replaced Tim Godwin last year. I would also like to thank the Director, staff and fellow members of the Board for their help, understanding and support

**Rebecca Macnair, Treasurer**

## A clear voice for health

Throughout the past year Medact's members, trustees, staff and volunteers have been actively involved in educational events, research, campaigning, and advocacy, pursuing Medact's core aim of preventing and mitigating the devastating health consequences of conflict, environmental damage and inequality.

Some of these activities have been carried out in collaboration with other organisations and have been strengthened through networking. Medact continues to host two networks: the UK section of the International Campaign for the Abolition of Nuclear Weapons, and the Refugee Health Network. We have also collaborated with the Climate and Health Council, the Keep our NHS Public Network and the Peace and Security Liaison Group.

The activities of local groups have contributed significantly in taking Medact's work forward. Volunteers and interns have assisted with research, and helped with administration. Medact is only effective because of this collective effort.

Medact brings the 'voice of health' to all the issues we work on. Our voice carries weight because of the professional experience and expertise of our members. However the challenges of basing campaigning, advocacy and educational work on evidence, professional knowledge and practical experience continue. The increasing amount of available information is very valuable but open to manipulation, and the various battles for power over health and health care can distort what evidence exists.

It is essential that Medact continues to speak with a clear voice for those whose health is threatened, on the basis of the right to health and for the greater good. It is vital to keep challenging the use of violence, the destruction of the environment and increasing inequalities, through the lens of health and with alternatives that are positive for the health of all.

**Marion Birch, Director**

## Officers elected 2010–2011

### Chair

Dr Frank Boulton

### Vice-Chairs

Dr Elisabeth McElderry

### Treasurer

Ms Rebecca Macnair

### Officers

Dr Judith Cook

Dr Oliver Johnson

Dr Tomasz Pierscionek

Ms Ruth Stern

Dr Liz Waterston

Dr Gilles de Wildt

### President

Dr June Crown

### Vice-Presidents

Ms Naaz Coker

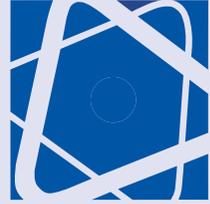
Prof P J Graham

Dr Alex Poteliakhoff

Dr Hanna Segal

Prof Gill Walt

Dr Helen Zealley



## Weapons of mass destruction

This year, Medact continued to campaign for the abolition of nuclear weapons, specifically for a Nuclear Weapons Convention (NWC).

Medact coordinated the UK's International Campaign to Abolish Nuclear Weapons (ICAN-UK) as part of an international movement launched by International Physicians for the Prevention of Nuclear War (IPPNW). A legacy from Gill Reeve enabled the ICAN-UK Co-ordinator to be employed for an extra day a week.

ICAN-UK met with politicians including Baroness Shirley Williams, and government officials from the Foreign and Commonwealth Office. In May, Tim Street attended the UN Non-Proliferation Treaty Review Conference in New York.

A joint Medact/CND petition in support of a NWC and against Trident, with more than 40,000 signatures, was presented during the NPT Review Conference to a representative of the UK

Government. In June, a letter was handed in to Downing Street calling on the government to 'accelerate concrete progress on the steps leading to nuclear disarmament'. In October, ICAN-UK hosted a reception at CND's International Conference

medical peace work at the IPPNW congress in Basel.

In April Medact helped organise the launch of the film 'Beating the Bomb' in central London. The editors, Meera Patel and Wolfgang Matt generously donated the profits of the event to Medact.

Medact made a submission to the UK Government's consultation on the Strategic Defence and Security Review and promoted the Million Pleas video chain letter in support of abolishing nuclear weapons. Medact members distributed our Trident briefing *Britain's*

*New Nuclear Weapons: illegal, indiscriminate and catastrophic* and our Nuclear Power Factsheet which highlights its various threats to health.

Medact is a member of the Peace and Security Liaison group and the Weapons of Mass Destruction Awareness Programme, and Medact members were active in the Missile Defence Working Group, which opposes US military bases at Fylingdales and Menwith Hill.



to launch a new factsheet '20 Questions on a Nuclear Weapons Convention.'

Medact members took part in other anti-nuclear activities this year. In February, 800 activists demonstrated at the Aldermaston Atomic Weapons Establishment and distributed information on the Tritium produced there. In August, Medact members held workshops on Nuclear Weapons Free Zones, climate change and conflict and



## Violence, conflict and health

Medact continued to challenge the underlying causes of violent conflict and to campaign to prevent and mitigate its devastating health consequences.

Following our work on health in Iraq, Medact made two submissions to the Chilcot Inquiry into the Iraq war, supported by the Joseph Rowntree Charitable Trust. These stressed that public health and health services are a key consideration in any humanitarian, conflict and post-conflict situation, and stressed the relevance of health for humanitarian, security and stabilisation concerns. The submissions also covered the damage created by conflicting agendas and blurred roles, and the importance of expertise in health systems.

Other work includes writing a report on the rehabilitation and development of mental health services in Iraq since 2003. Medact has also advocated for greater support for research into birth defects in Fallujah and Basra.

The Peace and Security Liaison Group, of which Medact is a member, produced its final report *Securing Peace, preventing conflict and building peace: the UK's role in a changing world*. The report was based

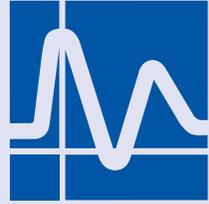
on roundtable discussions over the previous two years with Whitehall and civil society representatives. The final meeting in the series – *Health information in conflict: the need for high quality data and information*, was organised by Medact in collaboration with the Global Health Security and International Security Programs at Chatham House.

As part of our work on health and conflict, Medact communicated with the UK Ministry of Defence and the Permanent Joint Headquarters about civilian mortality in Afghanistan. We also continued to raise issues related to health information in conflict and

the risk to health workers who collect information as part of their professional duties. Medact discussed how to take this forward with IPPNW colleagues.

Medact staff, trustees and members contributed to many training events and workshops, including Special Study Modules at medical schools and post-graduate training. Medact was also represented at numerous events related to conflict and health including Global Response 2010 in Copenhagen - an international, multi-disciplinary conference on conflict and health at which Medact organised two workshops.





## Health, poverty and development

Highlighting the impact of global inequalities on public health is a core part of Medact's work. Medact and four partner organisations organised the second International People's Health University course in the UK, part of the People's Health Movement global programme.

Supported by the EC's Da Vinci Fund, Medact and 10 European partners developed the online Medical Peace Work training into 7 independent courses with accompanying training materials. Work continued with the Global Health Education Network to

ensure global health skills are included in the medical curriculum. In June Medact ran a workshop at an International Health Trainees Group of the Faculty of Public Health meeting in Sheffield.

Medact continues on the Steering Committee of the Global Health Watch (GHW), and contributed chapters on mental health, and health information and conflict, to GHW3 which will be released in October 2011. Medact attended various Government health policy meetings including on the UK's 'Health is Global' strategy and prior

to the World Health Assembly.

Our 2010 AGM conference covered the proposed reforms to the NHS, and Medact has raised concerns particularly about their potential to increase inequality, and worked with others in the Keep our NHS Public campaign.

Medact and colleagues wrote a report: *Preventing Torture: the role of physicians and their professional organisations: principles and practice*, with recommendations to national medical associations and the World Medical Association; this will be released in autumn 2011.

## Access to healthcare

Medact continued to host the Refugee Health Network (RHN) and the Entitlement Working Group. The RHN works to ensure that refugees and asylum-seekers have access to health care.

A grant from the Big Lottery Fund *Awards for All*, enabled Medact to consult all RHN members and to design a social networking site which will enable users to share information, ideas and updates. The new site was launched in April 2011 and a workshop to engage migrant

community organisations was held. With greater reach, the RHN is a powerful medium for collaborative action, research, and the strengthening of community links.

Medact prepared a briefing, and an online resource including (with Medsin) a video to encourage community organisations to take part in a government consultation. The RHN Coordinator has spoken at meetings including a Royal College of Paediatrics and Child Health Conference.





## The environment

Medact continued to stress the inequitable health effects of climate change globally, and the role that health professionals can play in highlighting the health benefits of reducing your carbon footprint.

Medact is a member of the health professionals' climate change group hosted by the Climate and Health Council (CHC); Council members undertook parliamentary campaigning and urged their professional bodies to act on climate change, including by reducing their carbon emissions and signing up to the 10.10 (carbon reduction) campaign. Medact members were particularly active in the Royal College of Paediatrics and Child Health, and took part in the annual conference of the Royal College of

General Practitioners on the subject of sustainability and climate change. They encouraged members to sign up to the CHC Pledge, and blogged on the issue for the *British Medical Journal*.

A representative from Medsin contributed to the Medact workshop on climate change at the IPPNW international conference in Basel in August 2010. In November those who signed the CHC pledge were represented at the UN summit on climate change in Cancun, prior to which health professionals lobbied their local MPs to raise climate change as a key health issue.

Medact produced a factsheet on nuclear power describing its CO<sub>2</sub> intensive stages - uranium mining, milling, processing, fuel

enrichment, dealing with waste, and transportation, as well as the risks to health posed by a possible nuclear accident or terrorist attack.



## Communications

Medact's triannual members' newsletter *Communiqué* kept members up-to-date with reports on Medact's many activities. Articles in *Medicine, Conflict and Survival*, the international quarterly journal, covered a range of issues related to health, security, conflict and international law. Members

were also informed about events and campaigns through our *monthly e-bulletin*. *Medactivist*, an on-line discussion group open to all Medact members, created a constant stream of ideas, debate and discussion.

Medact staff and members had articles and letters published in

national newspapers and health journals including the *British Medical Journal* and *Nursing Standard*, and they have increasingly contributed blogs to the BBC, the *BMJ* and others. Members used a set of media guides produced by Medact including a guide to blogging.

# Inside Medact

In August we received a great response to our membership survey, designed to check members' priorities and profit from their ideas. For the majority of members weapons of mass destruction and health and conflict issues are still their greatest concerns. However the greatest priority for more attention was inequality and health. We also received many other valuable suggestions on membership and activities.

## Staff

Catherine Holley left Medact in February 2010 and Jane Young became the new Office Manager in March. Natalie Fernandes continued as Medact's Administrative Officer. Deesha Chandra became Project Worker for the Refugee Health Network.

Tim Street continued as ICAN-UK Coordinator, Ezinda Franklin-Houtzager as RHN Coordinator, Marion Birch as Director and Alison Whyte as Communications and Media Advisor and editor of *Communiqué*.

We give enormous thanks to Tim Goodwin, our accountant for over 10 years, who left in June 2010. Abdulai Bangura has now seamlessly taken over.

## Local groups

Our local groups in Bradford, Bristol, Leeds, the North West, Scotland, Tyneside, West Yorkshire and Worcester continue to inspire.

Here are just a few examples of their activities: groups in Scotland and Bristol campaigned on climate change and Medact Scotland held a meeting on health aspects of sustainable food production.

At Newcastle Medical School global health entered the main curriculum – a major success for Newcastle Medsin and Tyneside Medact. There are global health lectures in the 3rd and 4th year curriculae and global health exam questions.

Medact NorthWest team hosted a Global Health and Conflict Conference in Manchester in February 2010, attended by over 150 people.

In Leeds, a meeting was held in June challenging economic growth. The conference discussed how creating healthy environments can create a steady state economy and a more equal society.

## Volunteers and Officers

Thanks to our wonderful volunteers including Donald Uzu, Mary Holdstock, Gay Lee, Christine

Falvey and Anne Piachaud. In March a Medact conference on 'Mental Health, Conflict and Displacement' was held to honour the work of Dr Jack Piachaud who is greatly missed.

Interns including Elicia Roberston, Josephine Hombarume, Yolanda Augustin, Emily Phipps, and Isha Sesay, made a huge contribution to our research.

Frank Boulton has continued as Chair, Rebecca Macnair as Treasurer and Elisabeth McElderry as Vice-Chair. All Board members gave generously of their time, energy and expertise.



## Statement of Financial Activities for the year ended 31 January 2011

	Unrestricted Funds 2011 £	Restricted Funds 2011 £	Total Funds 2011 £	Restated Total 2010 £
<b>Incoming resources from generated funds</b>				
<i>Voluntary income</i>				
Donations	113,092	25,117	138,269	130,356
<i>Activities for generating funds</i>				
Teaching and consultancy	1,298	–	1,298	3,699
Conferences	1,127	–	1,127	1,125
Surplus on sale of leaflets and books	100	–	100	–
Interest received	63	–	63	295
<b>Incoming resources from charitable activities</b>				
Grants and contracts	3,295	41,052	44,347	59,963
<i>Total incoming resources</i>	<u>118,975</u>	<u>66,229</u>	<u>185,204</u>	<u>195,618</u>
<b>Resources expended</b>				
<b>Costs of generating funds</b>				
Costs of generating voluntary income	11,108	–	11,108	9,767
Charitable activities	109,261	47,848	157,109	200,348
Governance costs	6,945	–	6,945	7,024
<i>Total resources expended</i>	<u>127,314</u>	<u>47,848</u>	<u>175,162</u>	<u>217,139</u>
<b>Net incoming resources</b>				
– Net income for the year	(8,339)	18,381	10,042	(21,521)
– Transfer between funds	5,044	(5,044)	–	–
Total funds at 1 February 2010	24,475	7,210	31,685	53,206
<b>Total funds at 31 January 2011</b>	<u>21,180</u>	<u>20,547</u>	<u>41,727</u>	<u>31,685</u>

## Balance Sheet as at 31 January 2011

<b>Tangible assets</b>		<u>1)</u>	<u>1)</u>
<b>Current assets</b>			
Cash at bank and on hand		38,235	25,920
Debtors and prepayments		11,080	11,868
		<u>49,315</u>	<u>37,788</u>
<b>Current liabilities</b>			
Amounts falling due within 12 months			
Creditors and accruals		(7,589)	(6,104)
		<u>–</u>	<u>–</u>
<b>Net current assets</b>		41,726	31,684
<b>Net assets</b>		<u>41,727</u>	<u>31,685</u>
<b>Restricted funds</b>		20,547	7,210
<b>Unrestricted funds</b>		21,180	24,475
<b>Total funds</b>		<u>41,727</u>	<u>31,685</u>

**Notes:** Full audited accounts available on request from the Medact Office.  
**Restricted funds:** to be used for specific purposes as laid down by the donor.  
**Unrestricted funds:** Income received and generated by the objects of the charity without specific purpose and available as general funds.