Annual Report of Mossy Foot UK for year ending 12 August 2018

Administration

Mossy Foot UK achieved registration with the Charity Commission on 29 May 2009 under number 1129888. Its first full accounting year after that registration ended on August 2009 and that was its second year of operation as it was given charitable status by HMRC in October 2008 backdated to the date of its Trust Deed (13 August 2008).

This is Mossy Foot UK's tenth year of operation. The Trustees of Mossy Foot UK are Dr Lucinda Claire Fuller and Graeme David Akhurst. The offices of the Charity are at Beacon Hill House, Little Mongeham, Kent CT14 0HW. They were the trustees at inception and expect to remain as the only trustees for the foreseeable future. Only the existing Trustees as a body have power to appoint new trustees. Mossy Foot UK does not have any employees. The Trustees held 2 meetings during the course of the year.

Financial Report

Mossy Foot saw its receipts increase this year from just over £11,900 last year to just over £12,176. Mossy Foot UK has no reserves policy and is not in deficit. Its own website hosting and administration requires it to keep a small amount in hand (it has no other committed payments). This year Mossy Foot continued its donations to "Action on Podoconiosis and Integrated Development" ("APIDO" – Formerly Action on Podoconiosis Network or APA) www.actiononpodo.com which gained administrative approval at the beginning to 2012. Mossy Foot UK made grants of £15,000 to it during the year which it uses for general purposes (paying the staff who run its clinics and running training programmes in shoemaking and training on income generation). Further grants are expected to be made to APIDO in the future. None of Mossy Foot UK's funds are restricted and it holds no funds as custodian trustee. No payments were made to the Trustees. The amount in the account at the end of the year was £2,408.

Objects, Activities and Public Benefit Statement

The objects of Mossy Foot UK are to relieve the condition of podoconiosis ("Mossy Foot") in sufferers in Ethiopia and to provide care and rehabilitation for such persons. It is also to promote the physical and mental health of Mossy Foot sufferers in Ethiopia through the provision of financial assistance, support, education and practical advice.

Mossy Foot has, during the course of the year, remitted funds to APIDO which runs clinics in Southern Ethiopia for mossy foot sufferers and training programmes for mossy foot sufferers whose conditions have been brought under control. Professor Paul Matts, inspired to support Mossy Foot after hearing about it from Dr Fuller at a scientific talk, continues to visit and provide external governance support for APIDO. This summer he provided a comprehensive summary detailing past achievements since the establishment of APIDO. He reports that since beginning in March 2012 APIDO has treated more than 27,000 patients across 6 treatment sites in Wolaitta, Gamo Gofa and Dawaro zones (Southern Ethiopia). They have made more than 4000 pairs of custom "oversized" boots for severe Mossy Foot patients. Through working with TOMS shoes as a shoe-giving partner, APIDO have distributed approximately 720 000 pairs of new shoes to school children in remote parts of the zones mentioned above. They are currently building 5 new shoe workshops as permanent legacies at the location of APIDO treatments sites and working on plans to ensure that these are sustainable financially. Up to now a significant proportion of their funding has come from Mossy Foot UK so we are immensely proud of their achievements but also thankful to our donors for helping us support them. APIDO is now expanding their strategy to focus on training and developing the Ethiopian Ministry of Health ("MOH") staff working alongside the APIDO sites to enable them to share in the responsibility for care. This has been achieved through some strategic national partnerships co-

ordinated by the National Podoconiosis Action Network working with the MOH to implement the agreed strategy of including Podoconiosis as one of its priority neglected tropical diseases targeted for eradication.

Dr Fuller continues as Chair of the International Foundation for Dermatology (IFD) www.ifd.org and is also on the board of International League of Dermatological Societies (ILDS) (www.ilds.org) which is enabling her to keep Mossy Foot on the agenda of global health dermatology and ensure that it is included in the programme of dermatology and tropical health scientific agendas. Over the past year she has presented in Denmark, USA and Sri Lanka specifically on Mossy Foot and also recruited a volunteer dermatology trainee to work with a research team in Ethiopia to upgrade and validate Mossy Foot clinical severity criteria, which will permit more robust measurement of clinical benefit of care programmes.

In addition Dr Fuller has used her IFD/ILDS role and membership of the Footwork International (www.podo.org) steering group to work with the World Health Organisation (WHO). The intention of Footwork International is to submit a proposal to the WHO in 2018/19 to adopt Mossy Foot as a target disease for eradication in the African region. Success in achievement of this classification will greatly increase influence with the larger global research funding bodies and enhance the chance of securing podo research funding to address some of the continuing unknowns of this disorder.

Mossy Foot UK continues to maintain its website (<u>www.mossyfootuk.com</u>) enabling continued access to its educational content and thereby raising awareness of persons to the condition.

The public benefit of these actions is (a) to improve the situation of Mossy Foot sufferers both financially and medically enabling reintegration into their communities with no dependence on begging and (b) to increase awareness of Mossy Foot amongst both the Ethiopian and non-Ethiopian populations thereby helping to reduce the stigma attached to the condition.

The trustees therefore confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the C harities Commission in exercising their powers.

Dr Claire Fuller Mr Graeme Akhurst