

## **Trustees' Annual Report for the period**

**From 06/04/23 to 05/04/24**

**Charity registration number: 1137375**

## Message from the Director

Asthma International was founded in 2010 to treat the asthma of children and adults in low-income countries. Many people reading this will have asthma, or know someone who has asthma: I invite them to imagine what it would be like to have asthma but no access to modern medications such as Salbutamol (the blue inhaler) or Symbicort (the combination steroid and reliever inhaler).

Speaking personally, I don't need to imagine it. I was born in 1962, a time when no truly effective remedies against asthma existed. I suppose it is chiefly my childhood experiences of asthma that led me to found Asthma International. It is important to bear in mind that in low-income countries, asthma is a killer, taking the lives of over 1,000 people a day, many of them children.

In the early 2010s I and two trustees began to think of ways we could raise money to supply medications to people in countries where there was very little availability of affordable modern asthma treatment. We were generously assisted in this by Professor Martyn Partridge of Imperial College London, who became Asthma International's Honorary President, and who introduced us to doctors in the asthma community worldwide. By around 2017 we had raised around £35,000, mainly from grant-awarding bodies and foundations, and were ready to begin our pilot project.

### **The Vietnam project**

Asthma International's inaugural Vietnam project (2017-2019) treated 92 children aged between 3 and 15 from low-income backgrounds. Children in Vietnam aged 12-13 have the highest incidence of asthma in Asia, at 29%. As with children anywhere, children in Vietnam need to have control of their asthma to enable them to attend school, or, if already at school, to gain the greatest benefit from their education. Well-controlled asthma also facilitates good night-time sleep with consequent positive effects on day-time performance.

### **Local partner**

The outreach, prescribing and administration was conducted by our Vietnamese partners at the Community Health Centre, District 10, Ho Chi Minh City, Vietnam, under the supervision of our Vietnamese partner, Professor Le Thi Tuyet Lan PhD, Chairwoman of the University Medical Centre of Ho Chi Minh City Respiratory Care Centre. Professor Lan is an Assembly Member of the international campaigning and advisory group the Global Initiative on Asthma, as well as being one of the most respected figures in the worldwide asthma community.

### **The initial cohort**

The initial cohort of 92 children were confirmed as having asthma by using spirometry (a diagnostic tool based on exhaled air volume and requiring a piece of equipment called a spirometer). They were then treated using up-to-date 'combination' therapies that include a reliever and a preventer drug (such as Seretide) and followed up over two years. After the two years of treatment had elapsed, their asthma in almost all cases was appropriately controlled. Subsequently their care was passed on to local ACOCUs, or Asthma/COPD Care Units, non-governmental Vietnamese clinics in which patients get treatment covered by basic (or free) insurance, and where the same level of treatment could be continued at low or at no cost.

### **Asthma International's role**

Asthma International's role consisted in 1) identifying children from difficult-to-reach poor communities, 2) intervening early in life, 3) giving them free treatment (i.e. not dependent on any form of insurance) and 4) ensuring this treatment was carried out under the World Health Organization Stepwise programme, which after two years meant that the participating children were receiving and using an appropriate dose of medication for their particular needs. These four points are often overlooked, leading to life-long adverse consequences for children.

### **The programme budget**

The budget was £21,570 in Vietnam directly, with a further £3,200 on fundraising and administration, including two trips to Vietnam for Asthma International volunteers. On these trips the programme could be seen in operation, patients could be interviewed and records could be inspected. The total cost was £134 per child per year. A spreadsheet detailing how the money was spent can be seen on our website. Sample patient records (names redacted) can also be seen there.

### **Goals for improvement**

The Vietnam project was considered by the board of Asthma International to be a successful learning experience in fundraising, administration and execution, given that 92 children who may not have received early or appropriate asthma treatment, or indeed any asthma treatment at all, had their clinical needs met, with consequent positive results for their development. However, emerging from it were six goals for improvement:

1. Asthma International should aim in future to decrease the cost per patient per year, which might mean increasing the number of patients;
2. It should work with poorer and more disadvantaged communities than those in Vietnam, with no access to health insurance and thus completely uncontrolled asthma;
3. It should scale the programme up from a pilot two-year programme to a larger and more ambitious rolling operation;
4. It should achieve better monitoring and data collection for use in evaluation;
5. It should write up the project as an academic paper to be published in a journal;
6. It should achieve match-funding, even if only as a small percentage of the total budget, either from governmental or other non-profit sources.

In 2021, Asthma International was about to embark on a new project in Bangladesh, but the Covid pandemic forced the organisation to call a halt to travel and fundraising. This state of affairs continued until early 2024, when operations were resumed. However, Bangladesh was ultimately not felt to be the right location due to a lack of ability to oversee operations effectively. Instead, Asthma International identified a new partner based in Kenya. This is the Dreamland Hospital Mission (DMH), near Kimililli in Western Kenya. The DMH is part of IcFEM Mission, a UK registered charity, number 1107038.

### **Kenya project 2024**

One advantage of this facility is that it is administered both from Kenya and from the UK by our prospective partner Dr Rebecca Nightingale, who works as a clinical academic at the London School of Hygiene and Tropical Medicine and has an interest in chronic lung disease in low- and middle-income countries.

Dr Nightingale lived in western Kenya for many years while working with a community to develop a small health centre into a hospital. In those early days, a nine-year-old boy was brought to the health centre with acute asthma. At that time the health centre lacked the emergency medicines to treat him, and the boy died. This triggered a chain reaction, and the hospital was slowly developed into a 90-bed hospital, with dedicated acute respiratory equipment and medication, with 135 staff and over 50,000 patient contacts per year. Despite this, the hospital still only sees asthma patients on an emergency basis, with the result that rural workers and their children are currently living with uncontrolled asthma, leading to unacceptable morbidity and mortality.

### **Asthma International's role**

Asthma International therefore decided to partner with DMH to supply just this missing service: an inhaler programme that would reliably treat, on a long term basis, the asthma of hundreds of people, especially children.

Projected operational costs at DMH would be reduced from £134 per patient per year (Vietnam) to £78 per patient per year. The project could also be written up as an academic paper by Dr Nightingale, who has many publications in peer-reviewed journals to her credit. Match-funding has also been promised with a starting grant of

£5,000, from another non-profit organisation, to begin the project. Thus the six post-Vietnam goals above will be met.

The budget for this programme will require about £38,010 per annum on a rolling basis. This figure includes on-the-ground programme costs, fundraising, UK salaries and reserve spending. Please see [here](#) for more details of how this money is spent. Asthma International allows donors, simply by ticking a box, to ring-fence their donations, so they can be sure, if they wish, that their donation will go to on-the ground costs (e.g. medications, diagnostic tests, periodic check-ups, etc), or to any other charitable purpose (salaries, fundraising or reserves) - or to all charitable purposes.

Without Asthma International's work to raise the amounts necessary by appealing to a wide range of prospective donors (governmental schemes, grant-making foundations, text-to-give, legacy funding, private individuals, etc), any inhaler programme at DMH would struggle to find consistent year-on-year support.

Many thanks for reading this. I and the trustees hope 2024 will be the beginning of a vigorous expansion of our work.

Gary Dexter



Gary Dexter, Director,  
Asthma International

## Objectives and Activities

	SORP reference	
Summary of the purposes of the charity as set out in its governing document	Para 1.17	Asthma International's activities in general are: 1.To promote and protect the physical and mental health of sufferers of asthma in the developing world through the provision of financial assistance, support, education and advice; 2.To advance the education of the general public in all areas relating to asthma.
Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.	Para 1.17 and 1.19	Supplying grants to partner clinics working overseas to enable them to treat children and adults with asthma, on an ongoing basis, using medications as recommended by the World Health organization.

Statement confirming whether the trustees have had regard to the guidance issued by the Charity Commission on public benefit	Para 1.18	<p>The trustees have had regard to this guidance and can confirm that:</p> <ul style="list-style-type: none"> <li>● they are aware of the guidance</li> <li>● they have taken it into account when making a decision to which the guidance is relevant</li> <li>● if they have decided to depart from the guidance, they have a good reason for doing so</li> </ul>
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## Achievements and Performance

	SORP reference	
Summary of the main achievements of the charity, identifying the difference the charity's work has made to the circumstances of its beneficiaries and any wider benefits to society as a whole.	Para 1.20	<p>2023/4 was a year marked by low income and expenditure. Income did not exceed £10,000 and thus no accounts need be submitted with the annual report.</p> <p>During the year, the trustees used the opportunity to re-evaluate the guidelines for spending. The new guidelines involve a future commitment to partnering with already-established clinics in low- to middle-income countries in the developing world who are doing reputable work treating asthmatic children and adults. This followed the failure of the charity to set up a programme it had hoped to establish in Bangladesh, despite two visits by trustees to the Development Wheel project in Mymensingh.</p> <p>On the positive side, a new partner was identified, the IcFEM Mission in Kenya, with whom Asthma International intends to establish an inhaler programme. The IcFEM Mission is a community hospital based near Kimilili, Western Kenya. It is able to treat asthma emergencies but currently does not have an inhaler programme to treat asthma symptoms in poor children and adults on an ongoing basis. Fundraising for this will begin in 2024/5.</p>

### Additional information (optional)

You may choose to include further statements where relevant about:

The charity's principal sources of funds (including any fundraising)	Para 1.47	Grants from trusts and foundations; external fundraisers; legacies; text-to-give; private individuals
		The charity aims to invest 12% of donations into its financial reserves

Investment policy and objectives including any social investment policy adopted	Para 1.46	
A description of the principal risks facing the charity	Para 1.46	None
Other		n/a

## Structure, Governance and Management

Description of charity's trusts:		n/a
Type of governing document (trust deed, royal charter)	Para 1.25	Charity Commission model constitution for an unincorporated charity (2010)
How is the charity constituted? (e.g unincorporated association, CIO)	Para 1.25	unincorporated association
Trustee selection methods including details of any constitutional provisions e.g. election to post or name of any person or body entitled to appoint one or more trustees	Para 1.25	As detailed in the constitution

## Reference and Administrative details

Charity name	Asthma International
Other name the charity uses	
Registered charity number	1137375
Charity's principal address	66 Alexandra Rd Norwich, Norfolk NR2 3EB






## Funds held as custodian trustees on behalf of others

Description of the assets held in this capacity	n/a
Name and objects of the charity on whose behalf the assets are held and how this falls within the custodian charity's objects	n/a
Details of arrangements for safe custody and segregation of such assets from the charity's own assets	n/a

# Declarations

## Signed on behalf of the charity's trustees

	<b>Signature(s)</b>		
	<b>Full name(s)</b>	Gary Dexter	
	<b>Position (eg Secretary, Chair, etc)</b>	Director	
	<b>Date</b>	15/04/24	