

Registered number: 6250890
Charity number: 1120321

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

WORLD CHILD CANCER
(A company limited by guarantee)

CONTENTS

	Page
Reference and administrative details of the charity, its trustees and advisers	1 - 2
Chairman's statement	3 - 4
Trustees' report	5 - 14
Independent auditor's report	15 - 16
Statement of financial activities	17
Balance sheet	18
Notes to the financial statements	19 - 27

WORLD CHILD CANCER
(A company limited by guarantee)

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 DECEMBER 2012**

Trustees

Gordon Morrison, BSc (Hons), Chairman
Kenneth Dollman BA, BEd (Hons)
David Henderson, MA (Hons)
Professor MD Olle Bjork
Terry Hunt, FIDM
Trijn Israels, MD, PhD
Simon Lala, BCom, CA
Marianne Naafs-Wilstra, MA
Benson Pau, MBA
Louise Soanes, RGN/RSCN, BSc, MSc
Anu Vedi, CBE, ACA, MCIH

Company registered number

6250890

Charity registered number

1120321

Registered office

Cardane Court, Bromley Lane, Much Hadham, Hertfordshire, SG10 6HU

Principal operating office

17 Rudolf Place, London, SW8 1RP

Company Secretary

John Morrison

Honorary patrons

Professor Tim Eden MB.BS, DRCOG, MRCP(UK), FRCPE, FRCP (London), FRCPATH, FRCPCH, FRCR
Gill Thaxter

Independent auditor

Crowe Clark Whitehill LLP, 10 Palace Avenue, Maidstone, Kent, ME15 6NF

Bankers

C Hoare & Co, 37 Fleet Street, London, EC4P 4DQ

WORLD CHILD CANCER
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 DECEMBER 2012**

Advisers (continued)

Solicitors

Bates Wells & Braithwaite LLP, 2-6 Cannon Street, London, EC4M 6YH

WORLD CHILD CANCER
(A company limited by guarantee)

CHAIRMAN'S STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2012

World Child Cancer has had another successful year. We secured financial and voluntary medical aid income of £1,014,219 during the year thanks to the support of our growing number of supporters, donors and volunteer doctors and nurses. This is an increase of 25% on our 2011 income – a figure we are delighted with considering the current economic climate. The result is that we were able to provide financial support and voluntary medical aid of £1,027,509 to our child cancer projects in low-middle income countries. Here are the highlights of our achievements during 2012:

- Our work helped 1,755 children with cancer in six countries by providing improved training for the healthcare professionals, funding for drugs, improved facilities, development of child cancer registries, support for families and awareness campaigns.
- We continued our work in six hospitals in Malawi, Ghana, Mozambique, The Philippines and Colombia. However, we ceased financial support for our project in Mexico due to security issues in the country. We started funding new projects in the Pacific Islands, Bangladesh and Cameroon.
- Our projects continued to have strong twinning partnerships with leading child cancer units in hospitals in high income countries including Dana-Farber/Children's Hospital Boston (US), Royal Hospital for Sick Children Edinburgh (UK), University College London Hospital (UK) and St Jude Children's Research Hospital (US).
- Funding from World Child Cancer built capacity by providing training for more than 700 healthcare professionals.

During 2012 our Trustee Board has been very active. Professor Tim Eden, Deputy Chairman and one of the Founding Trustees, has given a huge amount of his time to the development of the charity specifically in the development of new projects and supporting the fundraising team. Tim stepped down from the Board in October 2012 but intends to stay involved in the charity in his new role as Honorary Patron. The Board has continued to gather strength with the Trustees recruited previously in 2011 and now settled in to their roles.

The charity is continuing to utilise the expertise and support of volunteers. Our work is made possible by the many doctors and nurses from high income countries who provide voluntary aid to our projects along with the commitment of the leaders of our projects in low-middle income countries. The combination of World Child Cancer's financial aid and voluntary medical aid means that together we are able to make very significant improvements to the treatment and care of children with cancer in low-middle income countries with relatively small amounts of funding.

Rebecca Ross, our Treasurer and a qualified chartered accountant, provides an invaluable service to the charity. Rebecca used her financial expertise in 2012 to monitor project finances and helped the charity enormously before the appointment of Liz Burns, a full time Operations Manager at the beginning of the year. Our Company Secretary, John Morrison, provides advice and guidance in all matters relating to governance and administration. The Fundraising Team has been strengthened by the appointment of three new posts. We are also continuing an Internship Programme aimed at young people keen to gain experience of an international development charity. We are very grateful to our many volunteers who provide an invaluable service to the charity.

WORLD CHILD CANCER
(A company limited by guarantee)

CHAIRMAN'S STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2012

During 2012 the charity's income increased by 25% thanks to our many supporters from around the world. We are grateful to our corporate supporters – ICAP, Celgene and the Vitol Charitable Foundation – along with child cancer parent support groups (ICCCPO groups) from high income countries. We held a dinner at the House of Commons hosted by the Rt Hon James Paice MP at which we raised awareness of our work amongst opinion formers and potential new supporters. We recruited a team of 50 runners in the Royal Parks Half Marathon in October and our Orange Autumn Challenge in September attracted 40 walkers.

We are indebted to our many supporters – companies, individuals, ICCCPO groups, challenge event participants and trusts & foundations – who make our work possible. There are too many to name individually but we are very grateful to each and every one of them.

Gordon Morrison
Chairman



Date 24 MARCH 2013

WORLD CHILD CANCER
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TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2012

The Trustees (who are also directors of the charity for the purposes of the Companies Act) present their annual report together with the audited financial statements of World Child Cancer (the company) for the year ended 31 December 2012. The Trustees confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in March 2005.

World Child Cancer is a registered UK charity (No. 1120321) and a company (No. 6250890) limited by guarantee. Our registered office is:

Carldane Court
Bromley Lane
Much Hadham
Hertfordshire
SG10 6HU

The Problem of Child Cancer in Low and Middle Income Countries

The diagnosis of cancer in a child is terrifying for them and their family. It is even more heartbreaking in low-middle income countries where the majority of children do not receive a diagnosis, treatment or pain relief. World Child Cancer works to improve diagnosis and treatment for some of the world's poorest children facing the frightening ordeal of cancer.

Child cancer is highly curable yet in low-middle income countries at least 100,000 children die needlessly every year from the disease – most dying without any effective pain relief. However, this figure is likely to be much higher because there are no accurate records of child cancer cases in developing countries and many children are never diagnosed. Poor diagnosis coupled with too few specially trained doctors and nurses and the mistaken belief that child cancer is too difficult to cure combine to create very low survival rates. In fact, around 50% of child cancers can be cured even within basic health systems with relatively simple and inexpensive procedures which have been known to doctors for decades.

World Child Cancer improves curative and palliative treatment for children with cancer in low-middle income countries by empowering local medics to develop locally appropriate, affordable and sustainable solutions to the problem of child cancer in their country.

Our objectives are to:

- Increase access to curative child cancer treatment for the world's poorest children
- Improve survival rates in the hospitals in which we work
- Increase the use of palliative care for children with incurable cancers.
- Build capacity amongst healthcare professionals in low and middle income countries in the treatment of child cancer and improve facilities
- Improve the collection of data on the problem of child cancer in resource poor countries
- Raise awareness about child cancer and its curability in resource poor countries and amongst international healthcare funders.
- Develop long-term sustainability for our projects

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

Our projects are located in major teaching hospitals in low-middle income countries and twinned with experienced child cancer centres in high income countries. These twinning partnerships create a two-way exchange of expertise and skills. Our projects are selected by our medical Trustees using the following criteria:

- Leadership – Each project must have a dedicated and committed local leader- either a general paediatrician or adult oncologist if there is no paediatric oncologist.
- Strategic planning – Each project must have a realistic and achievable five year strategic plan with agreed outcomes and outputs along with a detailed budget and key performance indicators.
- Location – We locate our projects in countries which have seen significant improvements in under-five mortality rates because it is in these countries where child cancer is emerging as a leading cause of mortality. We also look for political and economic stability.
- Commitment to working in partnership – We work with hospitals which are committed to a genuine and long term partnership based on mutual respect.
- Accountability – Demonstrating the impact of our work is important and we ensure that each project is committed to monitoring the impact of their work.
- Long-term sustainability – We identify projects which have the ability for long-term sustainability beyond the period of our grant. This usually involves identifying a local parent support group which can take on a long term fundraising role.

World Child Cancer provides funding for each project for five years. Funding is provided for training and mentoring programmes, drugs, staff costs, child cancer registries, improvements to facilities, awareness campaigns and strategies to reduce the number of children who fail to complete the full course of treatment.

Each twinning partnership creates a sustainable new centre of child cancer treatment staffed by specially trained medics using simplified treatment protocols within a dedicated paediatric oncology ward. The result is improved access to treatment and a significant increase in survival rates as well as the provision of effective pain relief for children with incurable cancers.

A. STRUCTURE, GOVERNANCE AND MANAGEMENT

a. Constitution and Organisational Structure

World Child Cancer is constituted and governed by a Memorandum and Articles of Association which were adopted on 17 May 2007. The Board of Trustees is responsible for the overall governance of the Charity.

The number of Trustees cannot be fewer than three but there is no upper limit. Trustees shall, in the ordinary course, be appointed by resolution of the Trustees for an initial term of three years, renewable by resolution of the Trustees for further renewable terms of three years.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

Trustees

Gordon Morrison, BSc (Hons) (Chairman)
Professor Tim Eden, MB.BS, DRCOG, MRCP(UK), FRCPE, FRCP(London), FRCPath, FRCPCH, FRCR
(Resigned 15 October 2012)

Kenneth Dollman BA, BEd (Hons)
David Henderson, MA (Hons)
Professor MD Olle Bjork
Scott Howard MD, MSc (Resigned 5 December 2012)
Terry Hunt, FIDM (Resigned 30 January 2013)
Trijn Israels, MD, PhD
Simon Lala, BCom, CA (Resigned 30 January 2013)
Marianne Naafs-Wilstra, MA (Resigned 30 January 2013)
Benson Pau, MBA
Raul Ribeiro, MD (Resigned 5 December 2012)
Louise Soanes, RGN/RSCN, BSc, MSc
Anu VEDI, CBE, ACA, MCIH

Honorary Patrons

Professor Tim Eden MB.BS, DRCOG, MRCP(UK), FRCPE, FRCP (London), FRCPath, FRCPCH, FRCR
Gill Thaxter

Committees

As well as the board of trustees, World Child Cancer has a number of sub committees to aid in the running of the charity. The details of these committees are listed below:

i Remuneration & Employment sub-committee

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of new Trustees. In respect of staff it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members:

Gordon Morrison
David Henderson
Louise Soanes

ii Fundraising sub-committee

The purpose of this sub-committee is to monitor and evaluate fundraising strategy and performance. Further to identify fundraising and networking opportunities.

Members:

Anu VEDI
David Henderson

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

iii Project sub-committee

This sub-committee reviews new project applications and monitors existing projects. For potential new projects, applications are received and the objectives, outcomes and budgets are reviewed and a recommendation is made to the Board of Trustees whether the project should be approved. Existing projects submit qualitative and financial reports which are reviewed to ensure the objectives of the project are being realised.

Members:

Louise Soanes
Trijn Israels

Officers

Jo Hopkins, MA (Hons) – Chief Executive
Rebecca Ross, ACA - Treasurer
John Morrison, FCIS – Company Secretary
Liz Burns, MSci - Operations Manager

b. Method of Appointment or Election of Trustees

ICCCPO (International Confederation of Childhood Cancer Parent Organisations), the sole member, shall at all times retain the ability to remove and appoint a Trustee or Trustees, if at a general meeting of the Charity or by written resolution of the member, a resolution is passed that an existing Trustee or Trustees be removed from office or that a new or replacement Trustee or Trustees be appointed, provided that the member invites the views of any Trustee or Trustees to be removed and considers the matter in the light of such views. Subject to this, the Trustees have the responsibility for the selection and appointment of new Trustees.

c. Policies Adopted for the Induction and Training of Trustees

The charity is relying upon the guidance issued by the Charities Commission in relation to the induction and training of Trustees.

d. Risk Management

The Trustees have assessed the major risks to which the charity is exposed, in particular those related to the operations and finances of the charity, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

a. B. OBJECTIVES AND ACTIVITIES

a. Our Impact

During 2012 we worked in nine countries across three continents.

Country	Hospital in Low-Middle Income Country	Hospital in High-Income Country	Start Date of Project
Malawi	Queen Elizabeth Central Hospital, Blantyre	Royal Victoria Infirmary, Newcastle (UK) and AMC University/EMMA Children's Hospital, Amsterdam (Netherlands)	Jan-09
Colombia	Instituto Nacional de Cancerlogia (INC), Bogota	Dana-Farber/Children's Hospital Boston (US)	May-09
The Philippines	Southern Philippines Medical Centre, Davao	St Jude Children's Research Hospital, Memphis (US) and University Hospital (Singapore)	Nov-09
Mexico	Hospital Universitario, Monterrey	Cook Children's Medical Centre, Forth Worth (US)	Nov-09
Ghana	Korle Bu Teaching Hospital, Accra	Royal Hospital for Sick Children, Edinburgh (UK)	Nov-10
Mozambique	Maputo Central Hospital, Maputo	CEHOPE, Recife (Brazil)	Jan-11
Cameroon	Mbingo Baptist Hospital Mutengere Baptist Hospital Banso Baptist Hospital	Tygerberg Hospital / Stellenbosch University, South Africa	Jan-12
Pacific Islands	Centres in Fiji, Tonga and Samoa	Starship Children's Hospital and South Island Child Cancer Service, New Zealand	Jan-12
Bangladesh	Bangabandhu Shekh Mujib Medical University (BSMMU), Dhaka, Bangladesh	University College London Hospital (UCLH), UK and Great Ormond Street Children's Hospital, UK and British Columbia Children's Hospital, Vancouver, Canada	Sep-12

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

i.i Increasing Access to Treatment

During 2012 we worked in nine hospitals in Malawi, Ghana, Mozambique, Colombia, The Philippines, Pacific Islands, Cameroon, Bangladesh and Mexico (which ended in June 2012). By the end of 2012 our work was impacting on the lives of 1,755 children per annum by providing improved curative and palliative treatment. We improved access to treatment by:

- Subsidising the cost of chemotherapy and palliative care drugs so that more children could be treated and more children completed the full course of treatment.
- Funding awareness campaigns in The Philippines, Ghana and Malawi.
- Subsidising the salaries of nurses and doctors to ensure that there were adequate numbers of staff to treat all the children diagnosed with cancer in each hospital.
- Expanding our work and providing training to staff in satellite centres in the project countries which have links to the project centres.

i.ii Improving Survival Rates

Over a five year period our projects aim to at least double survival rates in the hospitals in which we work. Survival rates are judged on event free survival twelve months post completion of treatment. Our projects in Malawi, Colombia, Mexico and The Philippines which have been in operation for more than two years are showing significant improvements in survival rates.

- In Malawi, survival rates for Burkitts lymphoma have reached 60% (an increase on 50% from 2011). Wilms tumour survival rates are 46% (an increase from 35% in 2011). New protocols have been developed for retinoblastoma, Kaposi sarcoma and Acute Lymphoblastic Leukaemia.
- In Colombia, the project has seen an annual increase in the number of patients diagnosed and an increase in overall survival rates from 30% to 65%.
- In The Philippines, the number of children diagnosed has increased and deaths from abandonment of treatment have reduced with the creation of two satellite treatment centres.
- In Ghana one-year survival rates have increased from a baseline of 40% to around 60% in the first two years of the project.

i.iii Improving the Provision of Palliative Care

Our work optimises the provision of palliative care to children with incurable types of cancer.

- During 2012 our twinning partnerships provided training for doctors and nurses in palliative care in Malawi, Ghana, Colombia, Bangladesh, Cameroon and The Philippines.
- In Cameroon our funding paid for a motorbike and a palliative care outreach nurse who will visit rural villages and see the patients in their homes with easier accessibility.
- Our Medical Trustees are advocating for improved funding for palliative care for children with cancer in low-middle income countries through their work with international healthcare funders and policy makers such as the World Health Organisation.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

i.iv Building Capacity in the Treatment of Children with Cancer

We build capacity within the health systems of the countries in which we work by training doctors and nurses, improving facilities and developing national models for the treatment of child cancer:

- During 2012 we have trained over 700 healthcare professionals in specialist paediatric oncology procedures and treatment. In the last two years we have trained around 1,450 healthcare professionals.
- Our funding purchased a vehicle for the Philippines project to transport staff and patients to and from the main centre in Davao and the two satellite treatment centres.
- Work is on-going in all our projects in the development of nationwide models for the care and treatment of children with cancer.

i.v Improving the Collection of Statistical Data on child cancer

We improve the collection of statistical data on child cancer so we can accurately predict incidence rates and improve treatment by understanding the reasons for treatment failure.

- During 2012 child cancer tumour registries were operating in Colombia, Mexico, The Philippines, Malawi, Cameroon, Bangladesh and Ghana.
- A new project in 2013 will be started in Central America linking 7 countries under the umbrella AHOPCA and assisting in database development at these project centres.

i.vi Raising awareness about child cancer in low and middle income countries and its curability

Through our work we aim to improve awareness about child cancer and its curability amongst parents and primary healthcare workers in low and middle income countries. In addition, we are advocating increased funding for cancer treatment in low and middle income countries.

- In Malawi, diagnosis has increased by 60% over a four year period. This is due in part to a poster awareness campaign and also word of mouth.
- In Colombia, diagnosis has increased by 21% over a three year period.
- In Ghana, diagnosis has increased due to an awareness campaign promoting the early signs and symptoms of child cancer.
- In The Philippines, the establishment of satellite diagnosis and treatment centres in rural areas of the island of Mindanao is encouraging earlier diagnosis.

i.vii Developing long-term sustainability for our projects

World Child Cancer conditionally provides seed-funding for projects for five years during which time local sources of funding are developed in order to take over from World Child Cancer at the end of the five year funding period. The development of local parent support groups is critical to the long term sustainability of our projects. We are also planning for succession of our project leaders which will be focussed on in 2013. Already we are partially funding the specialist paediatric oncology training of a doctor in Malawi and a new training course has been started in the main medical school in Ghana thanks to the lobbying of our project leader to the Ministry of Health.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

ii. Value of Voluntary Medical Aid

Our projects facilitate and leverage valuable voluntary medical aid from our twinning partner hospitals in developed countries and our Medical Ambassadors to the projects in developing countries. Medical Ambassadors are experienced paediatric oncology doctors from developed countries who donate their time and expertise for free to our projects through mentoring and training programmes funded by World Child Cancer. In fact, the support of our Medical Ambassadors and twinning partner hospitals is estimated to be valued at twice the financial contribution made by World Child Cancer. This ensures that we can achieve sustainable and significant improvements in the treatment of children with cancer in developing countries with relatively low levels of funding and that our supporters receive value for money for their donations.

b Our plans for 2013

New projects

The charity is developing plans to launch projects in three new locations during 2013:

	Project Location in Low-Middle Income Country	Twinning Hospital in High Income Country
AHOPCA	Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama, Dominican Republic	St Jude Children's Research Hospital, Memphis, USA
Namibia	Windhoek Central Hospital, Windhoek	Tygerberg Hospital / Stellenbosch University, South Africa
Zambia	University Teaching Hospital, Lusaka	TBC
Myanmar	Yangon Children's Hospital, Yangon	Guy's & St Thomas' Foundation Trust, London, UK And Boston Children's Hospital / Dana Farber Cancer Institute, USA

Current Projects

We will continue to work towards the key objective of doubling survival rates for children with cancer over a five year period in the hospitals in which we work and optimising the provision of palliative care.

- In Mozambique we will fund the creation of a new child cancer unit at Maputo Central Hospital.
- In Ghana we will fund the creation of a new child cancer ward in association with AfrOx and CanCare.
- We will continue to build capacity in the health systems of the countries in which we work by facilitating and funding training programmes for doctors and nurses in specialist paediatric oncology.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

Management and Governance Plans

The charity will look at building awareness of the brand and the cause overseas in other high income countries.

Financial Plans

We will work towards developing greater sustainability in income generation by growing income streams related to challenge events, community fundraising, corporate and statutory fundraising.

C. FINANCIAL REVIEW

During the year the income of World Child Cancer was £1,014,219 (2011 - £806,167). Expenditure on charitable projects was £833,522 (2011 - £649,632).

i. Reserves and Reserves Policy

Free reserves amounted to £151,324 (2011 - £218,108). World Child Cancer commits to its projects for a period of five years. The Trustees have adopted a policy of having 6 to 12 months expenditure in reserves at any one time in order to provide assurance that the charity can meet its commitments. Currently, the Charity holds reserves equivalent to 8 months worth of direct costs in support of treatment programmes, excluding the value of donated costs.

ii. Going Concern

The Trustees believe that the charitable company has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

D. PUBLIC BENEFIT

When considering the charitable company's activities, the Trustees have complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the Charity Commission's general guidance on public benefit.

WORLD CHILD CANCER
(A company limited by guarantee)

TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2012

TRUSTEES' RESPONSIBILITIES STATEMENT

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

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

PROVISION OF INFORMATION TO AUDITOR

Each of the persons who are Trustees at the time when this Trustees' report is approved have confirmed that:

- so far as the Trustees are aware, there is no relevant audit information of which the charitable company's auditor is unaware, and
- that Trustees have taken all the steps that ought to have been taken as Trustees in order to be aware of any information needed by the charitable company's auditor in connection with preparing its report and to establish that the charitable company's auditor is aware of that information.

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the Trustees on and signed on their behalf by:

24 March 2013



G Morrison (Chairman)

WORLD CHILD CANCER
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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WORLD CHILD CANCER

We have audited the financial statements of World Child Cancer for the year ended 31 December 2012 set out on pages 17 to 27. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

This report is made solely to the charitable company's member in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the member those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its member for our audit work, for this report, or for the opinion we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

The Trustees (who are also the directors of the company for the purposes of company law) responsibilities for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), and for being satisfied that the financial statements give a true and fair view, are set out in the Statement of Trustees' responsibilities.

The Trustees have elected for the financial statements to be audited in accordance with the Charities Act 2011 rather than the Companies Act 2006. Accordingly we have been appointed as auditor under section 144 of the Charities Act 2011 and report to you in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2012 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

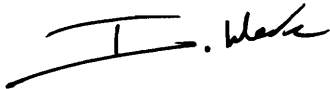
WORLD CHILD CANCER
(A company limited by guarantee)

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WORLD CHILD CANCER

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' report is inconsistent in any material respect with the financial statements; or
- the company has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Ian Weekes (senior statutory auditor)

For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

10 Palace Avenue

Maidstone

Kent

ME15 6NF

Date: *24 MARCH 2013*

Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

WORLD CHILD CANCER
(A company limited by guarantee)

STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating Income and Expenditure Account)
(Incorporating Income and Expenditure Account)
FOR THE YEAR ENDED 31 DECEMBER 2012

	Note	Restricted funds 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	Total funds 2011 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	2	190,779	823,011	1,013,790	805,717
Investment income	3	108	321	429	450
TOTAL INCOMING RESOURCES		190,887	823,332	1,014,219	806,167
RESOURCES EXPENDED					
Costs of generating funds:					
Costs of generating voluntary income	4	-	179,812	179,812	115,494
Charitable activities	7	137,460	696,062	833,522	649,632
Governance costs	5	-	14,242	14,242	12,324
TOTAL RESOURCES EXPENDED	6	137,460	890,116	1,027,576	777,450
MOVEMENT IN TOTAL FUNDS FOR THE YEAR - NET INCOME/(EXPENDITURE) FOR THE YEAR		53,427	(66,784)	(13,357)	28,717
<i>Total funds at 1 January 2012</i>		<i>55,353</i>	<i>218,108</i>	<i>273,461</i>	<i>244,744</i>
TOTAL FUNDS AT 31 DECEMBER 2012		108,780	151,324	260,104	273,461

The notes on pages 19 to 27 form part of these financial statements.

WORLD CHILD CANCER
(A company limited by guarantee)
REGISTERED NUMBER: 6250890

BALANCE SHEET
AS AT 31 DECEMBER 2012

	Note	£	2012 £	£	2011 £
FIXED ASSETS					
Tangible assets	11		7,248		1,820
CURRENT ASSETS					
Debtors	12	25,725		3,072	
Cash at bank		259,580		273,822	
		<u>285,305</u>		<u>276,894</u>	
CREDITORS: amounts falling due within one year	13	<u>(32,449)</u>		<u>(5,253)</u>	
NET CURRENT ASSETS			<u>252,856</u>		<u>271,641</u>
NET ASSETS			<u>260,104</u>		<u>273,461</u>
CHARITY FUNDS					
Restricted funds	14		108,780		55,353
Unrestricted funds	14		151,324		218,108
TOTAL FUNDS			<u>260,104</u>		<u>273,461</u>

The Trustees consider that the company is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the company to obtain an audit for the year in question in accordance with section 476 of the Act. However, an audit is required in accordance with section 144 of the Charities Act 2011.

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and for preparing financial statements which give a true and fair view of the state of affairs of the company as at 31 December 2012 and of its net resources expended for the year in accordance with the requirements of sections 394 and 395 of the Act and which otherwise comply with the requirements of the Act relating to financial statements, so far as applicable to the company.

The financial statements have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved by the Trustees on *24 March 2013* and signed on their behalf, by:



G Morrison (Chairman)

The notes on pages 19 to 27 form part of these financial statements.

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008). The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), 'Accounting and Reporting by Charities' published in March 2005, applicable accounting standards and the Companies Act 2006.

Accounting standards require the Trustees to consider the appropriateness of the going concern basis when preparing the financial statements. The Trustees have taken notice of the Financial Reporting Council guidance 'Going Concern and Liquidity Risk: Guidance for Directors of UK Companies 2009' which requires the reasons for this decision to be explained. The Trustees believe that the charitable company has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

1.2 Company status

The company is a company limited by guarantee. The sole member and parent undertaking of the company is the ICCCPO (International Confederation of Childhood Cancer Parent Organisations). In the event of the company being wound up, the liability of the sole member in respect of the guarantee is limited to £1.

1.3 Fund accounting

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors which have been raised by the company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income is allocated to the appropriate fund.

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

1. ACCOUNTING POLICIES (continued)

1.4 Incoming resources

All incoming resources are included in the Statement of Financial Activities when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy. For legacies, entitlement is the earlier of the company being notified of an impending distribution or the legacy being received.

Donated services or facilities, which comprise donated services, are included in income at a valuation which is an estimate of the financial cost borne by the donor where such a cost is quantifiable and measurable.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

1.5 Resources expended and liability recognition

All expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Governance costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

1.6 Cash flow

The financial statements do not include a Cash flow statement because the charitable company, as a small reporting entity, is exempt from the requirement to prepare such a statement under the Financial Reporting Standard for Smaller Entities (effective April 2008).

1.7 Tangible fixed assets and depreciation

All assets costing more than £500 are capitalised.

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment	-	20% straight line
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1.8 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

WORLD CHILD CANCER
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012**

1. ACCOUNTING POLICIES (continued)

1.9 Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the Statement of financial activities.

1.10 Pensions

The company contributes to the personal pension plans of its employees at rates agreed within their contracts of employment.

2. VOLUNTARY INCOME

	Restricted funds 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	<i>Total funds 2011 £</i>
Donations	190,779	363,961	554,740	390,967
Donated services	-	459,050	459,050	414,750
	<u>190,779</u>	<u>823,011</u>	<u>1,013,790</u>	<u>805,717</u>

3. INVESTMENT INCOME

	Restricted funds 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	<i>Total funds 2011 £</i>
Investment income	108	321	429	450
	<u>108</u>	<u>321</u>	<u>429</u>	<u>450</u>

4. COSTS OF GENERATING VOLUNTARY INCOME

	Restricted funds 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	<i>Total funds 2011 £</i>
Fundraising costs of grants and donations	-	71,112	71,112	28,509
Staff costs for generating income	-	108,700	108,700	86,985
	<u>-</u>	<u>179,812</u>	<u>179,812</u>	<u>115,494</u>

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

5. GOVERNANCE COSTS

	Restricted funds 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	<i>Total funds 2011 £</i>
Governance costs	-	14,242	14,242	12,324

6. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

	Staff costs 2012 £	Other costs 2012 £	Total 2012 £	<i>Total 2011 £</i>
Costs of generating voluntary income	108,700	71,112	179,812	115,447
Costs of generating funds	108,700	71,112	179,812	115,447
Direct costs - Support of treatment programmes	100,101	733,421	833,522	649,632
Governance	-	14,242	14,242	12,324
	208,801	818,775	1,027,576	777,403

7. ANALYSIS OF RESOURCES EXPENDED BY ACTIVITIES

	Activities undertaken directly 2012 £	Support costs 2012 £	Total 2012 £	<i>Total 2011 £</i>
Direct costs - Support of treatment programmes	685,530	147,992	833,522	649,632

The amounts spent were on projects in the Philippines, Colombia, Mozambique, Malawi, Ghana, Cameroon, Bangladesh, Namibia, Zambia, USA and Mexico.

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

8. NET INCOME / (EXPENDITURE)

This is stated after charging:

	2012	2011
	£	£
Depreciation of tangible fixed assets: - owned by the charity	2,024	533
Pension costs	15,070	12,024
	<u>17,094</u>	<u>12,557</u>

During the year, no Trustees received any remuneration (2011 - £NIL).
During the year, no Trustees received any benefits in kind (2011 - £NIL).

9. AUDITORS' REMUNERATION

	2012	2011
	£	£
Auditors remuneration	4,920	4,100
	<u>4,920</u>	<u>4,100</u>

10. STAFF COSTS

	2012	2011
	£	£
Wages and salaries	174,868	116,149
Social security costs	18,863	14,973
Other pension costs	15,071	12,024
Donated services	5,000	5,000
	<u>213,802</u>	<u>148,146</u>
Total	<u>213,802</u>	<u>148,146</u>

The average monthly number of employees during the year was as follows:

	2012	2011
	£	£
Average	5	2
	<u>5</u>	<u>2</u>

One (2011 - one) employee received remuneration amounting to more than £60,000 during the year.

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

11. TANGIBLE FIXED ASSETS

	Office equipment £
Cost	
At 1 January 2012	2,667
Additions	7,452
At 31 December 2012	10,119
Depreciation	
At 1 January 2012	847
Charge for the year	2,024
At 31 December 2012	2,871
Net book value	
At 31 December 2012	7,248
<i>At 31 December 2011</i>	1,820

12. DEBTORS

	2012 £	2011 £
Other debtors	21,464	1,457
Prepayments and accrued income	4,261	1,615
	25,725	3,072

**13. CREDITORS:
Amounts falling due within one year**

	2012 £	2011 £
Other creditors	33	333
Accruals and deferred income	32,416	4,920
	32,449	5,253

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

14. STATEMENT OF FUNDS

	Brought Forward (restated) £	Incoming resources £	Resources Expended £	Carried Forward £
Unrestricted funds				
General Funds	<u>218,108</u>	<u>823,332</u>	<u>(890,116)</u>	<u>151,324</u>
Restricted funds				
Restricted Funds	<u>55,353</u>	<u>190,887</u>	<u>(137,460)</u>	<u>108,780</u>
Total of funds	<u><u>273,461</u></u>	<u><u>1,014,219</u></u>	<u><u>(1,027,576)</u></u>	<u><u>260,104</u></u>

Now that the charity has been operating for several years it has established secure lines of funding and has better clarity regarding the complexities and requirements of each project.

The restricted funds relate to monies donated to assist specific elements of the projects supported by the charity, including the funding of the projects in Malawi, Ghana, Colombia, Cameroon, Zambia, The Philippines and Bangladesh.

In the prior year, £35,000 had been classed as a designated fund The designated funds of £35,000 had been identified as the underspend on the Mozambique project.

These funds were actually donated for the specific purpose of helping to fund the capital cost of building a new children's ward in Mozambique and should have been recorded as a restricted donation. Therefore, the opening reserves have been restated to include the £35,000 in restricted reserves.

WORLD CHILD CANCER
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012**

14. STATEMENT OF FUNDS

SUMMARY OF FUNDS

	Brought Forward (restated) £	Incoming resources £	Resources Expended £	Carried Forward £
General funds	218,108	823,332	(890,116)	151,324
Restricted funds	55,353	190,887	(137,460)	108,780
	<u>273,461</u>	<u>1,014,219</u>	<u>(1,027,576)</u>	<u>260,104</u>

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted funds (restated) 2012 £	Unrestricted funds 2012 £	Total funds 2012 £	Total funds 2011 £
Tangible fixed assets	-	7,248	7,248	1,820
Current assets	108,780	176,525	285,305	276,894
Creditors due within one year	-	(32,449)	(32,449)	(5,253)
	<u>108,780</u>	<u>151,324</u>	<u>260,104</u>	<u>273,461</u>

16. PENSION COMMITMENTS

The charity does not operate a pension scheme on behalf of employees. Pension contributions are made to the private pension plans of the employees by the charity. During the year the charity made pension contributions of £15,071 (2011 - £12,024) to personal pension plans set up by employees.

17. OPERATING LEASE COMMITMENTS

At 31 December 2012 the company had annual commitments under non-cancellable operating leases as follows:

	2012 £	2011 £
Expiry date:		
Within 1 year	<u>19,445</u>	<u>9,355</u>

WORLD CHILD CANCER
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012

18. RELATED PARTY TRANSACTIONS

No charity Trustee received any remuneration or benefit in kind for professional or other services rendered to the charity (2011 - £Nil). Travel expenses incurred by Trustees' were reimbursed totalling £6,447 (2011 - £7,905) and an amount at least equal to this was donated back to the charity.