

UNLIMIT HEALTH

England & Wales · Charity number 1182166

Details

Other names	SCI FOUNDATION
Status	Registered
Legal form	Charitable company
Company number	11775313
Registered	2019-02-21
Register	View on the Charity Commission register

Contact

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Activities

Objects: 3.1 THE OBJECTS OF THE CHARITY ARE, FOR THE PUBLIC BENEFIT:-3.1.1 TO PROMOTE THE PHYSICAL AND MENTAL HEALTH OF PEOPLE AND COMMUNITIES IN ANY PART OF THE WORLD WHO ARE AFFECTED BY NEGLECTED TROPICAL DISEASES AS DEFINED BY THE WORLD HEALTH ORGANIZATION INCLUDING, BUT NOT LIMITED TO, PARASITIC WORM INFECTIONS, SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS (COLLECTIVELY "NEGLECTED TROPICAL DISEASES");3.1.2 TO RELIEVE THE NEEDS OF PEOPLE AND COMMUNITIES IN ANY PART OF THE WORLD WHO ARE SUFFERING AS A CONSEQUENCE OF NEGLECTED TROPICAL DISEASES; AND 3.1.3 TO ADVANCE EDUCATION OF PEOPLE AND COMMUNITIES IN ANY PART OF THE WORLD WHO ARE AFFECTED BY NEGLECTED TROPICAL DISEASES AND THE GENERAL PUBLIC WITH A VIEW TO REDUCING TRANSMISSION AND INFECTION; BY:(A) SUPPORTING THE DEVELOPMENT OF EFFECTIVE AND SUSTAINABLE SYSTEMS THAT SEEK TO ELIMINATE NEGLECTED TROPICAL DISEASES; (B) SUPPORTING AND EVALUATING TREATMENT PROGRAMMES FOR NEGLECTED TROPICAL DISEASES AND GENERATING EVIDENCE FOR OPTIMISING PROGRAMME IMPACT; AND (C) PROVIDING AND PROMOTING ACCESS TO SERVICES THAT CAN REDUCE THE RISK OF AND ALLEVIATE THE PROBLEMS ASSOCIATED WITH NEGLECTED TROPICAL DISEASES.

Activities: Unlimit Health is an international organisation working to end parasitic disease. We work closely with affected countries, sharing evidence and expertise to eliminate preventable infections . Our purpose is to support people to live healthy lives, free from limiting disease.

Classification

- **How:** Makes Grants To Organisations, Sponsors Or Undertakes Research, Other Charitable Activities
- **What:** The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** Children/young People, Other Defined Groups, The General Public/mankind

Geography

- Burundi
- Congo (Democratic Republic)
- Ethiopia
- Ivory Coast
- Kenya
- Liberia
- Madagascar
- Malawi
- Mauritania
- Niger
- Sudan
- Tanzania
- Uganda
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£6,803,599	£8,816,800	£12,111,365	29
2024-03-31	£4,430,117	£8,272,903	£14,060,987	25
2023-03-31	£10,246,040	£8,628,350	£17,264,344	26
2022-03-31	£7,316,193	£11,845,680	£16,177,212	27
2021-03-31	£8,651,273	£9,001,798	£20,454,321	26

Trustees

Name	Role	Appointed
Dr Camilla Lavender Ducker	Chair	2024-11-28
Abena Yirenyiwa Afari		2024-07-25
Arielle Dolegui		2022-07-27
Carolynne Wheeler MacKinnon		2024-07-25
Emily Candice Wainwright		2026-02-02
Jonathan Charles Gorrie		2019-04-14
Maximillian Peter Montgomery Seunik		2022-07-27
Professor Samba Ousmane Sow		2024-11-28

Accounts

Unlimit Health

Annual Report and Financial

Statements for the year ending 31

March 2025



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List of acronyms

BCC	Behaviour change communications
CDW	Community Data Workbook
EA	Effective Altruism
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
FIG	FGS Integration Group
FRAC	Finance Risk and Audit Committee
GAT	Gap Assessment Tool
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPC	Pediatric Praziquantel Consortium
PSAC	Preschool-aged children
PZQ	Praziquantel
SAC	School-aged children
SAE	Serious Adverse Event
SCIF	SCI Foundation
SCH	Schistosomiasis
LT	Senior Leadership Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization



Foreword by the Co-Chairs of the Board of Trustees

It is a privilege for us to write this foreword in our first year as Co-Chairs of the Board. We step into these roles at a moment of profound change and uncertainty—but also a time of opportunity and determination across the global health and development landscape.

We are now in the second year of our five-year strategy, and the pace and complexity of the external environment have only intensified. Shifts in global leadership, the withdrawal of key donors from multilateral spaces, crises in funding for critical institutions such as WHO, and the cascading impacts of conflict, climate instability, and economic fragility have tested systems and stretched communities. These disruptions are significant—but they are also an acceleration of trends that our strategy anticipated. Because of this foresight, we have been able to stay agile, focused, and forward-looking.

This moment calls for renewed clarity and commitment. It is more important than ever that we harness the momentum of change to drive deeper sustainability, strengthen health systems, and promote true country ownership. The current funding crisis poses a threat to decades of progress—but it also presents a critical opportunity: to build new kinds of partnerships, to support greater resilience, and to rebalance power and resources towards the countries and communities most affected by disease and poverty.

Despite the challenges, there is much to celebrate. Over the past year, treatment numbers have increased, new funding has been secured, and we have expanded our research partnerships. These achievements are a testament to the dedication of our teams, our partners, and the communities we serve.

Looking ahead, we are embedding multi-year planning grounded in theories of change to ensure accountability and measurable impact. We are building momentum around health systems strengthening, domestic resource mobilisation, and a more integrated approach to One Health. These are not just strategic priorities—they reflect our shared vision for a future where progress is equitable, enduring, and led by the countries themselves.

We are grateful for the trust placed in us and for the opportunity to help steer this work during such a critical time. With humility and shared purpose, we look forward to what we can achieve together.



Dr. Camilla Ducker

Professor Samba Ousmane Sow

Co-Chairs of the Board of Trustees



Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of Unlimit Health (formerly SCI Foundation - SCIF) for the year ended 31 March 2025. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements and notes have been prepared in accordance with the accounting policies and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

Unlimit Health purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases").
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.



Our goals under our strategy 2023-2028

Our vision is 'Resilient systems that sustain good health, so everyone everywhere can reach their full potential.'

Our mission: We share evidence and expertise to end preventable parasitic infections in affected communities.

- **Goal 1:** Accelerate programmatic action towards elimination of parasitic infections and health equity.
- **Goal 2:** Intensify cross cutting approaches to elimination and health systems strengthening.
- **Goal 3:** Promote and enable country ownership and leadership of programmes for elimination of parasitic infections.
- **Goal 4:** Ensure a strong sustainable and flexible organisation that provides an excellent working environment for staff with efficient and adaptive policies and systems, and provides a strong accountability to the supporters, partners, and funders.

To achieve the goals outlined in our five-year strategy, we have undergone several significant strategic and operational shifts. The strategy therefore included two transitional objectives to support the longer-term achievement of our strategic goals:

- 1. Develop a 'precision public health for parasitic infections' technical approach**
- 2. Develop a health systems strengthening technical approach**

Over this reporting period, we have incorporated the activities required to fulfil these transitional objectives into our broader operational plan; consequently, this report will not include specific reporting against these objectives. Detail on the transitional objectives was included in our previous annual report.

Enablers to reaching our goals

To fulfil our mission, we work in partnership to develop country-owned solutions that eliminate parasitic infections, for good. This involves delivering services under three key areas:

- **Evidence-based disease elimination support**
 - Continue to generate high quality evidence in partnership with ministries of health and provide technical support to guide programmatic adaption and learning.
 - Generate evidence for policy making at national and international levels to accelerate progress towards elimination.
 - Generate evidence to support the development of a domestic resource mobilisation strategy that can be contextualised for different settings.



- Use evidence to provide high quality technical assistance that is responsive to endemic country needs to achieve elimination.
- **Cross-sectoral health systems strengthening:**
 - Develop internal technical support capacity on key cross-cutting themes such as water, sanitation, and hygiene behaviour change, One Health, treatment and care for morbidities related to parasitic infections (such as genital schistosomiasis), and access to medicines.
 - Continue to partner with ministries of health to mobilise resources and provide technical support for cross sectoral collaboration across all relevant settings, utilising resources in these sectors to strengthen systems and reach disease elimination targets.
 - Support ministries of health to utilise optimal sustainable platforms to deliver interventions against parasitic infections within existing systems.
- **Building collaborative partnerships:**
 - Collaboration for impact will continue to be at the centre of our operational approach, partnering with ministries of health and aligning with national priorities.
 - We will engage with partners who share our commitment to a comprehensive approach to elimination of parasitic infections.

Our Values

We are a team of people passionate about creating a world free of preventable disease. It is important that everyone that works at Unlimit Health, as well as our partners and supporters, share the same values and beliefs:

- **Equity:** We challenge inequity and strive towards a fair distribution of power and resources globally. We understand that ill health is rooted in social and economic inequity and injustice.
- **Inclusivity:** We respect people's differences, recognising the importance of different perspectives and experiences, applying the principles of compassion and dignity. We understand that having varied perspectives and experiences is essential to achieving our mission.
- **Transparency:** We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role or transparency in engendering trust, collaboration, and accountability.



Priorities set for the Reporting Period 2023 - 2024

In 2023-2024, Unlimit Health set out to deliver on its new five-year strategy, 2023-2028, launched together with our new name and brand in February 2023.

In the process of the development of the new strategy, it was acknowledged that the previous strategy had started on a path of broadening our work and focusing on cross sectoral collaboration and system strengthening. However, the new strategy is more explicitly aligned with the pillars of the World Health Organization (WHO) NTD road map 2021-2030, as well as the Sustainable Development Goals. The new strategy also articulates the way in which our goals and objectives contribute to the strengthening of the WHO-defined health system building blocks.

In line with our new strategy, our priorities focussed on the continuation of our provision of our technical strengths to countries across a variety of thematic areas, notably generating data to inform decision-making, refining strategies through an evidence-based approach and monitoring progress against global and national goals, in addition to effective cross-sectoral engagement.

Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit and the ways in which Unlimit Health delivers public benefit are explained in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

Unlimit Health partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. Unlimit Health works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.



Achievements, Performance and Future Plans

Goal 1: Accelerate programmatic action towards elimination of parasitic infections and health equity.

Objectives:

1. Be an effective technical partner in the innovation, design and delivery of interventions for all in-need groups.
2. Enhance technical support to innovate and embed monitoring, evaluation and surveillance tools and strategies for elimination.

Key Achievements:

- In partnership with Ministries of Health in six countries, we supported the delivery of over 27 million treatments, primarily for schistosomiasis (SCH) (10.4m) and soil-transmitted helminths (STH) (15.4m) and including 1.3 million treatments for lymphatic filariasis (LF) provisionally reported for FY24/25. Over 18 million people benefited from these treatments to prevent, control and eliminate these neglected tropical diseases (NTDs). Despite these successes, several factors resulted in MoH programmes being unable to deliver their treatment programmes:
 - Mauritania has been impacted by global shipping delays such that their praziquantel arrived too late to implement in FY24/25 and it has been postponed until FY25/26.
 - For several successive years, the ongoing conflict in Sudan has prevented SCH services being delivered and this has continued to be the case through FY24/25.
 - Despite intentions to maintain programme support to Burundi following a pause in activities to allow a programme audit to be undertaken, the subsequent audit findings and lack of engagement with the MoH to seek resolution and mitigation for financial control going forward resulted in withdrawal of support from both Unlimit Health and the programme donor.
- Overall, effective reported coverage remained high at over 75% (SCH: 86%, STH: 79%). To generate data on quality and performance of their programmes, Unlimit Health supported Côte d'Ivoire, Uganda, and Zanzibar to conduct coverage evaluations surveys. Data collection and analysis is ongoing, and the results are expected to be used to inform programme refinement in FY25/26. Uganda's coverage evaluation survey was part of a wider project to evaluate the effectiveness of distributing praziquantel (PZQ) as an additional intervention through the integrated Child Health Days (iCHD) platform, which take place twice yearly and reach children, both pre-SAC and SAC, with multiple health interventions.
- Conducted four epidemiological, model-based geostatistical impact assessment surveys with MoH partners in Zanzibar, the Democratic Republic of Congo (Part 2), Ethiopia (Part 3b), and Madagascar



(Part 3), with planning underway for two epidemiological surveys in the Malawi and Mauritania.

Interpretation and dissemination of results were conducted with initial virtual meetings culminating in five country workshops which took place in Ethiopia, Cote d'Ivoire, the Democratic Republic of Congo, Zanzibar and Madagascar. Data generated by these surveys have been used to support MoH decision-making on optimising the delivery of treatments and other interventions and to demonstrate impact goals aligned to the WHO NTD Roadmap for 2030 and the WHO Guideline for Schistosomiasis and WHO M&E Framework for Schistosomiasis and Soil-Transmitted Helminthiasis.

- Following impact assessments, we have supported MoH to share historical and current data in the required formats for WHO platforms for reporting and open access (WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal). This has helped strengthen collaboration with ESPEN and collaborate on the improvement of planning tools such as the Community Data Workbooks (CDW). In July 2024, we co-led a WHO meeting - Strategic Enhancements in Schistosomiasis Control: Leveraging Geostatistics and WHO Community Tool for Precision Mapping and Effective Control - to explore how geostatistics and the CDW can enhance precision mapping and better target resources for schistosomiasis control.
- Led on the development of evidence generation into practice as part of collaboration projects:
 - The Schistosomiasis Oversampling Study held a final Technical Advisory Group meeting in July 2024 to review the Schistosomiasis Practical and Precision Assessment (SPPA) pilots (Kenya, Ghana, Liberia, Malawi and Guinea) and determine the final sample size, plus the inclusion of monitoring STH and Taenia as part of these impact assessments. The final SPPA manual and training tools are available in English, French and Portuguese and are available on the WHO AFRO ESPEN website <https://espen.afro.who.int/tools-resources/advanced-analytical-tools/schistosomiasis-mapper-tool>. A web-based tool to further support national programme managers in SPPA planning before the surveys and data analysis after the surveys is under development with ESPEN and CrossCut - Unlimit Health sit on the Strategic Advisory Group.
 - Unlimit Health continued collaboration on the END Fund's Deworming and Innovation Fund saw continued support on the Ethiopia national impact assessment and an evaluation of how the data from this survey can be used to inform optimal locations for testing approaches for stopping mass drug administration and progressing towards interruption of transmission. Contribution to the development of a framework for the Interruption of Transmission and supporting writing and submission of both UH and country-led publications related to the project.
- Unlimit Health were invited to submit a proposal to the Gates Foundation, and were successful in securing funding, for the development of a Subnational Strategy and Action Plan for Schistosomiasis and STH (SNAPS). The SNAPS project is a strategic initiative designed to enhance subnational monitoring, evaluation, and interventions for schistosomiasis and STH across endemic regions in sub-



Saharan Africa. Recognising schistosomiasis and STH as major public health challenges disproportionately impacting vulnerable populations, this project aims to consolidate and leverage existing evidence to address knowledge gaps, develop actionable normative guidance aligned to that of WHO's which will enable targeted programmatic interventions.

- Published papers relevant to the control and elimination of schistosomiasis as lead or co-authors:
 - Alidou, S., Kamassa, H. E., Lack, F., Ataba, E., **Fleming, F. M.**, Sossou, E., Hemou, M., Yakpa, K., Tchalim, M., Gnossike, P., Vounatsou, P., Pullan, R., Gass, K., & Dorkenoo, A. M. (2025). Risk factors associated with urogenital schistosomiasis: A multilevel assessment approach using an Oversampling Schistosomiasis Survey (SOS) community-based, Plateaux region, Togo 2022. *BMJ Public Health*, 3(1), e001304. <https://doi.org/10.1136/bmjph-2024-001304>
 - **Harrison, W.**, & Gyapong, M. (2025). Building authentic partnerships across regions and disciplines to overcome global health threats. *International Health*, ihaf037. <https://doi.org/10.1093/inthealth/ihaf037>
 - **Laing, G.**, Wernli, D., Thomson, D. J., Canali, M., Inácio, P., Vilhena, M., Msagama, H., Dorjee, S., & Lajaunie, C. (2024). Policy and Governance. In B. Häsler, A. Tvarijonaviciute, & S. Savic (Eds.), *Principles of One Health for a better planet* (pp. 332–353). CABI. <https://doi.org/10.1079/9781800623002.0015>
 - Lamberti, O., Kayuni, S., Kumwenda, D., Ngwira, B., Singh, V., Moktali, V., Dhanani, N., Wessels, E., Van Lieshout, L., **Fleming, F. M.**, Mzilahowa, T., & Bustinduy, A. L. (2024). Female genital schistosomiasis burden and risk factors in two endemic areas in Malawi nested in the Morbidity Operational Research for Bilharziasis Implementation Decisions (MORBID) cross-sectional study. *PLOS Neglected Tropical Diseases*, 18(5), e0012102. <https://doi.org/10.1371/journal.pntd.0012102>
 - Means, A. R., Ásbjörnsdóttir, K. H., Sharrock, K. C., Galagan, S. R., Aruldas, K., Avokpaho, E., Chabi, F., Halliday, K. E., Houngebegnon, P., Israel, G. J., Kaliappan, S. P., Kennedy, D., Legge, H., Oswald, W. E., Palanisamy, G., Rogers, E., **Timothy, J.**, Pearman, E., Ramesh, R. M., ... Walson, J. L. (2024). Coverage of community-wide mass drug administration platforms for soil-transmitted helminths in Benin, India, and Malawi: Findings from the DeWorm3 project. *Infectious Diseases of Poverty*, 13(1), 72. <https://doi.org/10.1186/s40249-024-01241-0>
 - Witek-McManus, S., Simwanza, J., Msiska, R., Mangawah, H., Oswald, W., **Timothy, J.**, Galagan, S., Pearman, E., Shaikh, M., Legge, H., Walson, J., Juziwelo, L., Davey, C., Pullan, R., Bailey, R. L., Kalua, K., & Kuper, H. (2024). Disability in childhood and the equity of health services: A cross-sectional comparison of mass drug administration strategies for soil-transmitted helminths in southern Malawi. *BMJ Open*, 14(9), e083321. <https://doi.org/10.1136/bmjopen-2023-083321>



- Actively participated in and led task teams and working groups (WHO Technical Advisory Group on Schistosomiasis and STH (including M&E, WASH, zoonotic schistosomiasis), WHO NTD informatic tools sub-groups, iChords, NTDs NGO Network (NNN), NEOH (Network for Ecohealth and One Health)) to contribute to the global health agenda and provide additional guidance documents for the control and elimination of schistosomiasis and STH. Invited to review FAO animal surveillance for endemic zoonotic diseases guidance chapter on schistosomiasis.
- UH completed the implementation of the WHO Gap Assessment Tool (GAT), with support from the WHO Department of Control of NTDs and the Task Force for Global Health. The GAT comprised a qualitative consultation with disease experts, national programme managers, and WHO officials concerning the following dimensions: (i) diagnostics, (iv) monitoring and evaluation, (iii) advocacy and funding as well as (iv) access and logistics, for all NTDs and disease groups included in the WHO 2021-2030 NTDs roadmap. The GAT assessed programmatic progress and provided disease-level and cross-cutting recommendations to address challenges affecting the achievement of the roadmap's targets. The GAT report was approved by the Working Group on Monitoring, Evaluation and Research (MER WG) from the WHO Department of Control of NTDs in August 2024. Its main results will be published in the WHO Global Report on Neglected Tropical Diseases 2025. UH is coordinating with the GAT Steering Committee and the MER WG to seek funding for a second stage of this project, to complete the review of additional programmatic dimensions from the roadmap.
- This year, a significant milestone was achieved through our shared leadership role in the Pediatric Praziquantel Consortium (PPC). For the first time globally, treatment was delivered to preschool-aged children through the ADOPT project ('Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries). In March 2025, both Uganda and Cote d'Ivoire commenced roll-out of the new pediatric treatment option to preschool-aged children as part of initial small-scale pilots to test the integration of the new treatment within existing delivery platforms. ADOPT is co-funded by EDCTP and GHIT and is jointly led by Unlimit Health alongside the Swiss Tropical and Public Health Institute (Swiss TPH) as co-chairs of the Access Team of the PPC. Additionally, within the PPC, we:
 - Led the coordination and provision of technical support on Work Package 2 of the ADOPT project, working closely with the governments of Cote d'Ivoire, Kenya and Uganda to finalise their advocacy and social mobilisation strategies and tools, and to then implement these to increase awareness, acceptance and uptake of the new treatment and facilitate a supportive environment for roll-out as part of the small-scale pilot studies.
 - Worked jointly with Swiss TPH to support the finalisation of implementation protocols, training materials and data collection tools for the small-scale pilot studies under Work Packages 3 & 4 of ADOPT. In Uganda and Côte d'Ivoire we supported the roll-out of treatments through the small-scale pilots, including in-country support for the delivery of training, social mobilisation and supervision of activities. In Uganda, we also supported the design, preparation and training



for a sub-study to assess the practical acceptability, usability and accuracy of weight estimation methods for drug dosing in the absence of scales.

- Represented the PPC at international fora, including a strategic dialogue on pediatric praziquantel access convened by the UNDP Access & Delivery Partnership in Tokyo in May 2024.
- Contributed to external communication initiatives as part of the PPC Communications Team.
- Continued to provide thought leadership to the Consortium at Board level.

Plans for the Next Period:

Unlimit Health's continued approach of working directly with Ministries of Health to support public health interventions leading to the longer-term gains in eliminating SCH and STH as a public health problem has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the Universal Health Coverage agenda. As such, Unlimit Health will continue to:

- Provide programmes with high quality technical support to implement activities designed to accelerate progress towards the WHO NTD Roadmap goals of elimination for SCH and STH and aligned to the needs of communities.
- Continually generate robust data to refine intervention strategies through an evidence-based approach to ensure that programme delivery is optimised.
- In partnership, advocate for and implement expanded access for treatment to all age groups as guided by WHO, including the scale-up of delivery of the new paediatric formulation for pre-school aged children.
- In alignment with WHO critical priorities in the NTD Roadmap support the definition of epidemiological thresholds for elimination as a public health problem by undertaking systematic reviews with external partners and the WHO's Diagnostic Technical Advisory Group for schistosomiasis.
- Publish evidence and develop M&E frameworks to support a precision public health approach towards elimination of SCH and STH through optimised impact assessments, community engagement in planning and managing targeted interventions and integration with nutrition, WASH and other health policies.



Goal 2: Intensify cross cutting approaches to elimination and health systems strengthening.

Objectives:

1. Enhance integration and mainstreaming of elimination interventions and care into appropriate delivery platforms and routine health service delivery and information systems.
2. Support cross sectoral coordination and action at sub national, national, and international levels.

Key Achievements:

- Engaged in the development of evidence on the burden of **Female Genital Schistosomiasis (FGS)** through participation in the BMGF-funded MAP-FGS study. MAP-FGS training manual and tools complete and being used in trainings. Publication plan approved by BMGF and shared with country PIs and co-PIs.
 - A comprehensive training manual for the MAP-FGS study was developed in French and English, to support country teams to understand the study methodology and their roles and responsibilities. The manual included guidance on the study flow (to support team coordination), the study Standard Operating Procedures, practical exercises for use during the training and aids or guides for data collection.
 - A coordinated publication process was supported through the development of Publication Planning Tool, detailing a matrix for all publication ideas, details on content, authors and timelines. The process was initiated by organising and chairing a kick-off meeting, with all partners and country PIs, to validate the planning tool and plan next steps.
 - Two in-person training workshops were supported in Senegal, combined with the Mali team, (September-October 2024) and Madagascar (March 2025), including supporting initial logistics and planning, preparation of all training materials, leading training sessions, conducting and pre and post-test, supervising a two-day data collection pilot and supporting a training debrief. Online support was provided for the trainings in Ghana and Nigeria, particularly in ensuring all training materials were prepped and available.
- Contributed to increased awareness and prioritisation of **FGS** within the SCH and broader global health and NTDs community. Unlimit Health has:
 - Continued to co-chair the FGS Integration Group (FIG) Coalition alongside Frontline AIDS.
 - Co-organised, with the World Health Organization, a high-level side event at the International AIDS Conference in Munich, July 2024, convening endemic countries, UN



agencies and funders to discuss policy and funding needs for FGS integration into health services.

- Participated in a roundtable meeting organised by the Federal Government of Germany on FGS, chaired by WHO, alongside the World Health Summit in Berlin, October 2024.
 - Continuously engaged with WHO on the development of normative guidance on FGS, including funding of a technical consultation to be organised in 2025, and providing written input into a forthcoming WHO policy brief.
 - Production of several advocacy, policy and communications materials, including a [policy brief](#) and [FAQ document](#).
- **Integrated control of *T. Solium* in Uganda using a One Health Approach:** The five-year project is a collaboration between University of Edinburgh, Gulu University, Makerere University, Imperial College London and the International Livestock Research Institute (ILRI). Unlimit Health, as part of team of international research institutions were awarded £2.13 million from the UK Medical Research Council (MRC) Applied Global Health Board to develop the research project SUSTAINable STRategies for *TAenia solium* Interventions (SUSTAIN). As a zoonotic tapeworm in pigs, *T. solium* causes a significant health and economic burden in sub-Saharan Africa. Control and elimination of *T. soilum* in humans, as outlined in the WHO NTD road map, requires similar interventions to schistosomiasis, including mass drug administration of praziquantel. Transmission modelling and economic analysis will assess the cost-effectiveness and sustainability of a combined approach targeting people and the porcine vector and aim to inform integrated NTD control strategies both nationally and internationally.
 - **Monitoring and evaluation of PZQ distribution as an additional intervention in the integrated Child Health Days (iCHD) platform in Uganda:** Due to a lack of resources to deliver over 10 million tablets of PZQ at risk of expiry, as an emergency measure the Uganda MoH opted to include the delivery of PZQ through their Integrated Child Health Days (iCHD) platform, a biannual campaign that supplements fixed-site routine primary healthcare service delivery with the provision of Vitamin A supplementation, deworming, immunisation, and growth monitoring and promotion at the community level. Unlimit Health secured funding from Merck, The END Fund and the Bill and Melinda Gates Foundation to evaluate this approach, encompassing monitoring distribution, and evaluating the process, coverage and policy aspects of integration. Analysis is ongoing and results will provide important lessons for future integrated models in Uganda and elsewhere.
 - Provided thought leadership and programmatic innovation on the role of **water and sanitation in the control and elimination of parasitic infections**, including:
 - Continued to co-chair the WHO Technical Advisory Group on SCH and STH WASH sub-group, which includes conducting three scoping reviews and the development of a position



paper. A manuscript on WASH and STH was submitted for publication at the time of writing this report.

- Began delivery in Uganda of a project to implement community action plans on WASH for reducing the risk of SCH transmission in three communities (scale up of previous pilot project), starting with the delivery of an improved water supply system using innovative and locally appropriate technology in one community.
- Through engagement with the NNN WASH Working Group, led collaboration with the WHO NTD and Water, Sanitation and Hygiene teams on the establishment of a new case study series published on the WHO website, "[Impact in Action](#)". Additionally, developed a monitoring framework for the Global Strategy and WASH and NTDs, and began data collection for reporting.
- Contributed to the development of a [guide to social behaviour change communication for NTDs](#) published in September 2024 through the NNN WASH Working Group.
- Provided thought leadership and supported the development of new, and ongoing, **cross-sectoral collaborations on One Health**, including through ongoing and active participation in UKG pandemic accord consultations (especially Articles 4 and 5) and broader civil society collaboration with Action for Animal Health coalition members, and inputting on briefings. Chaired a roundtable with UK Government Pandemic Accord negotiating team on One Health, Anti-Microbial Resistance and Climate in collaboration with Médecins San Frontiers.
- Gabby Laing served on **Expert Advisory Group for the Tripartite Zoonoses Guidance Workforce Development Operational Tool**, attending a three-day meeting at WHO Geneva as the only non-UN representative on the group, and as expert adviser on the World Organisation for Animal Health's curriculum for animal health professionals – designing the OH competency package, being invited to sit on a UN Quadripartite Panel at the World One Health Congress 2024. Gabby Laing was also elected Chair of the international NEOH (Network for Ecohealth and One Health) Network.
- The European Union published their [One Health Joint Framework of Action](#) for the coalition of 5 EU agencies. Gabby's NEOH network OH competencies paper was a main feature under Strategic objective 3 on Capacity building.
- As part of enhancing Unlimit Health's expertise and influence within the One Health global community, consultancy to evaluate the **UN Food and Agricultural Organisations' Global Health Security Agenda**, including mission travel and engagement with Indonesian government, FAO and USAID stakeholders across governance levels. The GHSA programmes are often governments flagship One Health units responsible for emergency and transboundary zoonotic and animal infectious disease. The evaluation focused on lessons learned and good practices including One Health ways of working.



- **Chaired the NNN One Health working group**, including running a conference workshop with a community focus and generating case study videos from NTD endemic countries. Invited to present NNN workshop results to a 2-day Royal Society meeting 'Parasite evolution and impact in action – assessing the importance of hybrid schistosomes in Africa'.
- **Co-lead a NNN Cross-Cutting Groups collaboration with WHO NTD department** to host a youth-lead webinar, which included four international youth presenters and a panel session on integrated approaches to NTDs.
- Helped facilitate the three-day **National Bridging Workshop** for Somalia and follow-up reporting.
- Lead author of the **Policy and Governance chapter for the NEOH network textbook** 'One Health principles for a better planet', published with CABI it will become available as an open access text in mid-2025. Chapter authorship included youth representation through our NNN OH CCG members, One Health Society Tanzania.
- Invited by UKG to participate in a 2day **workshop for global funders in animal research on mechanisms for cross-sector**, One Health financing.
- Several team members continued to contribute to the Lancet Commission on One Health reviewing the existing landscape and making recommendations for the future direction of One Health to be published in May/June 2025. Increased advocacy and engagement on parasitic infections and **nutrition**, through engagement with ICAN (International Coalition on Advocacy and Nutrition) UK, including:
- Deepening and strengthening the advocacy partnership between **Unlimit Health and nutrition actors in the UK**, through a collaborative effort to influence the Nutrition for Growth Summit (N4G), hosted by the Government of France 26-27 March 2025.
- **With ICAN UK members**, established direct diplomatic channel with key **N4G Summit leadership**, Brieuc Pont, Secretary General of the N4G Summit (December 2024), facilitating direct communication and information sharing about the UK's preparatory contributions to this critical global nutrition initiative.
- Led the development of wider **health policy positioning within the ICAN UK recommendations** to FCDO ahead of the N4G Summit (paper entitled, [Nutrition at the heart of international development](#)), culminating in a published policy brief and list of policy and financial investment recommendations for the UK Government.
- Supported a series of parliamentary briefings to engage UK parliamentarians **on ICAN policy recommendations including stronger integration between nutrition and health**; led health integration briefing with parliamentary officers of the All-Party Parliamentary Group on Nutrition for All (January 2025) and supported the parliamentary reception of the ICAN UK N4G recommendations, hosted by the APPG on Nutrition for All in February 2025.



- Provided consultation input into the **UK efforts to develop the Nutrition Compact**, launched at the N4G Summit in March 2025, with a renewed focus on nutrition integration, including with health. This compact will now see the launch of a global coalition of stakeholders focused on nutrition integration multiple development priorities including climate change, food security and health.
- Led the development of **policy briefing papers on nutrition, parasitic infections and other NTDs**, for both the Action for Global Health network and the UK Coalition against Neglected Tropical Diseases, sharing with key parliamentary champions ahead of the N4G parliamentary debate on 22 March.

Plans for the Next Period:

In 2025-26, we will

- Continue to promote the integration of FGS into health services by continuing to technically support the MAP-FGS study, with results expected in autumn 2025; support in-country policy, strategy and policy development in Côte D'Ivoire and Liberia; support WHO to produce and disseminate normative guidance on integration of FGS; explore and advocate for the integration of FGS into relevant funding streams; and continue to conduct advocacy and communications on FGS.
- Contribute to the body of evidence on integration of SCH/STH programmes into appropriate sustainable platforms available
- Support the delivery of One Health interventions against zoonotic NTD (T. Sol) in Uganda.
- Enhance the enabling environment for a One health, systems-based approach to health policy and disease control/elimination (policy, financing, coordination platforms)
- Work with relevant authorities to develop comprehensive prevention of SCH/STH in high-risk areas in Uganda, through participatory action plans and cross sectoral collaboration and delivery of SCH/STH-sensitive WASH, environmental management and social behaviour change.
- Work to ensure that parasitic infections are included in comprehensive nutrition plans, strategies and funding streams, including the publication of a high-quality systematic review on schistosomiasis and nutritional outcomes.
- Through ICAN UK, we will continue to advance advocacy engagement with FCDO to inform and influence a financial contribution to the N4G Summit, in line with the UK aid review expected to be published in June 2025.

As a well-established member of the UK nutrition community, we will continue to press on the value of nutrition integration with health, as a mechanism to influence and support an enabling environment and policy space to deliver a precision public health approach for parasitic infections.



Goal 3: Promote and enable country ownership and leadership of programmes for elimination of parasitic infections.

Objectives:

- 1. Support country system governance, readiness, and expertise.**
- 2. Catalyse resource mobilisation aligned with country plans and mechanisms.**

Key Achievements:

- Worked to support country-led efforts for domestic resource mobilisation, through development of tools for data gathering and analysis, stakeholder engagement, and document review.
- Developed a new partnership with the Kikundi NTDs Programme Managers Community of Practice, which included development and delivery of an advocacy workshop, and financial support for the travel of five national programme managers to a Kikundi meeting in February 2025.
- Supported participation of NTD programme managers in international meetings, including the NTD NGO Network conference in Kuala Lumpur, Malaysia, September 2024, the American Society of Tropical Medicine and Hygiene (ASTMH) annual meeting in New Orleans, USA, November 2024, and the International Conference on NTD Research in Africa (InCORNTD) in Kigali, Rwanda, January 2025.

Plans for the Next Period:

In 2025/26, we will continue to embed efforts and initiatives in support of country ownership in our own work and in the broader NTD and global health community. This will include, among other activities:

- Supporting ministries of health in endemic countries to put in place processes, structures and mechanisms to enhance health equity and system sustainability, including ensuring that a One Health Systems Strengthening approach is owned and embedded across UH, and developing resource mobilisation plans in support of treatment.
- Developing an organisational level approach to domestic resource mobilisation and pilot in selected endemic countries.
- Working with our partners to become confident and effective advocates on behalf of their health programs with a wider more international audience and serve as a resource for peers in other countries.



Goal 4: A strong sustainable and flexible organisation providing a working environment which attracts and retains great staff with efficient and adaptive systems and providing a strong accountability to the supporters, partners, and funders.

Objectives:

- 1. Ensure transparency and accountable finance and resource management systems are in place compliant with all relevant regulations including the Charity SORP. Ensure robust internal controls are in place.**
- 2. Build a sustainable funding base for the organisation and provide stewardship for all funders.**
- 3. Build and maintain a working environment that attracts and retains great people, with a thriving, value-led culture, where our people feel valued, are appropriately compensated and equipped with tools to do their job and can bring their whole selves to work to achieve results that deliver the strategy.**
- 4. Ensure that we have a robust Safeguarding process in place that is clear, accessible and embedded throughout organisation and that is regularly reviewed at Board level.**
- 5. Ensure effective, values-driven, and impactful external communications, in support of the organisational vision and strategy.**

Key Achievements:

- Continued to roll out the 2023- 2028 Strategy and incorporate the learnings. The strategy continues to be warmly received by stakeholders including funders, ministries of health colleagues from endemic countries and other agencies. During the initial phases of the strategy roll-out, there has been a focus on relationship building and advocating for the strategic direction that Unlimit Health is taking, which has enabled us to have conversations with a number of existing and potential new funders to support us in identifying a number of opportunities to pursue.
- Unlimit Health as appointed two Co-Chairs following the Chair reaching the end of her term. For the First time the organisation has a Co-chair from and endemic country.
- Continued to work with our ministries of health partners from endemic countries and other agencies to continue to streamline the internal review and monitoring visits made by our Finance team and the retained external Internal Audit firm. This approach has enabled Unlimit Health to have a better understanding on how resources that we provide to our partners are utilised for better transparency, monitoring and reporting.
- We have continued to plan for internal review and assurance visits based on the perceived risk of the projects, size of grant funding, complexity of the programme, experience of the partner with grant funding, concerns raised during due diligence process including progress on implementing previous



audit recommendations, political and economic stability, ability to travel to the partner countries and reviewing other publicly available information.

- Continued to evolve and optimise Unlimit Health's processes and tools. Including developing a more robust annual budget planning, project management and grant management processes which have been rolled out to the team. Improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.
- Received a Silver Award from Investors in People. Unlimit Health has undergone annual employee surveys since 2021 identifying trends and recommendations for how to further improve the working practices and culture of Unlimit Health.
- Provided extensive policy and communications support to WHO on delivering the Guideline on control and elimination of human schistosomiasis, the WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach including technical work through the Technical Advisory Group on Schistosomiasis and STH, consultancy to evaluate the UN Food and Agricultural Organisations' Global Health Security Agenda, the FGS Task Team, and joint webinar and conference presentations.
- Fulfilled compliance requirements, including delivering safeguarding training alongside the production of a practical guide to implementing safeguarding for our partners. Maintained the high level of awareness and understanding of all personnel internally through delivering induction, refresher and Trustee trainings, as well as specialist update training for safeguarding focal points through BOND.
- Policy engagement and advocacy – Made a submission to call for evidence on the FCDO International Development white paper; contributed to the development of the BOND election manifesto document; contributed to both the Action for [Global Health First 100 days briefing](#), August 2024 (to sensitise a new UK Government to global health challenges) and the Action for Global Health rebranded successor to this paper, Fit for the Future: Progressive UK Action [for Healthy People and Planet](#), December 2024, with a view to engage newly elected UK Parliamentarians.
- Unlimit Health was a named sponsor and co-organised a joint event with the All-party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases (NTDs) and the UK Coalition Against NTDs at the House of Lords under the theme 'Voices of Resilience: Community Perspectives and the UK Partnership to end Neglected Tropical Diseases' to commemorate World NTD Day on 28 January 2025. The event brought together influential stakeholders including government officials, international health organisations, and NTD affected people. The event featured prominent speakers including the then Minister for International Development, The Rt Hon Anneliese Dodds MP and Dr. Anthony Solomon, Chief Scientific Advisor, NTDs from the World Health Organization as well as two powerful NTD affected speakers from Nigeria and Zimbabwe. The event positioned the urgency and need for comprehensive NTD strategies, emphasising the critical importance of research, funding, and partnerships, presenting compelling economic and moral arguments. This advocacy collaboration as part of the UK Coalition



against NTDs reinforced this national network's role as a strategic convener and influential advocate in global health policy.

- Unlimit Health assumed the Co-Chair role of the NTD NGO Network (NNN) strategic review process in 2024, strengthening organisational credibility and leading cross-sector consultation processes to shape a global NTD community platform. This role enhances Unlimit Health's external profile and demonstrates robust governance capabilities as we guide the NNN community toward an updated strategic framework aligned with the global 2030 NTD roadmap.

Plans for the Next Period:

We will continue to be responsive to the changing global health landscape in which Unlimit Health operates, ensuring that our strategic direction remains aligned, and our operations remain fit-for-purpose whilst maximising efficiency and effectiveness. We will maintain a values-driven culture to ensure that our leadership and management remains equitable, transparent and inclusive. This is particularly important given the instability of the global economy and the impacts of International Development Aid. We will be conducting a mid- Term strategy evaluation in July 2025 to more formally review our strategic direction given the global situation.

- Continue to maintain an effective governance structure incorporating recommendations from the governance review carried out in July 2024 and input from Trustees and other stakeholders.
- Continue to demonstrate adherence to a robust financial monitoring system that enables dynamic financial management that effectively stewards resources to deliver on our goals and objectives.
- We further develop and optimise financial management processes incorporating lessons learned from endemic country visits and audits including rolling out and embedding more structured quarterly meetings between the finance teams, budget holders and our ministries of health partners from endemic countries and other agencies.
- Creating values-driven ethical content evidencing the impact of our work, amplifying the voices of our partners wherever possible, so funders and partners understand and feel motivated to contribute to our work.
- Support the influencing of global health and development policy and developing strategic partnerships, including through UKG and UK NGO network engagement and advocacy (APPG, FCDO, AfGH, BOND, NEOH, UKCNTDs) so as a sector we move closer towards the elimination of parasitic disease. Including: Ongoing policy and advocacy action and network engagement; Exploring the links between Unlimit Health's One Health and gender, climate change, pandemic PPR and AMR agendas; and advocating for One Health prioritisation and embedding in UKG departments and international agreements or bodies.
- Unlimit Health will provide transformative thought leadership as Co-Chair of the NNN strategic review process through November 2025, guiding the development of a renewed collective identity and



forward-looking strategic framework aligned with the 2030 NTD roadmap. This leadership role positions Unlimit Health at the forefront of shaping the future landscape of global NTD collaboration, strengthening our influence in policy development and implementation while establishing innovative governance models that enhance the network's effectiveness and sustainability.

Financial review

We have realised an operational deficit of £2.01m (2024, £3.84m, deficit), which was in line with our Operational Plan. This means that Unlimit Health held total funds of £12.11m (2024, £14.06m) at year-end. These funds are made up of restricted funds of £0.30m (2024, £0.21m), unrestricted general funds of £7.25m (2024, £8.03m), and designated funds of £4.55m (2024, £5.82m) which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities as outlined in the Operational Plan.

Unlimit Health received a total income of £6.80m (2024, £4.43m) due to a combination of factors. The income on some grants received in advance could only be recognised upon performance in accordance with the donor's wishes. Some of our Ministry of Health partners continued experience delays with the arrival of donated drugs which prevented MDAs from proceeding as planned, and so Unlimit Health could not spend in the country and recognise the corresponding income. These delayed activities will be carried out in the next financial year and therefore the corresponding income recognised also in the next financial year. We were not able to do any work in Sudan, and very little work in Burundi this year.

There was an increase of donations and legacies by £0.14m (2024, £0.83m, decrease). This was due to some unrepeated donations this year and suggests that we are overcoming the short-term negative effects of the rebrand on our visibility to prospective new donors. The Investment income continued to perform well, although investment capital growth stagnated due to the new tariffs declared by the USA government.

Unlimit Health spent £8.82m over the year (2024, £8.27m). There was a slight increase in expenditure, but we would have spent more in 2025 in line with the structured drawdown of the designated funds had the various Ministry of Health partners received their drug donations from WHO on time, but we could not implement the planned level of activities in Burundi. UH has reported supporting the delivery of 27 million treatments to date, in the 2024- 25 reporting period. As detailed above (Goal 1 Key Achievements) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. We would have reported higher expenditures by partners had MDA campaigns been implemented as planned.

The financial year has ended with a strong balance sheet. At the year end, cash and cash equivalents were £6.63m (2024, £12.41m). Long- and short-term investments were £11.41m (2024, £11.34m). The total



creditors balance at the end of the financial year was £6.37m (2024, £10.08m), and £5.98m (2024, £9.85m) of the creditors balance is deferred income. Of the deferred income, £3.22m (2024, £3.94m) is earmarked by the funders for expenditure in 2026/27 and beyond.

Income Generation

In a challenging climate for both public and private financing for global health initiatives, it is encouraging that this year's overall income from donations and new grants has exceeded the previous year's total. An increase in income from Individual donors, Trusts and Foundations and Institutional funders has been counter-balanced, however, by a small reduction in income from Effective Altruism organisations, although relationships with our major EA funders remain very healthy.

Individual giving

Overall income from individuals, including major donors, was up on 23/24 by 6% to £570,000. This success was due in part to another enormously well-supported Big Give Christmas Challenge appeal, which raised £123,000 for an essential epidemiological survey in Malawi. It is also worth noting that after a gradual decline in overall donor numbers since at least April 23, for reasons which may include a reduction in brand recognition following our rebrand, the last months of 24/25 saw donor numbers beginning to climb again. We aim to turn this into a trend.

Effective Altruism

Income from EA sources continues to be significant and totalled over £560,000 in 24/25. This is a reduction of 13% on last year, however. One factor driving this reduction in income has been the withdrawal of support of two EA organisations – EA New Zealand/Aotearoa and Effektiv Spenden Germany - both of which have explicitly cited the withdrawal of the GiveWell recommendation as reasons for the change. Another factor is a small change in the number of very large grants which has a significant effect on overall income. EA grants comprise both small and very large donations from individuals.

We also note that the number of individual donations from EA sources has increased by 7% since the last reporting period. This suggests that we, and our EA partner organisations who raise funds for us, are succeeding in retaining and acquiring new donors to Unlimit Health. Our relationships with our major EA donor organisations are therefore looking healthy. We have engaged more closely in fundraising efforts with some of our major EA funders this year, in particular The Life You Can Save and Founders Pledge; for the first time, we ran a month-long joint fundraising campaign with The Life You Can Save in Australia and the US during December 2024, and our CEO featured in an episode of the Life You Can Save's popular



podcast. We have also taken measures to increase our targeting of EA-focussed audiences in our communications via our website and social media channels.

Trusts and Foundations and Institutional funders

The Research and Innovation team must take huge credit for securing a very substantial new grant of \$1,340,000 (approx. £1m) from The Bill and Melinda Gates Foundation to develop sub-national monitoring and evaluation and treatment of schistosomiasis.

Other Trusts and Foundations continue to play a modest but important role in our restricted and unrestricted income, with increased grants from six warm medium-sized trusts contributing around £170,000 to overall income, and a new grant from the End Fund to support the distribution of praziquantel through integrated Child Health Days contributing a further £135,000.

Fundraising plans

Our fundraising objectives over the coming year are to increase total income from Individuals, Major Donors and Effective Altruism funders by at least 7%. The strategies we will use to achieve this include further adapting our communications to target potential donor audiences, continuing to engage closely with EA organisations and conducting an additional public-facing matched funding campaign in the UK, Australia and the US.

There have been recent very substantial cuts in Official Development Assistance (ODA) budgets in the US, UK, Germany, France, Netherlands, and Sweden which will impact overall ODA levels significantly. This situation presents very considerable challenges for the financing of global health and human development in Low Income Countries. We will continue to engage with multi- and bilateral funding institutions to ensure that, where possible, sufficient resources are available to support the elimination of preventable parasitic disease. It remains to be seen how alternative, private sources of philanthropy will respond to the challenge that receding official funding presents. We will continue to solicit support for our elimination agenda from Trusts and Foundations through several targeted approaches to qualified funders and, as the year progresses, will be increasing our approaches to sources of sustainable restricted funding.

Disclosure under The Charities (Protection and Social Investment) Act 2016

- Unlimit Health does not use external commercial participators for its fundraising function.
- Unlimit Health is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2024/25, there were no breaches of fundraising standards or law, and no complaints were received.



- Unlimit Health implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- Unlimit Health does not make persistent approaches and engages individuals respectfully and only in compliance with the Code of Fundraising Practice and within legal requirements.
- Unlimit Health does not undertake telephone or street fundraising.
- Donations from individuals and community groups can either be solicited or unsolicited by Unlimit Health. Organisational donors are approached broadly following research that they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- Unlimit Health does not put undue pressure on any person to give money or other property.

Reserves Policy

Unlimit Health's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment.

Unlimit Health maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. Unlimit Health normally has two types of reserves:

- **Restricted funds** –These arise where funds have been given to Unlimit Health to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. Unlimit Health had Restricted Funds as at 31 March 2025 of £305k (2024, £208k).
- **Unrestricted funds** – As at 31 March 2025, the Charity had unrestricted funds of £11.81m (2024, £13.85m). £4.55m (2024, £5.82m) of these are designated and will be spent over the next two years. The balance of General Funds is £7.25m (2024, £8.03m) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:



- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year (between **£1.31m** and **£1.75m**). The cost for an orderly closure is £2.03m. The costs for an orderly closure are higher than three- and four-months' worth of unrestricted expenditure budget for the following financial year. The free reserve requirement for 2025/26 will therefore be **£2.03m**.

The **Free Reserves** as of 31 March 2025 was **£7.24m** which is **£5.21m** above the higher Reserve Policy requirement. There is a clear plan in place and the Trustees expect that there will be a structured draw down of the reserves to invest in programmes, programme development and our funding model as outlined in the **2023-28 Strategic Plan**. The reserve level will continue to decrease in the coming years and will be in line our Reserve Policy.

Investment Policy and Performance

Investment Policy Summary

The Unlimit Health of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of Unlimit Health investments are:

- To seek to produce the best financial return within an acceptable level of risk.



- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

Unlimit Health has adopted an ethical investment policy to ensure that its investments do not conflict with its aims. Excluded are activities that have a direct impact on health e.g., tobacco and alcohol. Activities that have a direct impact on the environment e.g., illegal logging, and activities that undermine human rights e.g., sexual misconduct.

Investment Performance

CCLA Fund Managers manage two COIF Charity Funds' portfolios for Unlimit Health: The Ethical Investments and Fixed Interest. Over the year, the portfolio realised a Total Return Performance of 3.7% (2024, +8.7) compared to the +2.8 (2024, +3.4) for the Consumer Price Index. Although the portfolio realised w lower performance this year, it still outperformed the comparator.

Fund performance is shown after the deduction of all fees and expenses with income reinvested. Comparator returns are based on market indices which are not adjusted for management fees or expenses.

The Ethical Funds did not perform well this year and realised a capital loss of £143k (2024, growth of £302k). The Ethical Investment funds total return performance over 12 months to 31 March 2025 was -1.46 %(2024, +13.11%) against +4.05 (2024, +16.72%) for the Fund Comparator. Although the margin of lower performance against the comparator has decreased this year, the fund comparator is continuing to outperform the Ethical Fund.

The Fixed Interest portfolio performed better and realised capital growth of £207k (2024, growth of £338k). The Fixed Interest funds total return performance over 12 months to 31 March 2025 was +5.82% (2024, +6.91%) against +6.71% (2024, +6.76%) for the Fund Benchmark. The Fund Benchmark outperformed the Fixed Interest Fund this year.



Principal Risks and Uncertainties

Risk management is central to the ability of Unlimit Health to deliver its objectives. We use multiple ways of managing risks through the Leadership Team (LT), Technical Team, the Finance Risk & Audit Committee (FRAC) sub-committee to the Board, and the Board. Central to this is a rigorous budget process with appropriate internal controls including only spending secured funds, with projects planned to optimise cash flow and value for money.

The LT meets regularly and monitors and reviews key risks. The Technical Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with Unlimit Health's financial performance targets. In addition, actions taken in response to any issues raised during specific partner assessment or other review activities are implemented in other contexts if applicable.

The FRAC reviews risks, challenges and key financial management policies and assumptions on a quarterly basis. It ensures that the annual operational plan is adequately funded and makes recommendations to the Board for adoption. The LT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps Unlimit Health to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of communities at risk of NTDs continue to be met.

Unlimit Health has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
1 International Aid financing	
Closure of USAID (20 January 2025) and significant cuts to UKAid announced (9 April 2025) has impacted the NTD sector significantly. Although Unlimit Health did not receive USAID or UKAID funds directly there are significant impacts in terms of collaborations and dependent partnerships as well as broader impacts on the future of international aid funding.	The Board has continued to convene a Funding and Communications subcommittee (FCC) with a diverse membership and extensive expertise in fundraising and communications to support the Unlimit Health Team. We engage with a range of networks and stakeholder groups to ensure that we contribute appropriately to the advocacy efforts and identify possible mitigations.
2 Assurances of expenditure by endemic country programmes	



To align with the values of the organisation and for the achievement of the specific objectives of strategic Goal 3, Unlimit Health supports the ministries of health to be accountable for NTD programme expenditure. The need to balance this with the ability to demonstrate appropriate levels of financial oversight to funders and fulfil other regulatory requirements creates challenges and risks to Unlimit Health.	Unlimit Health has worked with the FRAC and third-party audit partners to further develop an internal partnership assessment approach that satisfies compliance requirements and continues to work with Ministry of Health colleagues to further developed the financial management and reporting accountabilities required, alongside regular programme audits.
3 Sustainability of the supply of Praziquantel	
Global crises and financial instability have created uncertainty in global pharmaceutical market making the long-term donation of Praziquantel by Merck KGAA less certain. This in conjunction with demand side issues due to the reduction in distribution funds, reducing the requests received by the WHO from Ministries of Health for Praziquantel has further compounded the challenge.	Unlimit Health has over many years developed strong relationships at all levels within Merck KGAA and is continuing discussions to determine how to advocate most effectively for the continuation of the donation programme in the long term. UH is also engaging with other stakeholders to generate the appropriate data to ensure accurate allocation and utilisation of donated drugs.



Structure, Governance and Management

Unlimit Health (formerly SCI Foundation) was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. Unlimit Health is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission. In March 2023 the name of the charity was changed to Unlimit Health from SCI Foundation and Companies House the Charity Commission were informed.

Unlimit Health has a Board of Trustees committed to maintaining a high standard of governance. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed through an open and transparent recruitment process and an assessment of the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of three years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced). The Unlimit Health board membership spans several countries, including Canada, Ghana, Mali, the US and the UK, bringing important global perspectives as well as health system expertise from the African region into deliberations. Board member expertise includes journalism, strategic communications, financial services, health programme development, medical practice, research, and technology, across the NGO, private and public sectors. The new co-chair of the Board, Professor Samba Sow, previously served as Mali's Minister of Health and Public Hygiene, and is the current Director General of the Center for Vaccine Development in Mali (CVD-Mali) We have made Board of Trustee meetings more accessible by having three online and one in-person meetings.

Training of Trustees

Trustees are recruited for their specific skills and experience to meet organisational priorities and ensure a wide range of specialist areas. Training for Trustees is conducted in two ways:

1. Trustees Induction: Each Trustee, following appointment, has an induction meeting with the Chair and the Chief Executive.
2. Safeguarding training: All Trustees are given induction on Safeguarding and one Trustee is nominated as a Safeguarding Trustee. The Safeguarding Trustee has oversight of and ultimate responsibility for a comprehensive set of policies, reporting processes and the organisation's training plans that are led through the Finance and Operations Team. The Safeguarding Trustee works with the organisation's Co-Lead Safeguarding Officers on both the ongoing Safeguarding processes and any incidents as they arise.

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency.



With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions.
- **Funding and Communication Committee:** to provide the charity with expert insight and fulfil the governance requirements for the detailed scrutiny and support of the delivery of the Funding and Communications Strategy

The Board of Trustees delegates the responsibility for the day-to-day management of Unlimit Health to the Leadership Team (LT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees. The Leadership Team is comprised of the Directors of the five main functions:

- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Technical**, which advises and supports country partners on optimal strategies for interventions in support of elimination, alongside robust data generation to drive evidence-base decision-making.
- **Research and Innovation**, which drives innovation, operational research and research collaborations in support of country-driven disease elimination and health systems strengthening, as well as policy influencing and advocacy within the NTDs, global health and development space.
- **Funding and Communications**, which includes all fundraising, both restricted and unrestricted and proposal development coordination work, and all external communications.



Remuneration

Unlimit Health's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, Unlimit Health also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

The KMP is composed of the CEO, Technical Director, Director of Research & Innovation, Director of Funding & Communications, Director of Policy and Innovation, and Director of Finance and Operations.

As of March 2025, the total employment cost of the KMP was £604k (2024: £573k). The pension cost for the KMP was £33k (2024, £29k). The employment cost increase was due to cost-of-living awards.

All UK staff are paid at least the London living wage.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of Unlimit Health 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, which 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 or 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 (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- 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 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.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Signed on behalf of the Trustees

Dr Camilla L Ducker and Prof S Sow

Co- Chairs and Trustees

Approved on 31st July 2025



Reference and Administration

Details

Charity Registration Number:	1182166
Company Registration Number:	11775313
Registered Address and Principal Office:	Edinburgh House, 170 Kennington Lane, London, SE11 5DP
Trustees:	Dr Justine M Frain – Interim Chair (resigned 31/12/2024) Dr Camilla L. Ducker - Co-Chair appointed 28/11/2024 Professor Samba O. Sow - Co-Chair appointed 28/11/2024 Mr Jonathan C. Gorrie - Treasurer Kathryn E. Ager Arielle Dolegui Maxmillian P. Seunik Abena Y. Afari (Appointed 25/07/2024) Carolynne M. Wheeler (Appointed 25/07/2024)
Chief Executive Officer:	Dr Wendy Harrison
Key Management Personnel:	Dr Wendy Harrison - Chief Executive Officer Dr Lynsey Blair – Technical Director Dr Fiona Fleming – Director of Research and Innovation Ms Julia Hopper – Director of Funding and Communications Mr Joshua Oliech – Director of Finance and Operations Ms Yael Velleman - Director of Policy and Innovation
Auditors:	HaysMac LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG



Bankers:	Barclays Bank, 1 Churchill Place, London E14 5HP
Solicitors:	Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB
Investment Managers:	CCLA Fund Managers, One Angel Lane, London EC4R 3AB



Independent Auditor's Report to the members of Unlimit Health

Opinion

We have audited the financial statements of Unlimit Health for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flow, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.



Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report and the Interim Chair's Foreword. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Annual Report (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:



- adequate accounting records have not been kept by the charitable company, or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company



law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as Companies Act 2006, fundraising regulations and the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to the posting of improper journals to revenue. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission, or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Steven Harper

Steven Harper (Senior Statutory Auditor)

For and on behalf of HaysMac LLP, Statutory Auditor

Date: 26 September 2025

10 Queen Street Place
London
EC4R 1AG



Statement of Financial Activities

(incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2025

	Note	Unrestricted Funds	2025 Restricted Funds	Total Funds Year ended 31-Mar-25	Unrestricted Funds	2024 Restricted Funds	Total Funds Year ended 31-Mar-24
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	1,135,491	184,223	1,319,714	1,136,561	158,714	1,295,275
Charitable activities	3	-	5,096,944	5,096,944	-	2,685,865	2,685,865
Investment income	4	386,941	-	386,941	448,977	-	448,977
TOTAL INCOME		1,522,432	5,281,167	6,803,599	1,585,538	2,844,579	4,430,117
EXPENDITURE ON:							
Fundraising and publicity	6	441,551	89,029	530,580	410,745	110,835	521,580
Charitable activities							
Partner awards	6	1,704,418	3,803,867	5,508,285	3,640,020	1,661,812	5,301,832
Direct Expenditure	6	1,781,346	996,589	2,777,935	1,005,690	1,443,801	2,449,491
TOTAL EXPENDITURE		3,927,315	4,889,485	8,816,800	5,056,455	3,216,448	8,272,903
NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS		(2,404,883)	391,682	- 2,013,201	(3,470,917)	(371,869)	(3,842,786)
Gains/(losses) on investments		63,579	-	63,579	639,429	-	639,429
NET (EXPENDITURE)/INCOME		(2,341,304)	391,682	- 1,949,622	(2,831,488)	(371,869)	(3,203,357)
Transfer between funds		295,453	- 295,453	-	(470,597)	470,597	-
NET MOVEMENT IN FUNDS		(2,045,851)	96,229	- 1,949,622	(3,302,085)	98,728	(3,203,357)
Reconciliation of funds:							
Total funds brought forward		13,852,620	208,367	14,060,987	17,154,705	109,639	17,264,344
TOTAL FUNDS CARRIED FORWARD		11,806,769	304,596	12,111,365	13,852,620	208,367	14,060,987

All transactions are derived from activities that commenced during the period.

All recognised gains and losses are included in the Statement of Financial Activities.



Balance Sheet (Company Number 11775313)

AT 31 MARCH 2025

		2025		2024	
	Note	£	£	£	£
FIXED ASSETS					
Tangible Assets	9		14,033		1,586
Investments	10		<u>11,405,766</u>		<u>11,342,187</u>
			11,419,799		11,343,773
CURRENT ASSETS					
Debtors	13	432,927		384,061	
Cash at bank and in hand		<u>6,626,010</u>		<u>12,412,940</u>	
		7,058,937		12,797,001	
CREDITORS: amounts falling due within one year	14	<u>(3,148,568)</u>		<u>(6,142,292)</u>	
NET CURRENT ASSETS			<u>3,910,369</u>		<u>6,654,709.4</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			15,330,168		17,998,482
CREDITORS: amounts falling due after one year	15		(3,218,803)		(3,937,495)
NET ASSETS			<u>12,111,365</u>		<u>14,060,987</u>
FUNDS					
Restricted funds	16		304,596		208,367
Unrestricted funds:					
Designated funds			4,553,972		5,824,004
General funds			<u>7,252,797</u>		<u>8,028,616</u>
			<u>11,806,769</u>		<u>13,852,620</u>
			<u>12,111,365</u>		<u>14,060,987</u>

The financial statements were approved and authorised for issue by the Trustees on 31 July 2025 and were signed below on its behalf by:

Dr Camilla Ducker
Co-Chair of the Board of Trustees

Mr Jonathan Gorrie
Treasurer



Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025	2024
		£	£
Cash Flow from operating activities	22	(6,416,751)	(5,680,937)
Cash flows from investing activities			
Income from listed investments		348,458	278,574
Other interest receivable		38,483	170,403
Payments to acquire tangible fixed assets		(15,183)	-
Purchase of investments		-	-
Cash used in investing activities		<u>371,758</u>	<u>448,977</u>
Increase/(decrease) in cash and cash equivalents in the year		<u>(6,044,993)</u>	<u>(5,231,960)</u>
Cash and cash equivalents at the beginning of the year		<u>12,412,940</u>	<u>17,560,060</u>
		6,367,947	12,328,100
Change due to exchange rate movements		258,063	84,840
Total cash and cash equivalents at the end of the year		<u><u>6,626,010</u></u>	<u><u>12,412,940</u></u>
Cash and cash equivalents			
Cash at bank and in hand		6,626,010	12,412,940
Cash at bank and in hand at the end of the reporting period		<u><u>6,626,010</u></u>	<u><u>12,412,940</u></u>



Notes to the financial statements

1. **Accounting policies:** The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:
 - a. **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The subsidiary was dormant in the current and previous financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

Preparation of the accounts as a going concern: Having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.

- b. **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction. The cost of donated drugs for the Mass Drug Administration are not included in the UH income or expenditure accounts because the drugs are donated directly to the partner countries through a WHO donation programme regulated through a Memorandum of Understanding between the pharmaceutical companies and WHO.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).



Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

- c. **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity 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, or which have been raised by the charity for particular purposes. The cost 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.

- d. **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income.

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- e. **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T., general office and premises, and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 6.
- f. **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the



carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- g. **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- h. **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- i. **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investments in subsidiaries are measured at cost less impairment.

- j. **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.
- k. **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- l. **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- m. **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange



rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.

- n. **Pensions:** The Charity operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

		2025			2024	
2.	DONATIONS AND LEGACIES			Year ended		Year ended
		Unrestricted	Restricted	31-Mar-25	Unrestricted	31-Mar-24
		£	£	£	£	£
	Donations	<u>1,135,491</u>	<u>184,223</u>	<u>1,319,714</u>	<u>1,136,561</u>	<u>158,714</u>
	</					



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2025

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	63,050	402,751	64,779	530,580
Expenditure on charitable activities: other	248,947	1,787,379	741,609	2,777,935
TOTAL EXPENDITURE	311,997	2,190,130	806,388	3,308,515

FOR THE YEAR ENDED 31 MARCH 2024

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
Fundraising and publicity	76,242	336,859	108,479	521,580
Expenditure on charitable activities: other	315,850	1,537,863	595,778	2,449,491
TOTAL EXPENDITURE	392,092	1,874,722	704,257	2,971,071

b) ANALYSIS OF SUPPORT COSTS

FOR THE YEAR ENDED 31 MARCH 2025

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	1,635	6,169	48,314	6,932	63,050
Expenditure on charitable activities:	6,456	24,362	190,757	27,372	248,947
TOTAL SUPPORT COSTS:	8,091	30,531	239,071	34,304	311,997

FOR THE YEAR ENDED 31 MARCH 2024

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	4,939	5,675	59,417	6,211	76,242
Expenditure on charitable activities:	20,460	23,505	246,157	25,728	315,850
TOTAL SUPPORT COSTS:	25,399	29,180	305,574	31,939	392,092

c) GOVERNANCE COSTS

	Year ended 31-Mar-25	Year ended 31-Mar-24
	£	£
Legal and professional, including audit	34,304	31,939
	34,304	31,939



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

6. EXPENDITURE (cont)	2025			2024		
	Unrestricted £	Restricted £	Year ended 31-Mar-25 £	Unrestricted £	Restricted £	Year ended 31-Mar-24 £
Partner awards						
Burundi						
Ministry of Public Health and Fight against Aids	-	-	-	-	35,305	35,305
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	1,328,683	914,598	2,243,281	1,940,418	11,742	1,952,160
Democratic Republic of Congo						
Ministère de la Santé Publique de la République Démocratique du Congo	-	-	-	-	635,248	635,248
United Front Against River Blindness	-	563,316	563,316	47,466	5,273	52,739
Ethiopia						
Ethiopia Public Health Institute	-	-	-	-	137,990	137,990
NALA Foundation	2,446	10,680	13,126	-	152,265	152,265
Kenya						
Kenya Red Cross Society	-	7,487	7,487	-	4,735	4,735
Division of Vector-Borne Diseases, Ministry of Health (Kenya)	-	-	-	408,294	-	408,294
African Institute For Health & Development	-	-	-	91,866	-	91,866
Liberia						
Ministry of Health, Republic of Liberia	829.05	-	829	-	-	-
Madagascar						
Ministere de la Sante Publique	-	-	-	-	126,115	126,115
Réseau International Schistosomoses	-	28,955	28,955	-	19,007	19,007
Environnement Aménagement et Lutte 3A Madagascar	500.89	1,717,127	1,717,628	-	-	-
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	380.00	-	380	554,330	104,696	659,026
Kamuzu University of Health Sciences	2,178.15	-	2,178	-	-	-
Pakachere Institute of Health & Development Communication	-	-	-	4,263	-	4,263
Mauritania						
The Government of The Islamic Republic of Mauritania, Programme National de Lutte contre les Maladies Tropicales Négligées	-	-	-	-	60,537	60,537
Tanzania						
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	319,461	21,805	341,266	230,278	-	230,278
National Institute for Medical Research	-	68,897	68,897	75,083	326,833	401,916
Public Health Laboratory Ivo de Carneri	2,306	-	2,306	-	-	-
Uganda						
Vector Control Division, Biharzia and Worm Control Programme, Ministry of Health	47,634	471,002	518,636	288,022	42,066	330,088
	<u>1,704,418</u>	<u>3,803,867</u>	<u>5,508,285</u>	<u>3,640,020</u>	<u>1,661,812</u>	<u>5,301,832</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

7. STAFF NUMBERS AND COSTS

	2025 No.	2024 No.
The average number of persons employed during the year were as follows		
Raising funds	4	3
Charitable activities	17	14
Support	8	8
	<u>29</u>	<u>25</u>

The aggregate payroll costs of these persons were as follows

	£	£
Salaries and wages	1,806,453	1,536,232
Social security costs	207,419	175,379
Pension scheme contributions	<u>122,180</u>	<u>101,122</u>
	<u>2,136,052</u>	<u>1,812,733</u>

There were 11 employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2024: nine).

	2025 No.	2024 No.
£60,000 - £69,999	4	3
£70,000 - £79,999	1	3
£80,000 - £89,999	6	3
	<u>11</u>	<u>9</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £604,485 (2024: £573,068).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any trustee. Travelling expenses of £2,535 were paid on behalf of or reimbursed to trustees for attendance at trustee meetings (2024: £0).

9. TANGIBLE ASSETS

Furniture Fixtures and Equipment

Cost or Valuation

	2025 £	2024 £
At 31 March 2024	7,138	7,138
Additions	15,183	-
At 31 March 2024	<u>22,321</u>	<u>7,138</u>

Depreciation & Amortisation

	2025	2024
At 31 March 2024	(5,552)	(3,172)
Charged in Year	(2,736)	(2,380)
At 31 March 2024	<u>(8,288)</u>	<u>(5,552)</u>

Net Book Value

	2025	2024
At 31 March 2025	<u>14,033</u>	<u>1,586</u>

10. INVESTMENTS

	2025 £	2024 £
Market value at 31 March 2024	11,342,187	10,702,758
Additions	-	-
Unrealised profit/(loss) on revaluation	63,579	639,429
Market value at 31 March 2025	<u>11,405,766</u>	<u>11,342,187</u>
Historical cost at 31 March 2025	<u>11,000,000</u>	<u>11,000,000</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund and the COIF Charities Fixed Income fund managed by CCLA Fund Managers Limited. Distributions from the funds of £348,458 were received during the year (2024: £278,584).



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

11. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £1 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous year.

12. Taxation

Unlimit Health is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13. DEBTORS

	2025	2024
	£	£
Other debtors	9,423	8,143
Prepayments and accrued income	423,504	375,918
	<u>432,927</u>	<u>384,061</u>

14. CREDITORS: Amounts falling due within one year

	2025	2024
	£	£
Trade creditors	91,003	38,458
Other creditors including taxation and social security	94,804	61,447
Accruals	196,660	126,052
Deferred income	2,766,101	5,916,335
	<u>3,148,568</u>	<u>6,142,292</u>

15. CREDITORS: Amounts falling due after one year

	2025	2024
	£	£
Deferred income	3,218,803	3,937,495
	<u>3,218,803</u>	<u>3,937,495</u>

The movements in deferred income are analysed as follows:

	2025	2024
	£	£
Brought forward deferred income	9,853,830	10,734,969
Income released in the year	(3,907,407)	(2,257,447)
Income deferred	38,481	1,376,308
Carried forward deferred income	<u>5,984,904</u>	<u>9,853,830</u>

16. FUNDS	At 31 March 2024	Income	Expenditure	Investment movements	Transfers	At 31 March 2025
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	5,824,004		(1,270,032)	-	-	4,553,972
General Funds	8,028,616	1,522,432	(2,657,283)	63,579	295,453	7,252,797
	<u>13,852,620</u>	<u>1,522,432</u>	<u>(3,927,315)</u>	<u>63,579</u>	<u>295,453</u>	<u>11,806,769</u>
Restricted Funds						
Grants	208,367	5,281,167	(4,889,485)	-	(295,453)	304,596
	<u>14,060,987</u>	<u>6,803,599</u>	<u>(8,816,800)</u>	<u>63,579</u>	<u>-</u>	<u>12,111,365</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

16. FUNDS (continued)	At 31 March 2023	Income	Expenditure	Investment movements	Transfers	At 31 March 2024
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	7,824,004		(2,000,000)	-	-	5,824,004
General Funds	9,330,701	1,585,538	(3,056,455)	639,429	(470,597)	8,028,616
	17,154,705	1,585,538	(5,056,455)	639,429	(470,597)	13,852,620
Restricted Funds						
Grants	109,639	2,844,579	(3,216,448)	-	470,597	208,367
	17,264,344	4,430,117	(8,272,903)	639,429	-	14,060,987

Designated funds represents the balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	At 31 March 2025			Total
	Restricted Funds	General Funds	Designated Funds	£
	£	£	£	£
Tangible fixed assets	-	14,033	-	14,033
Investments	-	11,405,766	-	11,405,766
Net current assets	304,596	(948,199)	4,553,972	3,910,369
Creditors: Amounts falling due after one year	-	(3,218,803)	-	(3,218,803)
	304,596	7,252,797	4,553,972	12,111,365

	At 31 March 2024			Total
	Restricted Funds	General Funds	Designated Funds	£
	£	£	£	£
Tangible fixed assets	-	1,586	-	1,586
Investments	-	11,342,187	-	11,342,187
Net current assets	208,367	622,338	5,824,004	6,654,709
Creditors: Amounts falling due after one year	-	(3,937,495)	-	(3,937,495)
	208,367	8,028,616	5,824,004	14,060,987

18. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2025	2024
	£	£
Authorised and contracted for	-	-



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2025

19. OPERATING LEASE COMMITMENTS

	2025 Land & Buildings £	2024 Land & Buildings £
Leases which expire:		
Within one year	11,576	11,025
In one to five years	-	-
	<u>11,576</u>	<u>11,025</u>

20. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

21. PENSION COMMITMENTS

Unlimit Health operates a Group pension arrangement. The overall pension charge for the year was £122,180 (2024: £101,122). At 31 March 2025, contributions of £19,991 were outstanding (2024: £ nil).

22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW/(OUTFLOW)

	2025 £	2024 £
Net movement in funds	(1,949,622)	(3,203,357)
Investment income	(386,941)	(448,977)
(Gains)/losses on investments	(63,579)	(639,429)
Depreciation	2,736	2,380
Exchange rate (gain)/loss	- 258,063	(84,839)
Increase/ (decrease) in creditors	(3,712,416)	(1,169,271)
(Increase)/ decrease in debtors	(48,866)	(137,444)
Net Cash generated by operating activities	<u>(6,416,751)</u>	<u>(5,680,937)</u>

23. RELATED PARTY TRANSACTIONS

There were no related party transactions in the current or preceding accounting periods.



NOTES TO THE FINANCIAL STATEMENTS (continued)

24 *Restricted Grants Details 2024/25	At 31 March 2024	Income	Expenditure	Transfers	At 31 March 2025
	£	£	£	£	£
Ethiopia Reassessment	-	13,273	(73,476)	60,203	-
Madagascar drugs distribution	-	1,162,503	(1,261,589)	99,086	-
Epidemiological surveys	-	32,174	(19,234)	(12,941)	-
DRC Reassessment	-	46,677	(42,846)	(3,830)	-
Integrated Child Health Uganda (End Fund)	-	133,255	(115,874)	(17,381)	-
Integrated Child Health Uganda (Merck)	-	57,581	(50,070)	(7,511)	-
Schistosomiasis Strategic Framework	-	58,582	(50,941)	(7,641)	-
Good Ventures Foundation 2022-24	-	2,708,935	(2,429,609)	(279,326)	-
GiveWell Foundation 2024-26	-	78,035	(67,857)	(10,179)	-
Paediatric PZQ Consortium GHIT	-	358,774	(325,490)	(33,284)	-
Paediatric PZQ Consortium EDCTP	-	257,524	(237,236)	(20,288)	-
Community-led action against disease	44,597	-	(56,214)	11,617	-
Malawi Reassessment	-	128,070	-	-	128,070
Preventing parasitic disease in young women	154,043	25,000	(2,516)	-	176,527
Schisto Oversampling Surveys 23-24 TFGH	-	46,514	(40,115)	(6,399)	-
FGS Burden Study 2023-24 TFGH	-	38,879	(29,803)	(9,075)	-
Precision Public Health Technical Approach	9,728	31,153	(40,881)	-	-
Stichting Effectief Doneren re GiveWell	-	48,829	(42,517)	(6,312)	-
Breaking Transmission Doc 2024 CIFF	-	3,698	(3,216)	(482)	-
Zanzibar MDA 2024-25 CAF Canada	-	51,606	-	(51,606)	-
Gap Assessment Tool TFGH	-	105	-	(105)	-
	<u>208,367</u>	<u>5,281,167</u>	<u>(4,889,485)</u>	<u>(295,453)</u>	<u>304,597</u>

*Restricted Grants Details 2023/24	At 31 March 2023	Income	Expenditure	Transfers	At 31 March 2024
	£	£	£	£	£
Ethiopia Reassessment	-	470,434	(444,045)	(26,389)	-
Madagascar expiring drugs distribution	-	75,949	(65,259)	(10,690)	-
Epidemiological surveys	-	33,280	(22,311)	(10,969)	-
DRC Reassessment	-	1,611	(1,478)	(133)	-
GAP Assessment Tool (WHO)	-	6,451	(16,630)	10,180	-
Good Ventures Foundation 2022-24	-	1,757,390	(2,302,388)	544,999	-
Paediatric PZQ Consortium GHIT	-	49,205	(39,372)	(9,833)	-
Paediatric PZQ Consortium EDCTP	-	93,648	(79,457)	(14,190)	-
Schistosomiasis and Soil-Transmitted Helminths Treatment	-	120,244	(104,696)	(15,548)	-
Community-led action against disease	100,031	3,516	(51,918)	-	44,597
Gap Assessment Tool TFGH	-	11,524	(27,557)	16,033	-
Schisto Oversampling Surveys 23-24	-	34,709	(26,119)	(8,591)	-
FGS Burden Study	-	31,422	(25,940)	(5,483)	-
Preventing parasitic disease in young women	9,609	146,526	(2,092)	-	154,043
Uganda Schisto Programme	-	-	(1,212)	1,212	-
Precision Public Health Technical Approach	-	15,704	(5,976)	-	9,728
	<u>109,640</u>	<u>2,844,579</u>	<u>(3,216,449)</u>	<u>470,597</u>	<u>208,367</u>

Funds are transferred from Unrestricted to Restricted Reserves when the expenditure on a restricted grant is greater than the cumulative grant income. Funds are transferred from Restricted to Unrestricted Reserves when income for a grant is greater than expenditure and there are no further grant obligations to satisfy, or when grants provide for a level of unrestricted overhead contribution.

Accounts

Unlimit Health

Annual Report and Financial Statements for the year ending 31 March 2024



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List of acronyms

BCC	Behaviour change communications
CDW	Community Data Workbook
EA	Effective Altruism
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
FIG	FGS Integration Group
FRAC	Finance Risk and Audit Committee
GAT	Gap Assessment Tool
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPC	Pediatric Praziquantel Consortium
PSAC	Preschool-aged children
PZQ	Praziquantel
SAC	School-aged children
SAE	Serious Adverse Event
SCIF	SCI Foundation
SCH	Schistosomiasis
LT	Senior Leadership Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization



Foreword by the Interim Chair of the Board of Trustees

The past year has been an exciting journey as Unlimit Health embarked on its new five-year strategy and concomitant rebrand. Our new name marks an important shift in what we do, as well as how we do it. In more than 20 years as the Schistosomiasis Control Initiative and the SCI Foundation we helped treat over a billion children for schistosomiasis (SCH) and soil transmitted helminths (STH). But, as the new WHO NTD road map 2021-2030 shows, more innovative solutions are needed to ultimately achieve the prevention, control and eventual elimination of these diseases as a public health problem. The road map places countries and communities at the heart of improving their health and welfare, so that their prospects and health are not limited; that is the vision of Unlimit Health.



Our new strategic goals support increasing in-country capacity and ownership of disease programmes. They break new ground in focusing on health equity, strengthening health systems, supporting cross sectoral collaboration, and developing innovative partnerships strategies.

We have also continued to provide support to our partner countries in delivering their parasitic disease elimination programmes. This year our technical support to the Ministry of Health (MoH) in 8 countries has delivered over 27 million treatments for SCH and STH, whilst generating data to guide MoH decision-making on optimising the delivery of treatments and other interventions towards elimination.

In this transition year we have advanced our support to health systems strengthening and cross sectoral collaboration on female genital schistosomiasis, One Health and water and sanitation. We have also developed our expertise to strengthen country ownership and domestic resource mobilisation, and we have completed our organisational transformation to ensure we are efficient and accountable in our operations.

Over the next few years, we will continue to spearhead the journey towards health equity, strong health systems and sustained elimination of parasitic infections – and encourage this beyond our own organisation. Our strength is our technical capacity, innovative partnerships and track record of delivery for communities. Our strategy builds on this and expands our focus on advocacy and policy influencing. We look forward to tackling the challenges that this commitment will bring and sharing the lessons with our partners and supporters.

Dr Justine M Frain, Interim Chair, Board of Trustees



Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of Unlimit Health (formerly SCI Foundation - SCIF) for the year ended 31 March 2024. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements and notes have been prepared in accordance with the accounting policies and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

Unlimit Health purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases").
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.



Our goals under our strategy 2023-2028

Our vision is 'Resilient systems that sustain good health, so everyone everywhere can reach their full potential.'

Our mission: We share evidence and expertise to end preventable parasitic infections in affected communities.

- **Goal 1:** Accelerate programmatic action towards elimination of parasitic infections and health equity.
- **Goal 2:** Intensify cross cutting approaches to elimination and health systems strengthening.
- **Goal 3:** Promote and enable country ownership and leadership of programmes for elimination of parasitic infections.
- **Goal 4:** Ensure a strong sustainable and flexible organisation that provides an excellent working environment for staff with efficient and adaptive policies and systems, and provides a strong accountability to the supporters, partners, and funders.

To achieve the goals outlined in this new strategy we are undergoing several significant strategic and operational shifts. This requires us to generate evidence and develop technical approaches, as well as enhance our skills set and resources. We have therefore identified two transitional objectives that will support the longer-term achievement of our strategic goals:

- 1. Develop a 'precision public health for parasitic infections' technical approach**
- 2. Develop a health systems strengthening technical approach**

Enablers to reaching our goals

To fulfil our mission, we work in partnership to develop country-owned solutions that eliminate parasitic infections, for good. This involves delivering services under three key areas:

- **Evidence-based disease elimination support**
 - Continue to generate high quality evidence in partnership with ministries of health and provide technical support to guide programmatic adaption and learning.
 - Generate evidence for policy making at national and international levels to accelerate progress towards elimination.
 - Generate evidence to support the development of a domestic resource mobilisation strategy that can be contextualised for different settings.
 - Use evidence to provide high quality technical assistance that is responsive to endemic country needs to achieve elimination.
- **Cross-sectoral health systems strengthening:**



- Develop internal technical support capacity on key cross-cutting themes such as water, sanitation, and hygiene behaviour change, One Health, treatment and care for morbidities related to parasitic infections (such as genital schistosomiasis), and access to medicines.
- Continue to partner with ministries of health to mobilise resources and provide technical support for cross sectoral collaboration across all relevant settings, utilising resources in these sectors to strengthen systems and reach disease elimination targets.
- Support ministries of health to utilise optimal sustainable platforms to deliver interventions against parasitic infections within existing systems.
- **Building collaborative partnerships:**
 - Collaboration for impact will continue to be at the centre of our operational approach, partnering with ministries of health and aligning with national priorities.
 - We will engage with partners who share our commitment to a comprehensive approach to elimination of parasitic infections.

Our Values

We are a team of people passionate about creating a world free of preventable disease. It is important that everyone that works at Unlimit Health, as well as our partners and supporters, share the same values and beliefs:

- **Equity:** We challenge inequity and strive towards a fair distribution of power and resources globally. We understand that ill health is rooted in social and economic inequity and injustice.
- **Inclusivity:** We respect people's differences, recognising the importance of different perspectives and experiences, applying the principles of compassion and dignity. We understand that having varied perspectives and experiences is essential to achieving our mission.
- **Transparency:** We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role of transparency in engendering trust, collaboration, and accountability.

Priorities set for the Reporting Period 2023 - 2024

In 2023-2024, Unlimit Health set out to deliver on its new five-year strategy, 2023-2028, launched together with our new name and brand in February 2023.

In the process of the development of the new strategy, it was acknowledged that the previous strategy had started on a path of broadening our work and focusing on cross sectoral



collaboration and system strengthening. However, the new strategy is more explicitly aligned with the pillars of the World Health Organization (WHO) NTD road map 2021-2030, as well as the Sustainable Development Goals. The new strategy also articulates the way in which our goals and objectives contribute to the strengthening of the WHO-defined health system building blocks.

In line with our new strategy, our priorities focussed on the continuation of our provision of our technical strengths to countries across a variety of thematic areas, notably generating data to inform decision-making, refining strategies through an evidence-based approach and monitoring progress against global and national goals, in addition to effective cross-sectoral engagement.

Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit and the ways in which Unlimit Health delivers public benefit are explained in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

Unlimit Health partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. Unlimit Health works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.



Achievements, Performance and Future Plans

Goal 1: Accelerate programmatic action towards elimination of parasitic infections and health equity.

Objectives:

1. **Be an effective technical partner in the innovation, design and delivery of interventions for all in-need groups.**
2. **Enhance technical support to innovate and embed monitoring, evaluation and surveillance tools and strategies for elimination.**

Key Achievements:

- Supported the Ministry of Health in 8 countries to deliver over 27 million treatments provisionally reported for SCH and STH, reaching almost 17 million school-aged children and a further 1.5 million adults residing in highly endemic areas. Kenya and Uganda were also included within the 8 countries, who implemented delayed MDA with funding which had been earmarked for FY22/23 but had to postpone treatment until this year; in Kenya due to protracted MOH planning processes and pending the results of mapping surveys to inform treatment decisions, and in Uganda due to a delayed MDA in the previous year. Despite these successes, three countries designated to receive support for Mass Drug Administration (MDA) were unable to proceed as planned:
 - Due to significant global shipping delays affecting the delivery of donated PZQ from WHO, both Burundi and Madagascar were required to adjust their planned schedules. Burundi postponed their MDA for a second year in succession from December 2023 until September 2024. Madagascar only conducted a single round of STH treatment, compared to the large-scale joint SCH and STH planned. At the close of the financial year on 31st March 2024, deliveries of PZQ to both countries were still pending.
 - The ongoing conflict within Sudan has prevented the implementation of treatment for NTDs to take place this year. Despite relocating MoH staff to provinces outside of Khartoum to support the initiation of treatment in more stable areas and exploring mitigation options with the Sudan WHO Country Office to route financial support, ultimately the instability prevented the safe delivery of treatment in any location in the country.
- Generated data on quality and performance of programmes: Unlimit Health supported two country partners to conduct coverage evaluations surveys in Cote d'Ivoire and Mauritania. Analysis for these surveys is ongoing. Unlimit Health provided in-person field support for data collection in Mauritania to further strengthen monitoring and evaluation capacity within the MoH and boost conformity with best practices.
- Conducted four epidemiological, model-based geostatistical impact assessment surveys with MoH partners in Cote d'Ivoire, the Democratic Republic of Congo (Part 1), Ethiopia (Part 3),



and Madagascar (Part 2), with planning underway for four epidemiological surveys in the Democratic Republic of Congo (Part 2), Madagascar (Part 3), Mauritania, and Zanzibar. Interpretation and dissemination of results are planned in the coming months in Cote d'Ivoire, the Democratic Republic of Congo, and Ethiopia. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other interventions and will be used to demonstrate impact goals aligned to the WHO NTD Roadmap for 2030 and the WHO Guideline for Schistosomiasis. Impact assessment results are provided at the sub-IU administrative level to be utilised in the planning for future treatment campaigns at a finer scale.

- Led on the development of evidence generation into practice as part of collaboration projects:
 - The Schistosomiasis Oversampling Study held a meeting in May 2023 in Nairobi Kenya where results of the study were presented to global schistosomiasis experts from the African region including academics and national programme managers. The results were discussed during Francophone and Anglophone group work and then consensus built on the final two-stage design for impact assessments. This two-stage design is the [Schistosomiasis Practical and Precision Assessments](#) for which a manual and training materials are now available to national programmes through the WHO AFRO ESPEN website. A web-based tool to further support national programme managers is under development.
 - Continued collaboration on the END Fund's Deworming and Innovation Fund saw continued support on the Ethiopia national impact assessment and an evaluation of how the data from this survey can be used to inform optimal locations for testing approaches for stopping mass drug administration and progressing towards interruption of transmission. The development of a Monitoring and Evaluation (M&E) Job Aid and a framework for the Interruption of Transmission were key outputs in guiding national programmes on how to continue beyond the global goal of elimination as a public health problem and what, when and how to measure success.
- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal). Unlimit Health is liaising with ESPEN on the development of Community Data Workbooks (CDWs) to streamline treatment strategies and drug requests.
- Published papers relevant to the control and elimination of schistosomiasis as lead or co-authors [to be added]:
 - Torres-Vitolas CA, Trienekens SCM, Zaadnoordijk W, Gouvras AN (2023). **Behaviour change interventions for the control and elimination of schistosomiasis: A systematic review of evidence from low- and middle-income countries.** *PLOS Neglected Tropical Diseases*. <https://doi.org/10.1371/journal.pntd.0011315>



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- Actively participated in and led task teams and working groups (WHO Technical Advisory Group on Schistosomiasis, STH, and NTD informatic tools sub-groups, iChords, NTDs NGO Network (NNN)) to contribute to the global health agenda and provide additional guidance documents for the control and elimination of schistosomiasis and STH.
- Participated in the national Expert Advisory Committees for SCH and STH in Tanzania, Uganda and Ethiopia to further advance programmatic adaptation and goal setting aligned to the NTD Roadmap.
- Continued an agreement with the WHO Global Neglected Tropical Diseases Programme and the Task Force for Global Health to lead the implementation of the Gap Assessment Tool (GAT). The GAT is a qualitative monitoring tool that assesses programmatic progress and provides recommendations to address existing challenges affecting the achievement of the 2021-30 targets established in the WHO NTD Roadmap. Unlimit Health is leading a global qualitative consultation with disease experts, national programme managers, and WHO officials for all NTDs and disease groups identified in the road map concerning diagnostics, monitoring and evaluation, advocacy and funding as well as access and logistics. Disease-specific and cross-cutting (sector-level) measures will be developed to help programmes achieve the eradication, elimination, and control targets for 2030.
- Unlimit Health continues to play a leadership role in the Pediatric Praziquantel Consortium (PPC) which aims to develop, register and provide access to a suitable pediatric treatment option for preschool-aged children affected by SCH. This year marked a key milestone for the PPC with the European Medicines Agency (EMA) adoption of a positive scientific opinion of the consortium's new pediatric treatment option in December 2023. During the year, Unlimit Health has also:



- Continued to co-chair the Access Team of the PPC, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children. This includes jointly leading the 'Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries' (ADOPT project), co-funded by EDCTP & GHIT.
- Led the coordination and provision of technical support on Work Package 2 of the ADOPT project, working closely with the governments of Cote d'Ivoire, Kenya and Uganda to develop and refine country-specific strategies and tools to support advocacy and social mobilisation.
- Worked jointly with Swiss TPH to support preparatory work under Work Packages 3 & 4 of ADOPT, focused on the development of implementation protocols for the small-scale pilot studies expected to take place in each country in 2024.
- Represented the PPC at international fora, including a technical consultation on pediatric praziquantel access convened by the UNDP Access & Delivery Partnership in February 2024.
- Contributed to external communication initiatives as part of the PPC Communications Team.
- Continued to provide thought leadership to the Consortium at Board level.

Plans for the Next Period:

Unlimit Health's continued approach of working directly with Ministries of Health to support public health interventions leading to the longer-term gains in eliminating SCH and STH as a public health problem has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the Universal Health Coverage agenda. As such, Unlimit Health will continue to:

- Provide programmes with high quality technical support to implement activities designed to accelerate progress towards the WHO NTD Roadmap goals of elimination for SCH and STH and aligned to the needs of communities.
- Continually generate robust data to refine intervention strategies through an evidence-based approach to ensure that programme delivery is optimised.
- In partnership, advocate for and implement expanded access for treatment to all age groups as guided by WHO, including the new paediatric formulation for pre-school aged children recently approved by the European Medicines Agency and prequalified by WHO.
- In alignment with WHO critical priorities in the NTD Roadmap support the definition of epidemiological thresholds for elimination as a public health problem and interruption of transmission by undertaking systematic reviews with external partners and the WHO's Diagnostic Technical Advisory Group for schistosomiasis.



- Publish evidence and develop M&E frameworks to support a precision public health approach towards elimination of SCH and STH through optimised impact assessments, community engagement in planning and managing targeted interventions and integration with nutrition, WASH and other health policies.

Goal 2: Intensify cross cutting approaches to elimination and health systems strengthening.

Objectives:

1. **Enhance integration and mainstreaming of elimination interventions and care into appropriate delivery platforms and routine health service delivery and information systems.**
2. **Support cross sectoral coordination and action at sub national, national, and international levels.**

Key Achievements:

- Worked in a broad partnership to build on the work carried out on the assessment of the spatial and temporal distribution of *T. solium* and its risk factors in Uganda to inform targeting praziquantel donated for the treatment of taeniasis and cysticercosis. This has resulted in the submission of a Medical Research Council application in collaboration with University of Edinburgh, International Livestock Research Institute, Ugandan Ministry of Health and Imperial College London. At the time of reporting the application has received a favourable review and the group has been asked to submit a Phase 2 application.
- Contributed to increased awareness and prioritisation of **Female Genital Schistosomiasis (FGS)** within the SCH and broader global health and NTDs community. Unlimit Health has:
 - Engaged the UK Parliament and UK Government on FGS as part of the FGS Integration Group (FIG), including through providing [written](#) and [oral](#) evidence to the Parliamentary International Development Committee, which resulted in the inclusion of a recommendation on FGS in the report on [The FCDO's approach to sexual and reproductive health](#).
 - Engaged with WHO and UNAIDS on addressing the gap in normative and technical guidance on FGS, towards formation of a cross departmental and interagency task team on genital schistosomiasis.
 - Supported a workshop convening national stakeholders in Malawi for the inclusion of FGS in national HIV and STI plans and guidelines.
 - Initiated a project to support scale-up of FGS prevention activities in Côte d'Ivoire, including participation in a national-level strategy development meeting.
 - Contributed to the development of a minimum service package for FGS as part of a Children's Investment Fund Foundation-funded project in Kenya. This included contributing to expert working group sessions for the development of the



framework of the minimum service package. Once developed, technical input was also provided for the development and review of strategic documents.

- As of March 2024, Unlimit Health has become co-chair of FIG alongside Frontline AIDS.
- Regularly participated in the Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
- Provided thought leadership and programmatic innovation on the role of water and sanitation in the control and elimination of parasitic infections, including:
 - Continued to co-chair the WHO Technical Advisory Group on SCH and STH WASH sub-group, which includes conducting three scoping reviews and the development of a position paper, all to be completed by Q2 of 2024/2025.
 - Began delivery in Uganda of a project to implement community action plans on WASH for reducing the risk of SCH transmission in three communities (scale up of previous pilot project), through developing a comprehensive activity plan and budget, putting in place contractual arrangements with the MoH and other key partners, identifying appropriate technologies and relevant implementation partners, and undertaking a baseline study.
 - Through engagement with the NNN WASH Working Group, led collaboration with the WHO NTD and Water, Sanitation and Hygiene teams on conference submissions and presentations (NNN, [UNC Water and Health](#) [with WHO and UNICEF], All Systems Connect [with WHO]), OpenWHO Course on WASH and NTDs, collection of WASH-NTDs case studies, and development of a monitoring framework for the Global Strategy on WASH and NTDs.
 - Contributed to the development of a guide to social behaviour change communication for NTDs (to be published in Q2 of FY 2024-25), through the NNN WASH Working Group.
- Provided thought leadership and supported the development of new, and ongoing, cross-sectoral collaborations on One Health, including:
 - Through ongoing and active participation in UKG pandemic accord consultations (especially Articles 4 and 5) and broader civil society collaboration with Action for Animal Health coalition members, and inputting on briefings. Chaired a roundtable with UK Government Pandemic Accord negotiating team on One Health, Anti-Microbial Resistance and Climate in collaboration with Médecins San Frontiers.
 - Served on Expert Advisory Group for the Tripartite Zoonoses Guidance Workforce Development Operational Tool, attending a three-day meeting at WHO Geneva as the only non-UN representative on the group.
 - Expert adviser on the World Organisation for Animal Health's curriculum for animal health professionals – designing the OH competency package.



- As part of enhancing Unlimit Health's expertise and influence within the One Health global community, provided strategic consultancy to evaluation of the UN Food and Agricultural Organisations' Global Health Security Agenda, including mission travel and engagement with government, FAO and USAID stakeholders across governance levels. Lead on Asia report covering Bangladesh and Vietnam GHSA funding for animal health systems strengthening.
- Chaired the NNN One Health working group, including running a conference workshop and generating case study videos from NTD endemic countries.
- Helped facilitate the three-day National Bridging Workshop for Somalia and follow-up activities.
- Increased advocacy and engagement on parasitic infections and **nutrition**, through engagement with ICAN (International Coalition on Advocacy and Nutrition) UK, including production of a [factsheet](#) on parasitic infections and nutrition, and involvement in Parliamentary events.

Plans for the Next Period:

We will continue to build capacity within health systems at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases. This will include:

- Scaling up support for integrated programmes on FGS (burden assessment and risk questionnaire in Cote D'Ivoire), participatory WASH planning, and control of *Taenia solium* (assessing MDA strategies in the human and porcine hosts in Uganda).
- Developing organisational approaches for cross sectoral coordination to support action on FGS, vector ecology and management, and behaviour change and communication.

Goal 3: Promote and enable country ownership and leadership of programmes for elimination of parasitic infections.

Objectives:

1. Support country system governance, readiness, and expertise.
2. Catalyse resource mobilisation aligned with country plans and mechanisms.

Key Achievements:

- Led and facilitated multiple remote and in-person training sessions designed to build MoH and partner capacity for impact assessments and coverage surveys, and FGS, promoting their ability to cascade training within each country.



- Secured grant funding to support Domestic Resource Mobilisation (DRM) in Burundi and Mauritania. DRM activities aim to identify opportunities to facilitate NTD programmes' transition toward more sustainable and efficient systems and financial models.
- Created a new Senior Advocacy Advisor position and recruited successfully in March 2024, to support the development and delivery of an organisational approach to domestic resource mobilisation and support country-driven advocacy.

Plans for the Next Period:

We will continue to embed efforts and initiatives in support of country ownership in our own work and in the broader NTD and global health community. This will include, among other activities:

- Conducting a cost benefit analysis of SCH elimination in support of endemic country advocacy efforts
- Developing an organisational level approach to domestic resource mobilisation and associated tools and resources, and piloting in selected endemic countries
- Support endemic country MoH colleagues to engage in international fora and peer-to-peer learning initiatives
- Supporting innovative approaches to harmonisation of support for elimination of parasitic infections

Goal 4: A strong sustainable and flexible organisation providing a working environment which attracts and retains great staff with efficient and adaptive systems and providing a strong accountability to the supporters, partners, and funders.

Objectives:

- 1. Ensure transparency and accountable finance and resource management systems are in place compliant with all relevant regulations including the Charity SORP. Ensure robust internal controls are in place.**
- 2. Build a sustainable funding base for the organisation and provide stewardship for all funders.**
- 3. Build and maintain a working environment that attracts and retains great people, with a thriving, value-led culture, where our people feel valued, are appropriately compensated and equipped with tools to do their job and can bring their whole selves to work to achieve results that deliver the strategy.**



- 4. Ensure that we have a robust Safeguarding process in place that is clear, accessible and embedded throughout organisation and that is regularly reviewed at Board level.**
- 5. Ensure effective, values-driven, and impactful external communications, in support of the organisational vision and strategy.**

Key Achievements:

- Initiated the first step of operationalising the 2023- 2028 Strategy launched in March 2023. The strategy has been warmly welcomed by stakeholders including funders, ministries of health colleagues from endemic countries and other agencies. During the initial phases of the strategy roll-out, there has been a focus on relationship building and advocating for the strategic direction that Unlimit Health is taking, which has enabled us to have conversations with a number of existing and potential new funders to support us in identifying a number of opportunities to pursue.
- Undertook a restructure to ensure resources were effectively and efficiently aligned. Alongside the changes in the human resourcing, developed a series of additional processes and procedures to support the delivery of the operational plan including budget planning, grant management, business development and project management processes.
- Provided extensive policy and communications support to WHO on delivering the Guideline on control and elimination of human schistosomiasis, the WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach including technical work through the Technical Advisory Group on Schistosomiasis and STH, updating the WASH and NTDs toolkit, and joint webinar and conference presentations.
- Improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.
- Fulfilled compliance requirements, including delivering safeguarding training alongside the production of a practical guide to implementing safeguarding for our partners. Maintained the high level of awareness and understanding of all personnel internally through delivering induction, refresher and Trustee trainings, as well as specialist update training for safeguarding focal points through BOND.
- Policy engagement and advocacy – Made a submission to call for evidence on the FCDO International Development white paper; contributed to the development of the BOND election manifesto document.
- Co-organised a joint event by the All-party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases (NTDs) and the UK Coalition Against NTDs at the House of Lords under the theme 'Unite, Act, Eliminate' to commemorate World NTD Day on 30 January 2024. The event called on UK decision makers to champion the adoption of comprehensive, partnership-driven strategies to eliminate NTDs within UK aid and broader global health policies, programmes and investments, and to resume support and funding for cross-sectoral collaborations and research. It brought together over 120 different stakeholders, including



MPs, researchers, civil society, and journalists, who heard from affected communities, WHO, global health organisations, industry, and research.

Plans for the Next Period:

We will continue to be responsive to the changing global health landscape in which Unlimit Health operates, ensuring that our strategic direction remains aligned, and our operations remain fit-for-purpose whilst maximising efficiency and effectiveness. We will maintain a values-driven culture to ensure that our leadership and management remains equitable, transparent and inclusive. This will include:

- Implementing and maintaining a governance structure
- Demonstrating adherence to a robust financial monitoring system that enables dynamic financial management that effectively stewards resources to deliver on our goals and objectives.
- Creating values-driven ethical content evidencing the impact of our work, amplifying the voices of our partners wherever possible, so funders and partners understand and feel motivated to contribute to our work.
- Support the influencing of global health and development policy and developing strategic partnerships, including through UKG and UK NGO network engagement and advocacy (SAPPG, FCDO, AfGH, BOND, NEOH) so as a sector we move closer towards the elimination of parasitic disease.

Transitional objectives

- 1. Develop a 'precision public health for parasitic infections' technical approach**
- 2. Develop a health systems strengthening technical approach**

Key Achievements:

- With partners, generated high resolution SCH risk maps for multiple archetypes using geostatistical modelling approaches subsequently used the risk maps to simulate and test survey designs that considered the observed spatial heterogeneity in the different archetypes. Finally built consensus on the optimal survey design for programmes – the Schistosomiasis Practical & Precision Assessments – which is now available on ESPEN website.
- Led on the development of operational decision-making from model-based geostatistical (MBG) outputs. This involved interpreting MBG results for SCH and STH, determining which levels of uncertainty would be programmatically acceptable to reduce under and over-treatment and translating probabilities into treatment classifications for programmatic use.



- Completed a draft Working Paper for a Health Systems Strengthening approach, using the outputs of internal workshops and sessions, meetings with colleagues in the Health Systems space and literature.
- Led on work within the NNN Sustainable Systems working group supporting cross sectoral collaboration in response to endemic country needs.
- Delivered a workshop at the NNN annual conference on One Health Systems Strengthening, promoting the concept to a wide audience of endemic country governments, NGOs, academics and funders.

Plans for the Next Period:

We have incorporated the activities required to fulfil these transitional objectives into our broader operational plan, recognising that they will be met under the objectives of Goal 1 and Goal 2, as we transitioned to our new strategy and alignment to the WHO NTD Road Map.

Income Generation

The two most significant sources of donations income are Individual Giving and the Effective Altruism (EA) movement. Taken together, and not including income from GiveWell, these streams continue to bring in well over £1 million annually. We continued to explore opportunities for increasing restricted income from a diverse range of partnerships out with our current warm partnerships and submitted multiple bids in support of our new strategy. While this is taking time, as expected, to achieve results, we are developing our partnership strategy and our number of applications for larger multi-year funding that will sustain growth in the longer term.

Individual giving

Overall income from individuals, including major donors, was significantly lower than 22/23, but this was anticipated and budgeted for. Individual income in 22/23 included a single donation of £381k of a total of £991k, which was unlikely to be repeated in 23/24. Taking this very large one-off donation aside, individual income has nevertheless seen a contraction compared to the previous financial year.

This reduction is likely to have been influenced by several factors:

- First, choice of fundraising campaign format. We ran two equally successful individual giving campaigns in 22/23 and 23/24 via the Big Give Christmas Challenge, both raising over £100k. However, while in 22/23 we ran a second week-long matching campaign in June which also raised over £100k, our focus in 23/24 was to begin an open-ended unrestricted fundraising drive to recruit recurring donors. This has not brought in the same level of income in the short term as a focused week-long campaign may have done, but the expectation is that it will bear fruit over the longer term as it is aimed at attracting long-term supporters.



- Second, a reduction in brand recognition. Acquisition of new donors declined over 23/24. This period coincides with our rebrand and this may have contributed to this decline. The rebrand brought an inevitable loss of online recognition and visibility. This is evidenced, for example, in the fact we are receiving much less traffic to our website via the keyword 'Unlimit Health' than we did from 'SCI Foundation' in the equivalent period before the rebrand. Despite considerable and increasingly successful efforts to promote recognition of 'Unlimit Health', the transition to a new brand is likely to have affected donor acquisition.
- Third, the long-term effect of GiveWell deprioritizing deworming charities. GiveWell's public endorsement was undoubtedly a driver of donor acquisitions. The fact that we are no longer one of GiveWell's top charities may still be a contributory factor to a decline in individual income, notwithstanding our continued popularity with several other EA organisations (see below).

Effective Altruism

As expected, income from individual donors via GiveWell has reduced considerably this year. Despite this, our relationship with the Effective Altruism movement remains extremely healthy, as does our income from EA organisations other than GiveWell. The Life You Can Save in the US has increased its donations considerably since the previous year and although there has been a slight reduction in income from its counterpart in Australia, taken together the two organisations now account for around 50% of EA donations. We continue to be enormously grateful for the substantial support received from a wide range of organisations including The Life You Can Save, Effective Altruism Australia, Effective Altruism New Zealand/Aotearoa, Giving What We Can, Efektiv Spenden, and RC Forward (Canada).

Trusts and Foundations and Institutional funders

Relations with warm trusts continue to be fruitful, and one acquired in the previous year - the Coles-Medlock Foundation - significantly increased its contribution this year. In summary, however, there has been no substantial movement up or down in overall income from Trusts and Foundations. As this is a relatively new income stream for UH, we have worked on improving funding processes for the organisation to support the transition to a more balanced portfolio of funders.

Fundraising plans

Our fundraising goals over the coming year are to continue to engage and seek to increase donations from our pool of warm supporters while working closely with communications colleagues to promote recognition of our new brand and engage new supporters. We will continue to engage with the Effective Altruism movement to maintain and increase support for our elimination agenda. Funding and Communications will continue to work closely with technical colleagues to further improve the proposal development process and facilitate an increase in income from Trusts, Institutional funders and Major donors.



Financial review

We have realised an operational deficit of £3.84m (22/23, £1.62m surplus), which was in line with our Operational Plan. This means that Unlimit Health held total funds of £14.06m (22/23, £17.26m) at year-end. These funds are made up of restricted funds of £0.21m (22/23, £0.11m), unrestricted general funds of £8.03m (22/23, £9.33m), and designated funds of £5.82m (22/23, £7.82m) which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities.

Unlimit Health received a total income of £4.43m (22/23, £10.25m) due to a combination of factors. The income on some grants received in advance could only be recognised upon performance in accordance with the donor's wishes. Some of our Ministry of Health partners experienced delays with the arrival of donated drugs which prevented MDAs from proceeding as planned, and so Unlimit Health could not spend in the country and recognise the corresponding income. These delayed activities will be carried out in the next financial year and therefore the corresponding income recognised also in the next financial year. For example, delays in one country's MDA accounts for £1.6m of income that could not be recognised this financial year but has been secured.

There was a decrease of donations and legacies by £0.83m. This was due to several factors, including: an unusually large and unrepeated single donation in 22/23 of £380k, GiveWell's deprioritisation of deworming and consequent redirection of individual donations elsewhere, and the effects of the rebrand on our visibility to prospective new donors. The Investment income however performed well, and we received £21k more than we did in 22/23. Given this context in 23/24, the income streams driving donations income are nevertheless performing healthily.

Unlimit Health spent £8.27m over the year (22/23, £8.63m). There was a slight decrease in expenditure, but we would have spent more in 23/24 in line with the structured drawdown of the designated funds had the various Ministry of Health partners received their drug donations from WHO on time. UH has supported the delivery of 27 million treatments reported to date. As detailed above (Goal 1 Key Achievements) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. We would have reported higher expenditures by partners had MDA campaigns been implemented as planned.

The financial year has ended with a strong balance sheet. At the year end, cash and cash equivalents were £12.41m (2023, £17.56m). Long term equity investments were £11.34m (2023, £10.70m). The total creditors balance at the end of the financial year was £10.08m, and £9.85m of the creditors balance is deferred income. Of the deferred income, £3.94m is earmarked for expenditure in 2025/26 and beyond by the funders.

Disclosure under The Charities (Protection and Social Investment) Act 2016

- Unlimit Health does not use external commercial participators for its fundraising function.
- Unlimit Health is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.



- In the financial year 2023/24, there were no breaches of fundraising standards or law, and no complaints were received.
- Unlimit Health implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- Unlimit Health does not make persistent approaches and engages individuals respectfully and only in compliance with the Code of Fundraising Practice and within legal requirements.
- Unlimit Health does not undertake telephone or street fundraising.
- Donations from individuals and community groups can either be solicited or unsolicited by Unlimit Health. Organisational donors are approached broadly following research that they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- Unlimit Health does not put undue pressure on any person to give money or other property.

Reserves Policy

Unlimit Health's mission is to support the development of resilient systems that sustain good health through sharing evidence and expertise to end preventable parasitic infections in affected communities. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current WHO guidance recommends an initial 5-6 years of annual treatment before impact assessments to refine treatment strategies and programme targeting.

Unlimit Health maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. Unlimit Health normally has two types of reserves:

- **Restricted funds** – These arise where funds have been given to Unlimit Health to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. Unlimit Health had Restricted Funds of £208k as at 31 March 2024 (2023, £110k).
- **Unrestricted funds** – As at 31 March 2024, the Charity had £13.85m (2023, £17.15m) of unrestricted funds. £5.82m (2023, 7.82m) of these are designated and will be spent over the next two years. The balance of General Funds is £8.03m (2023, £9.33m) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:



- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year (between **£1.43m** and **£1.9m**). The cost for an orderly closure is £2.06m. The cost for an orderly closure is higher than three- and four-months' worth of unrestricted expenditure budget for the following financial year. The free reserve level for 2024/25 should therefore be **£2.06m**.

The **Free Reserves** as of 31 March 2024 was **£8.03m** which is **£5.97m** above the higher Reserve Policy level. There is a clear plan in place and the Trustees expect that there will be a structured draw down of the reserves to invest in programmes, programme development and our funding model as outlined in the **2023-28 Strategic Plan**. The reserve level will continue to decrease in the coming years and will be in line our Reserve Policy.

Investment Policy and Performance

Investment Policy Summary

The Unlimit Health of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of Unlimit Health investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.



- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

Unlimit Health has adopted an ethical investment policy to ensure that its investments do not conflict with its aims. Excluded are activities that have a direct impact on health e.g., tobacco and alcohol. Activities that have a direct impact on the environment e.g., illegal logging, and activities that undermine human rights e.g., sexual misconduct.

Investment Performance

CCLA Fund Managers manage two COIF Charity Funds' portfolios for Unlimit Health: The Ethical Investments and Fixed Interest. Over the year, the portfolio realised a Total Return Performance of +8.7 compared to the +3.4 for the Consumer Price Index.

The Ethical Funds performed well and realised a capital growth of £301,830 (2023, £161,208 loss). The Fixed Interest portfolio also performed better this year and realised capital growth of £337,599 (2023, £369,350 loss).

Fund performance is shown after the deduction of all fees and expenses with income reinvested. Comparator returns are based on market indices which are not adjusted for management fees or expenses.

The Ethical Investment funds total return performance over 12 months to 31 March 2024 was +13.11% against +16.72% for the Fund Comparator (2023: -2% against -3.97% for the Fund Comparator). The fund therefore underperformed the fund comparator this year. The Ethical Fund has outperformed the Fund Comparator over 5-year average and achieved +8.95 against +7.56 for the Fund Comparator, although it marginally underperformed the Fund Comparator over a 3-year average (+7.34 against +7.81 for the Fund Comparator)

The Fixed Interest funds total return performance over 12 months to 31 March 2024 was +6.91% against +6.76% for the Fund Benchmark (2023: -3.48% against -2.86% for the Fund Benchmark). The Fixed Interest funds performed better than the Fund Benchmark this year as was expected.



Principal Risks and Uncertainties

Risk management is central to the ability of Unlimit Health to deliver its objectives. We use multiple ways of managing risks through the Leadership Team (LT), Technical Team, the Finance Risk & Audit Committee (FRAC) sub-committee to the Board, and the Board. Central to this is a rigorous budget process with appropriate internal controls including only spending secured funds, with projects planned to optimise cash flow and value for money.

The LT meets regularly and monitors and reviews key risks. The Technical Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with Unlimit Health's financial performance targets. In addition, actions taken in response to any issues raised during specific partner assessment or other review activities are implemented in other contexts if applicable.

The FRAC reviews risks, challenges and key financial management policies and assumptions on a quarterly basis. It ensures that the annual operational plan is adequately funded and makes recommendations to the Board for adoption. The LT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps Unlimit Health to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of communities at risk of NTDs continue to be met.

Unlimit Health has identified the following key risks during the reporting period in the table below.

Major Risk Identified		Mitigation
1	Funding the new strategy	
	Despite the continued support of the Effective Altruism movement following the deprioritisation of deworming by the charity evaluator Givewell, Unlimit Health considers that funding the new strategy remains a key risk.	The Board has convened a Funding and Communications subcommittee (FCC) with a diverse membership and extensive expertise in fundraising and communications to support the Unlimit Health Team. The FCC aims to offer both strategic and tactical support to Unlimit Health.
2	Assurances of expenditure by endemic country programmes	
	To align with the values of the organisation and for the achievement of the specific	Unlimit Health has worked with the FRAC and third party audit partners to develop an internal partnership assessment approach that satisfies compliance requirements and



objectives of strategic Goal 3, Unlimit Health supports the ministries of health to be accountable for NTD programme expenditure. The need to balance this with the ability to demonstrate appropriate levels of financial oversight to funders and fulfil other regulatory requirements creates challenges and risks to Unlimit Health.	continues to work with Ministry of Health colleagues to further developed the financial management and reporting accountabilities required, alongside regular programme audits.
3 Delay in supply chain for Praziquantel	
Global crises have continued to create issues with the scheduled shipping of donated medications by WHO. These delays can create disruption to MDA programmes in endemic countries and very significant variances in annual expenditure creates accounting challenges.	Unlimit Health's Technical Director is an observer on the WHO African Regional Office's Regional Programme Review Group responsible for the allocation of NTD drugs and continues to develop a good understanding of supply chain challenges. The Technical Director also has a good working relationship with key contacts at Merck, the donated PZQ manufacturer. Unlimit Health also aims to communicate to all stakeholders around the anticipated delays and support ministries of health with planning to mitigate where possible.



Structure, Governance and Management

Unlimit Health (formerly SCI Foundation) was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. Unlimit Health is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission. In March 2023 the name of the charity was changed to Unlimit Health and Companies House from SCI Foundation and the Charity Commission were informed.

Unlimit Health has a Board of Trustees committed to maintaining a high standard of governance. Two of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed through an open and transparent recruitment process and an assessment of the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of three years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

Training of Trustees

Trustees are recruited for their specific skills and experience to meet organisational priorities and ensure a wide range of specialist areas. Training for Trustees is conducted in two ways:

1. **Trustees Induction:** Each Trustee, following appointment, has an induction meeting with the Chair and the Chief Executive.
2. **Safeguarding training:** All Trustees are given induction on Safeguarding and one Trustee is nominated as a Safeguarding Trustee. The Safeguarding Trustee has oversight of and ultimate responsibility for a comprehensive set of policies, reporting processes and the organisation's training plans that are led through the Finance and Operations Team. The Safeguarding Trustee works with the organisation's Co-Lead Safeguarding Officers on both the ongoing Safeguarding processes and any incidents as they arise.

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency. Due to COVID-19, the trustees performance reviews in this reporting period have been delayed but a full governance review has since commenced at the end of the reporting period.

With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.



The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions.
- **Funding and Communication Committee:** to provide the charity with expert insight and fulfil the governance requirements for the detailed scrutiny and support of the delivery of the Funding and Communications Strategy

The Board of Trustees delegates the responsibility for the day-to-day management of Unlimit Health to the Leadership Team (LT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees. The Leadership Team is comprised of the Directors of the five main functions:

- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Technical**, which advises and supports country partners on optimal strategies for interventions in support of elimination, alongside robust data generation to drive evidence-based decision-making.
- **Research and Innovation**, which drives innovation, operational research and research collaborations in support of country-driven disease elimination and health systems strengthening, as well as policy influencing and advocacy within the NTDs, global health and development space.
- **Funding and Communications**, which includes all fundraising, both restricted and unrestricted and proposal development coordination work, and all external communications.

Remuneration

Unlimit Health's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, Unlimit Health also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

The KMP is composed of the CEO, Director of Programmes, Director of Monitoring Evaluation and Research, Director of Development, Director of Policy and Communication, and Director of Finance and Operations.

As of March 2024, the total employment cost of the KMP was £573,068 (2023: £525,899). The pension cost for the KMP was £29,492 (2023, £26,824). The employment cost increase was



because of KMP headcount increase that happened for part of 2022/23 was in place for the full year in 2023/24.

All UK staff are paid at least the London living wage.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of Unlimit Health 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, which 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 or 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 (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- 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 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.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.



Signed on behalf of the Trustees

Dr Justine M Frain

Interim Chairperson and Trustee

Approved on 25th July 2024



Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and

Principal Office: Edinburgh House, 170 Kennington Lane, London, SE11 5DP

Trustees: Dr Justine M Frain – Interim Chair

Mr Jonathan C. Gorrie - Treasurer

Kathryn E. Ager

Arielle Dolegui

Maxmillian P. Seunik

Chief Executive Officer: Dr Wendy Harrison

Key Management Personnel: Dr Wendy Harrison - Chief Executive Officer

Dr Lynsey Blair – Technical Director

Dr Fiona Fleming – Director of Research and Innovation

Ms Julia Hopper – Director of Funding and Communications

Mr Joshua Oliech – Director of Finance and Operations

Ms Yael Velleman - Director of Policy and Innovation

Auditors: Haysmacintyre LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG

Bankers: Barclays Bank, 1 Churchill Place, London E14 5HP

Solicitors: Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB

Investment Managers: CCLA Fund Managers, One Angel Lane, London EC4R 3AB



Independent Auditor's Report to the members of Unlimit Health.

Opinion

We have audited the financial statements of Unlimit Health for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flow, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.



Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report and the Interim Chair's Foreword. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Annual Report (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company, or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 31, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a



true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as Companies Act 2006, fundraising regulations and the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to the posting of improper journals to revenue. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater



regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission, or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Steven Harper (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London

EC4R 1AG



Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2024

		2024			2023		
	Note	Unrestricted Funds	Restricted Funds	Total Funds Year ended 31-Mar-24	Unrestricted Funds	Restricted Funds	Total Funds Year ended 31-Mar-23
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	1,136,561	158,714	1,295,275	2,013,819	109,639	2,123,458
Charitable activities	3	-	2,685,865	2,685,865	699	7,694,276	7,694,975
Investment income	4	448,977	-	448,977	427,607	-	427,607
TOTAL INCOME		<u>1,585,538</u>	<u>2,844,579</u>	<u>4,430,117</u>	<u>2,442,125</u>	<u>7,803,915</u>	<u>10,246,040</u>
EXPENDITURE ON:							
Fundraising and publicity	6	410,745	110,835	521,580	432	487,373	487,805
Charitable activities							
Partner awards	6	3,640,020	1,661,812	5,301,832	939,598	5,097,541	6,037,139
Other	6	1,005,690	1,443,801	2,449,491	28,788	2,074,618	2,103,406
TOTAL EXPENDITURE		<u>5,056,455</u>	<u>3,216,448</u>	<u>8,272,903</u>	<u>968,818</u>	<u>7,659,532</u>	<u>8,628,350</u>
NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS	5	<u>(3,470,917)</u>	<u>(371,869)</u>	<u>(3,842,786)</u>	<u>1,473,307</u>	<u>144,383</u>	<u>1,617,690</u>
Gains/(losses) on investments		639,429	-	639,429	(530,558)	-	(530,558)
NET (EXPENDITURE)/INCOME		<u>(2,831,488)</u>	<u>(371,869)</u>	<u>(3,203,357)</u>	<u>942,749</u>	<u>144,383</u>	<u>1,087,132</u>
Transfer between funds		(470,597)	470,597	-	169,899	(169,899)	-
NET MOVEMENT IN FUNDS		<u>(3,302,085)</u>	<u>98,728</u>	<u>(3,203,357)</u>	<u>1,112,648</u>	<u>(25,516)</u>	<u>1,087,132</u>
Reconciliation of funds:							
Total funds brought forward		17,154,705	109,639	17,264,344	16,042,057	135,155	16,177,212
TOTAL FUNDS CARRIED FORWARD		<u>13,852,620</u>	<u>208,367</u>	<u>14,060,987</u>	<u>17,154,705</u>	<u>109,639</u>	<u>17,264,344</u>

All transactions are derived from activities that commenced during the period.

All recognised gains and losses are included in the Statement of Financial Activities.



Balance Sheet (Company Number 11775313)

AT 31 MARCH 2024

		2024		2023	
	Note	£	£	£	£
FIXED ASSETS					
Tangible Assets	9		1,586		3,966
Investments	10		11,342,187		10,702,758
			11,343,773		10,706,724
CURRENT ASSETS					
Debtors	13	384,061		246,618	
Cash at bank and in hand		12,412,940		17,560,060	
		12,797,001		17,806,678	
CREDITORS: amounts falling due within one year	14	(6,142,292)		(5,709,360)	
NET CURRENT ASSETS			6,654,709		12,097,318
TOTAL ASSETS LESS CURRENT LIABILITIES			17,998,482		22,804,042
CREDITORS: amounts falling due after one year	15		(3,937,495)		(5,539,698)
NET ASSETS			14,060,987		17,264,344
FUNDS	16				
Restricted funds			208,367		109,639
Unrestricted funds:					
Designated funds			5,824,004		7,824,004
General funds			8,028,616		9,330,701
			13,852,620		17,154,705
			14,060,987		17,264,344

The financial statements were approved and authorised for issue by the Trustees on 25 July 2024 and were signed below on its behalf by:

Dr Justine Frain
Chair of the Board of Trustees

Mr Jonathan Gorrie
Treasurer



Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2024

	Note	2024	2023
		£	£
Cash Flow from operating activities	22	(5,680,937)	(3,472,105)
Cash flows from investing activities			
Income from listed investments		278,574	288,179
Other interest receivable		170,403	139,428
Payments to acquire tangible fixed assets		-	-
Purchase of investments		-	(8,000,000)
Cash used in investing activities		<u>448,977</u>	<u>(7,572,393)</u>
Increase/(decrease) in cash and cash equivalents in the year		<u>(5,231,960)</u>	<u>(11,044,498)</u>
Cash and cash equivalents at the beginning of the year		<u>17,560,060</u>	<u>28,451,516</u>
		12,328,100	17,407,018
Change due to exchange rate movements		84,840	153,042
Total cash and cash equivalents at the end of the year		<u><u>12,412,940</u></u>	<u><u>17,560,060</u></u>
Cash and cash equivalents			
Cash at bank and in hand		12,412,940	17,560,060
Cash at bank and in hand at the end of the reporting period		<u><u>12,412,940</u></u>	<u><u>17,560,060</u></u>



Notes to the financial statements

1. **Accounting policies:** The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

- a. **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The subsidiary was dormant in the current and previous financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

Preparation of the accounts as a going concern: Having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.

- b. **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.



- c. **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity 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 or which have been raised by the charity for particular purposes. The cost 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.

- d. **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income.

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- e. **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T., general office and premises, and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 6.
- f. **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.



The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- g. **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- h. **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- i. **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investments in subsidiaries are measured at cost less impairment.

- j. **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.
- k. **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- l. **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- m. **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.



- n. **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

			2024	2023		
2.	DONATIONS AND LEGACIES		Year ended			Year ended
	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-24	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-23
	£	£	£	£	£	£
Donations	<u>1,136,561</u>	<u>158,714</u>	<u>1,295,275</u>	<u>2,013,819</u>	<u>109,639</u>	<u>2,123,458</u>
3.	CHARITABLE ACTIVITIES		Year ended			Year ended
	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-24	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-23
	£	£	£	£	£	£
Grants	-	2,596,300	2,596,300	-	7,603,373	7,603,373
Consultancy income	<u>-</u>	<u>89,565</u>	<u>89,565</u>	<u>699</u>	<u>90,903</u>	<u>91,602</u>
	<u>-</u>	<u>2,685,865</u>	<u>2,685,865</u>	<u>699</u>	<u>7,694,276</u>	<u>7,694,975</u>
4.	INVESTMENT INCOME		Year ended			Year ended
	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-24	<i>Unrestricted</i>	<i>Restricted</i>	31-Mar-23
	£	£	£	£	£	£
Income from investments	278,574	-	278,574	288,179	-	288,179
Other interest receivable	<u>170,403</u>	<u>-</u>	<u>170,403</u>	<u>139,428</u>	<u>-</u>	<u>139,428</u>
	<u>448,977</u>	<u>-</u>	<u>448,977</u>	<u>427,607</u>	<u>-</u>	<u>427,607</u>
5.	NET INCOME FOR THE YEAR		Year ended			Year ended
			31-Mar-24			31-Mar-23
			£			£
This is stated after charging the following:						
	- Auditors remuneration					
	Audit		23,760			21,600
	Other services		2,622			3,330
	- Operating lease rentals		26,550			84,497



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2024

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	76,242	336,859	108,479	521,580
Expenditure on charitable activities: other	315,850	1,537,863	595,778	2,449,491
TOTAL EXPENDITURE	392,092	1,874,722	704,257	2,971,071

FOR THE YEAR ENDED 31 MARCH 2023

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
Fundraising and publicity	57,856	291,371	138,578	487,805
Expenditure on charitable activities: other	261,613	1,373,350	468,443	2,103,406
TOTAL EXPENDITURE	319,469	1,664,721	607,021	2,591,211

b) ANALYSIS OF SUPPORT COSTS

FOR THE YEAR ENDED 31 MARCH 2024

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	4,939	5,675	59,417	6,211	76,242
Expenditure on charitable activities: other	20,460	23,505	246,157	25,728	315,850
TOTAL SUPPORT COSTS:	25,399	29,180	305,574	31,939	392,092

FOR THE YEAR ENDED 31 MARCH 2023

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	3,464	15,278	28,991	10,123	57,856
Expenditure on charitable activities: other	15,666	69,086	131,087	45,774	261,613
TOTAL SUPPORT COSTS:	19,130	84,364	160,078	55,897	319,469

c) GOVERNANCE COSTS

	Year ended 31-Mar-24	Year ended 31-Mar-23
	£	£
Legal and professional, including audit	31,939	55,897
	31,939	55,897



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

6. EXPENDITURE (cont)	2024			2023		
	Unrestricted	Restricted	Year ended 31-Mar-24	Unrestricted	Restricted	Year ended 31-Mar-23
	£	£	£	£	£	£
Partner awards						
Burundi						
Ministry of Public Health and Fight against Aids	-	35,305	35,305	-	155,085	155,085
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	1,940,418	11,742	1,952,160	826,351	464,898	1,291,249
Democratic Republic of Congo						
Ministère de la Santé Publique de la République Démocratique du Congo	-	635,248	635,248	-	989,240	989,240
United Front Against River Blindness	47,466	5,273	52,739	-	74,717	74,717
Ethiopia						
Ethiopia Public Health Institute	-	137,990	137,990	-	344,010	344,010
NALA Foundation	-	152,265	152,265	-	-	-
Kenya						
Kenya Red Cross Society	-	4,735	4,735	-	70,006	70,006
Division of Vector-Borne Diseases, Ministry of Health (Kenya)	408,294	-	408,294	-	-	-
African Institute For Health & Development	91,866	-	91,866	-	-	-
Liberia						
Ministry of Health, Republic of Liberia	-	-	-	40,618	228,556	269,174
Madagascar						
Ministere de la Sante Publique	-	126,115	126,115	-	267,152	267,152
Réseau International Schistosomoses	-	19,007	19,007	-	7,459	7,459
Environnement Aménagement et Lutte	-	-	-	-	-	-
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	554,330	104,696	659,026	-	627,360	627,360
Centre for Health, Agriculture, Development Research and Consulting	-	-	-	-	23,720	23,720
Pakachere Institute of Health & Development Communication	4,263	-	4,263	-	-	-
Mauritania						
The Government of The Islamic Republic of Mauritania, Programme National de Lutte contre les Maladies Tropicales Négligées	-	60,537	60,537	-	-	-
Niger						
Ministère de la Santé Publique de la République du Niger	-	-	-	37,727	271,083	308,810
Tanzania						
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	230,278	-	230,278	-	351,239	351,239
National Institute for Medical Research	75,083	326,833	401,916	34,902	708,443	743,345
Public Health Laboratory Ivo de Carneri	-	-	-	-	148,151	148,151
Uganda						
Vector Control Division, Bihazia and Worm Control Programme, Ministry of Health	288,022	42,066	330,088	-	366,422	366,422
	<u>3,640,020</u>	<u>1,661,812</u>	<u>5,301,832</u>	<u>939,598</u>	<u>5,097,541</u>	<u>6,037,139</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

7. STAFF NUMBERS AND COSTS	2024 No.	2023 No.
The average number of persons employed during the year were as follows		
Raising funds	3	3
Charitable activities	14	15
Support	8	8
	<u>25</u>	<u>26</u>

The aggregate payroll costs of these persons were as follows	£	£
Salaries and wages	1,536,232	1,393,773
Social security costs	175,379	149,505
Pension scheme contributions	<u>101,122</u>	<u>87,469</u>
	<u>1,812,733</u>	<u>1,630,747</u>

There were nine employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2023: eight).

	2024 No.	2023 No.
£60,000 - £69,999	3	3
£70,000 - £79,999	3	5
£80,000 - £89,999	<u>3</u>	<u>8</u>
	<u>9</u>	<u>8</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £573,068 (2023: £525,899).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any trustee. Travelling expenses of £0 were paid on behalf of or reimbursed to trustees for attendance at trustee meetings (2023: £3,021).

9. TANGIBLE ASSETS	2024	2023
Furniture Fixtures and Equipment	£	£
Cost or Valuation		
At 31 March 2023	7,138	7,138
Additions	-	-
At 31 March 2024	<u>7,138</u>	<u>7,138</u>
Depreciation & Amortisation		
At 31 March 2023	(3,172)	(793)
Charged in Year	<u>(2,380)</u>	<u>(2,379)</u>
At 31 March 2024	<u>(5,552)</u>	<u>(3,172)</u>
Net Book Value		
At 31 March 2024	<u>1,586</u>	<u>3,966</u>

10. INVESTMENTS	2024	2023
	£	£
Market value at 31 March 2023	10,702,758	3,233,316
Additions	-	8,000,000
Unrealised profit/(loss) on revaluation	<u>639,429</u>	<u>(530,558)</u>
Market value at 31 March 2024	<u>11,342,187</u>	<u>10,702,758</u>
Historical cost at 31 March 2024	<u>11,000,000</u>	<u>11,000,000</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund and the COIF Charities Fixed Income fund managed by CCLA Fund Managers Limited. Distributions from the funds of £278,574 were received during the year (2023: £288,179).



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

11. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £1 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous year.

12. Taxation

Unlimit Health is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13. DEBTORS

	2024	2023
	£	£
Trade debtors	-	839
Other debtors	8,143	8,443
Prepayments and accrued income	375,918	237,336
	<u>384,061</u>	<u>246,618</u>

14. CREDITORS: Amounts falling due within one year

	2024	2023
	£	£
Trade creditors	38,458	370,073
Other creditors including taxation and social security	61,447	67,259
Grant commitments	-	-
Accruals	126,052	76,757
Deferred income	5,916,335	5,195,271
	<u>6,142,292</u>	<u>5,709,360</u>

15. CREDITORS: Amounts falling due after one year

	2024	2023
	£	£
Deferred income	3,937,495	5,539,698
	<u>3,937,495</u>	<u>5,539,698</u>

The movements in deferred income are analysed as follows:

	2024	2023
	£	£
Brought forward deferred income	10,734,969	11,456,188
Income released in the year	(2,257,447)	(2,359,388)
Income deferred	1,376,308	1,638,169
Carried forward deferred income	<u>9,853,830</u>	<u>10,734,969</u>

16. FUNDS

	At 31 March 2023	Income	Expenditure	Investment movements	Transfers	At 31 March 2024
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	7,824,004		(2,000,000)	-	-	5,824,004
General Funds	<u>9,330,701</u>	<u>1,585,538</u>	<u>(3,056,455)</u>	<u>639,429</u>	<u>(470,597)</u>	<u>8,028,616</u>
	17,154,705	1,585,538	(5,056,455)	639,429	(470,597)	13,852,620
Restricted Funds* (please see details in note 24)						
Grants	<u>109,639</u>	<u>2,844,579</u>	<u>(3,216,448)</u>	<u>-</u>	<u>470,597</u>	<u>208,367</u>
	<u>17,264,344</u>	<u>4,430,117</u>	<u>(8,272,903)</u>	<u>639,429</u>	<u>-</u>	<u>14,060,987</u>

The transfer from general funds to restricted funds comprises:

- £545,002 of expenditures funded from unrestricted funds previously charged to a restricted grant (2023: £nil); less
- £74,405 which is the surplus of restricted grant income over direct expenditure on those grants. This provides a contribution towards central costs and is normally agreed with donors at the outset of the grants (2023: £169,899).



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

16. FUNDS (continued)	At 31 March 2022	Income	Expenditure	Investment movements	Transfers	At 31 March 2023
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	7,966,470		(142,466)	-	-	7,824,004
General Funds	8,075,587	2,442,125	(826,352)	(530,558)	169,899	9,330,701
	16,042,057	2,442,125	(968,818)	(530,558)	169,899	17,154,705
Restricted Funds (see details in note 24)						
Grants	135,155	7,803,915	(7,659,532)	-	(169,899)	109,639
	16,177,212	10,246,040	(8,628,350)	(530,558)	-	17,264,344

Designated funds represents the balance of transfers from Imperial College, and will be used for charitable activities over the next two years.

Restricted funds represents the balance of restricted grants recognised as income but not fully spent. They will be used for the purposes specified by the donors over the next year.

17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	At 31 March 2024			Total
	Restricted Funds	General Funds	Designated Funds	£
	£	£	£	£
Tangible fixed assets	-	1,586	-	1,586
Investments	-	11,342,187	-	11,342,187
Net current assets	208,367	622,338	5,824,004	6,654,709
Creditors: Amounts falling due after one year	-	(3,937,495)	-	(3,937,495)
	208,367	8,028,616	5,824,004	14,060,987

	At 31 March 2023			Total
	Restricted Funds	General Funds	Designated Funds	£
	£	£	£	£
Tangible fixed assets	-	3,966	-	3,966
Investments	-	10,702,758	-	10,702,758
Net current assets	109,639	4,163,676	7,824,004	12,097,319
Creditors: Amounts falling due after one year	-	(5,539,698)	-	(5,539,698)
	109,639	9,330,701	7,824,004	17,264,344

18. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2024	2023
	£	£
Authorised and contracted for	-	-



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

19. OPERATING LEASE COMMITMENTS

	2024 Land & Buildings £	2023 Land & Buildings £
Leases which expire:		
Within one year	11,025	21,525
In one to five years	-	11,025
	<u>11,025</u>	<u>32,550</u>

20. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

21. PENSION COMMITMENTS

Unlimit Health operates a Group pension arrangement. The overall pension charge for the year was £101,122 (2023: £87,469). At 31 March 2024, no contributions were outstanding (2023: £ nil).

22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW

	2024 £	2023 £
Net movement in funds	(3,203,357)	1,087,132
Investment income	(448,977)	(427,607)
(Gains)/losses on investments	(639,429)	530,558
Depreciation	2,380	2,379
Exchange rate (gain)/loss	(84,840)	(153,043)
Increase/ (decrease) in creditors	(1,169,271)	(5,087,228)
(Increase)/ decrease in debtors	(137,443)	575,704
Net Cash generated by operating activities	<u>(5,680,937)</u>	<u>(3,472,105)</u>

23. RELATED PARTY TRANSACTIONS

There were no related party transactions in the current or preceding accounting periods.



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2024

24. Restricted Grants Details 2023/24	At 31 March 2023	Income	Expenditure	Transfers	At 31 March 2024
	£	£	£	£	£
Ethiopia Reassessment	-	470,434	(444,045)	(26,389)	-
Madagascar expiring drugs distribution	-	75,949	(65,259)	(10,690)	-
Epidemiological surveys	-	33,280	(22,311)	(10,969)	-
DRC Reassessment	-	1,611	(1,478)	(133)	-
GAP Assessment Tool (WHO)	-	6,450	(16,630)	10,180	-
Good Ventures Foundation 2022-24	-	1,757,389	(2,302,388)	544,999	-
Paediatric PZQ Consortium (GHIT)	-	49,205	(39,372)	(9,833)	-
Paediatric PZQ Consortium (EDCTP)	-	93,648	(79,458)	(14,190)	-
SCH and STH Treatment	-	120,244	(104,696)	(15,548)	-
Community-led action against disease	100,031	(3,516)	(51,918)	-	44,597
Gap Assessment Tool (TFGH)	-	11,524	(27,557)	16,033	-
SCH Oversampling Surveys 23-24	-	34,709	(26,118)	(8,591)	-
FGS Burden Study	-	31,422	(25,939)	(5,483)	-
Preventing parasitic disease in young women	9,608	146,526	(2,092)	-	154,042
Uganda SCH Programme	-	-	(1,211)	1,211	-
Precision Public Health Technical Approach	-	15,704	(5,976)	-	9,728
	<u>109,639</u>	<u>2,844,579</u>	<u>(3,216,448)</u>	<u>470,597</u>	<u>208,367</u>

Restricted Grants Details 2022/23	At 31 March 2022	Income	Expenditure	Transfers	At 31 March 2023
	£	£	£	£	£
Impact of SCH control prog on T.solium	-	5,038	(5,078)	40	-
CAF Canada CIV 22/23 MDA	-	193,534	(168,290)	(25,244)	-
Ethiopia Reassessment	-	540,435	(488,675)	(51,760)	-
Madagascar MDA	-	140,165	(121,882)	(18,283)	-
Epidemiological surveys	-	18,826	(10,153)	(8,673)	-
GAP Assessment Tool (WHO)	-	14,247	(10,265)	(3,982)	-
Good Ventures Foundation 2022-24	-	6,419,088	(6,419,088)	-	-
Paediatric PZQ Consortium (GHIT)	-	140,486	(112,297)	(28,189)	-
Paediatric PZQ Consortium (EDCTP)	-	164,629	(149,930)	(14,699)	-
End SCH for good Zanzibar	125,368	-	(125,368)	-	-
Community-led action against disease	-	100,031	-	-	100,031
Gap Assessment Tool (TFGH)	-	27,904	(20,104)	(7,800)	-
SCH Oversampling Surveys 23-24	-	6,419	(5,392)	(1,027)	-
SCH Oversampling Surveys 21-22	-	23,505	(19,905)	(3,600)	-
Preventing parasitic disease in young women	-	9,608	-	-	9,608
Uganda SCH Programme	9,787	-	(3,105)	(6,682)	-
	<u>135,155</u>	<u>7,803,915</u>	<u>(7,659,532)</u>	<u>(169,899)</u>	<u>109,639</u>

Accounts

Unlimit Health

Annual Report and Financial Statements for the year ending 31 March 2023



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List of acronyms

BCC	Behaviour change communications
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPC	Pediatric Praziquantel Consortium
PSAC	Preschool-aged children
PZQ	Praziquantel
SAC	School-aged children
SAE	Serious Adverse Event
SCIF	SCI Foundation
SCH	Schistosomiasis
SLT	Senior Leadership Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization



Foreword by the Interim Chair of the Board of Trustees

I am delighted to share this annual report, which is the very first report of the organisation under a new name: **Unlimit Health**. This report provides an opportunity to reflect on past achievements, as well as to outline the new strategy for 2023 to 2028. It concludes our previous five-year strategy and sets the scene for our ambitious plans for the next five-year strategy, which was published together with the launch of the new brand in February 2023.

I would like to thank Lord Sandy Trees, who completed his term as Chair in mid-2022, and Peter Dranfield who stepped down as a trustee earlier this year. They have both been instrumental in establishing SCI Foundation, now Unlimit Health, as a charity. I'm delighted to welcome our three new trustees - Kathryn Ager, Arielle Dolegui and Max Seunik, plus two new advisors, Abena Afari and Carolynne Wheeler, who have already contributed to the new strategy for Unlimit Health



Unlimit Health was born as the Schistosomiasis Control Initiative, established in 2002 by Professor Alan Fenwick and his co-director Prof Joanne Webster at Imperial College London. At that time, its purpose was to deliver a proof-of-concept for nationally-driven programmes for the control of schistosomiasis in sub-Saharan Africa.

Our new name and strategy are driven by the need to focus on elimination of schistosomiasis and related parasitic diseases, in line with the WHO Roadmap. Over the next five years, while we will continue to support the delivery and monitoring of national treatment programmes, there will be an important shift to elevate this with new areas of work. These include developing a comprehensive set of targeted interventions to reach elimination of parasitic disease; a focus on technical support for multisectoral action; and increasing emphasis on health systems strengthening and contributing to health equity.

I hope you will enjoy reading this report and continue to support our journey towards healthy lives, free from limiting disease.

Dr Justine M Frain
Interim Chair, Board of Trustees



Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of Unlimit Health (formerly SCI Foundation - SCIF) for the year ended 31 March 2023. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements and notes have been prepared in accordance with the accounting policies and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

Unlimit Health purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases,,");
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.



Our goals

Our vision is a world free of preventable disease, in which everyone everywhere can reach their full potential

- **Goal 1:** Those affected by parasitic worm infections receive treatment and care.
- **Goal 2:** Communities change their behaviours to reduce the risk of infection.
- **Goal 3:** Environmental changes are put in place to reduce the transmission of infection.
- **Goal 4:** Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.
- **Goal 5:** All resources – economic and human – are effectively and sustainably managed.

Our approach

We are experts at supporting national governments in sub-Saharan Africa to deliver cost effective and impactful health programmes. We help to create a world that is free from preventable disease.

1. **Partnerships:** We are collaborative, promoting inclusion and synergy. We act as catalysts in the creation of successful cross-sectoral partnerships that generate the greatest impact on disease transmission. We have put in place a model of technical and financial support to Ministries of Health to implement programmes in line with their own strategies and plans, to enhance sustainability, and strengthen health systems.
2. **Operational Excellence and Innovation:** We are agile, adapting to changing local and global environments. We aim to constantly improve and innovate, to ensure that we optimise our efforts and use resources most cost-effectively.
3. **Sustainability:** We ensure that our work is sustainable and supports broader development. We support governments to strengthen systems and processes, so that they are dynamic, responsive and deliver results. We implement a holistic approach to tackle parasitic worm infections: reducing infections through increased access to cost-effective treatment; supporting environmental and behavioural interventions through multi-sector collaboration; enhancing knowledge and capacity on treatment of severe morbidities; and investing in research and evidence.
4. **Evidence-based:** We generate evidence to inform decisions and guide our work. We improve processes and develop preferred practices for global health policy. We share knowledge to ensure that everyone can benefit from improved health.



Our Values

We are a team of people passionate about creating a world free of preventable disease. It is important that everyone that works at Unlimit Health, as well as our partners and supporters, share the same values and beliefs. Over this reporting period we have completed a review of our values and have worked to more clearly define how these values can be embedded into every aspect of our work.

1. **Equity** We challenge inequity and strive towards a fair distribution of power and resources globally. We understand that ill health is rooted in social and economic inequity and injustice.
2. **Inclusivity** We respect people's differences, recognising the importance of different perspectives and experiences, applying the principles of compassion and dignity. We understand that having varied perspectives and experiences is essential to achieving our mission.
3. **Transparency:** We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role or transparency in engendering trust, collaboration, and accountability.

Priorities set for the Reporting Period 2022 - 2023

In 2022-2023 the then SCI Foundation had set out to continue to deliver on its 5 strategic goals aligned with our existing goals and objectives as part of the final year of the 2018 -2023 Strategy.

There was also a commitment during this reporting period to develop a new strategy for 2023 - 2028 that would be responsive to the changing landscape of NTDs and the international development sector. The guiding principles for the new 5-year strategy would align with the paradigm shifts and elimination targets outlined in the 10-year NTD Roadmap published by the World Health Organization in 2021. It was acknowledged that many of the themes outlined in the NTD Roadmap had already been incorporated into the 2018-2023 strategy. However, their clear articulation within the Road Map further supported us building on these themes and approaches as the 2023-2028 strategy was developed.



Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit and the ways in which Unlimit Health delivers public benefit are explained in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

Unlimit Health partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. Unlimit Health works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.

Achievements, Performance and Future Plans

Goal 1: Those affected by parasitic worm infections receive treatment and care.

Objectives:

- Policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases.
- Evidence on best practice for country-led programme delivery is generated.
- The sustained impact of public health programmes on parasitic worm infections and child health is effectively demonstrated.
- The delivery of programmes by national authorities is supported effectively.
- Programme delivery is optimised through implementation and refinement of available evidence-based tools and processes.

Key Achievements:

- Supported the Ministry of Health in 12 countries to deliver over 63 million treatments for SCH and STH, provisionally reported to date, out of a targeted 64 million budgeted at the outset of financial year 2022/2023. Due to the removal of many public health restrictions imposed by countries to mitigate the transmission of SARS-CoV-2, the requirement for a risk mitigation and action plan in advance of mass drug administration (MDA) was withdrawn and MDA proceeded in line with individual government guidance relating to COVID-19.
- Of the twelve supported countries:
 - Despite significant global shipping delays affecting the delivery of donated drugs to many countries, the impact of late arrival was sufficiently mitigated in several countries to ensure that treatment delivery could proceed as soon as PZQ arrived, usually by taking a phased approach to MDA as in Cote d'Ivoire, Malawi and Madagascar. This was necessitated as existing PZQ stocks in country had expiry dates preceding the date of arrival of the next delivery and therefore had to be delivered before expiry was reached. Burundi postponed their MDA and conducted



an exceptional campaign in March 2023, out with their usual schedule where it is routinely incorporated into Mother and Child Health Weeks in December.

- Liberia's MDA was interrupted due to a Severe Adverse Event (SAE) resulting in the death of a child in Nimba County during the treatment campaign. A full investigation was conducted by the MoH in conjunction with the local WHO office as is required in the event of an SAE to determine any future considerations for implementation.
- Sudan's MDA continued to be disrupted due to ongoing political tensions in the country. A three-phase national MDA campaign had completed Phase 1 in 2021, with Phase 2 completed during 2022 after an initial suspension due to the military coup in late 2021, which has been partially reported to date. Phase 3 was intended to start in early 2023 but remains in the planning stage due to the renewed armed conflict.
- Generated data on quality and performance of programmes: Unlimit Health supported five country partners to conduct coverage evaluations surveys in Cote d'Ivoire, Ethiopia, Madagascar, Malawi, and Zanzibar. Analysis for these surveys is ongoing for Cote d'Ivoire, Ethiopia, Madagascar, and Malawi; however, completed analysis for Zanzibar has demonstrated that the March 2022 treatment campaign achieved the WHO recommended 75% treatment coverage threshold across both islands of Pemba and Unguja for both SAC and adult populations.
- Conducted two epidemiological surveys with MoH partners in Ethiopia (Part 2 – reassessment) and Madagascar (Part 1 – reassessment), with planning underway for three epidemiological surveys in Ethiopia (Part 3 – reassessment), Madagascar (Part 2 – reassessment), Cote d'Ivoire (reassessment), and Democratic Republic of Congo (Part 1 – reassessment). Analysis of the Madagascar (Part 1) survey is currently ongoing, with expected dissemination in the coming months. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other interventions and will be used to demonstrate impact goals aligned to the new WHO NTD Roadmap for 2030 and the new WHO Guideline for Schistosomiasis. Additionally, in this period, results were disseminated to MoH and partners for Ethiopia Part 1 and Part 2. As these data can be provided at the sub-IU administrative level in Ethiopia, called 'kebele', they will be utilised in the planning for the 2024 SCH treatment campaign, alongside WHO/ESPEN.
- Advised on the innovative design and implementation of surveys in several countries as part of collaboration projects:
 - The Schistosomiasis Oversampling Study, a collaboration between four Ministries of Health, Unlimit Health, the NTD Support Centre, London School of Hygiene and Tropical Medicine (LSHTM), Swiss Tropical Public Health Institute and the Kenya Medical Research Institute. This multi-country SOS project supported surveys conducted in Cote d'Ivoire, Mali, and Togo in 2022/23. The outcomes will be used within a geostatistical model to determine the optimal sampling strategies for SCH impact assessments to enable sub-implementation unit decision making.
 - Unlimit Health continues to work with the END Fund's Deworming Innovation Fund (in partnership with LSHTM) to support ongoing reassessment activities in Ethiopia using

novel designs (as mentioned above), as well as provide technical expertise in the interpretation of these statistical and geostatistical mapping results for improved treatment targeting. **Figure 1** shows the results from the Ethiopia Part 2 reassessment using this innovative survey design for modelling *S. mansoni* prevalence. Through this figure we can see the strong agreement between the predicted and observed prevalence, supporting the strong case in using this data to support the efficiency of using non-standard techniques and in resource allocation to target populations requiring interventions for schistosomiasis and STH.

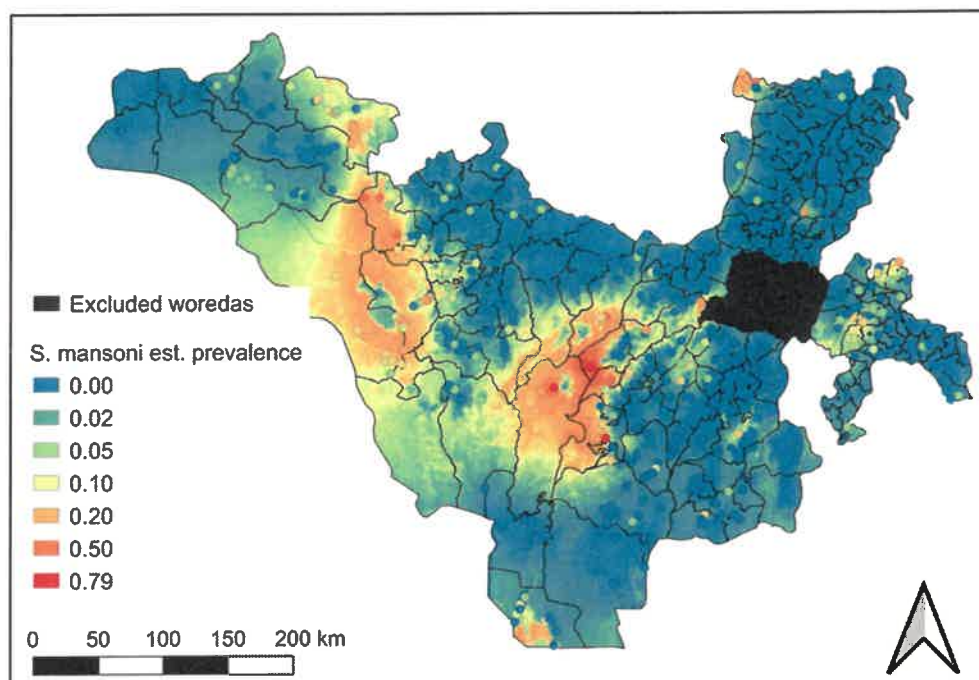


Figure 1. Geospatially modelled predicted prevalence of *S. mansoni* with 1km resolution. Each circle represents a school sampled colour coded by prevalence to align with the predicted prevalence shading.

- Additionally, within this period, Unlimit Health performed an efficiency analysis to assess gains made when using novel reassessment data to implement treatment at a sub-IU level in terms of overall cost and target treatment figures. This analysis showed that across Zimbabwe and Ethiopia a geostatistical approach achieved an average 91% savings over traditional approaches with comparable accuracy when measuring national level prevalence, as this approach required 92% fewer participants to be sampled overall.
- The Dominican Republic government and the Pan American Health Organization (PAHO) have been working with Unlimit Health, Tropical Data and the United States' Center for Disease Control to design and conduct (November 2021) a survey to verify the elimination of human schistosomiasis in three historic endemic areas. Analysis is ongoing and when ready results will indicate whether there is active transmission or whether the country can begin the WHO verification process for elimination.
- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal).



- Worked in partnership with two leading pharmaceutical companies to assess the global variation in force-of-infection trends of the NTD *Taenia Solium*, the leading cause of acquired epilepsy globally. Also assessed spatial and temporal distribution of *T. solium* and its risk factors in Uganda which provided valuable information on targeting praziquantel donated for the treatment of taeniasis and cysticercosis. A mapping protocol that could be used in other settings with high likelihood of *Taenia solium* was also developed that could be used in other geographies.
- Published papers relevant to the control and elimination of schistosomiasis as lead or co-authors:
 - Wiegand RE, Fleming FM, de Vlas SJ, Odiere MR, Kinung'hi S, King CH, Evans D, French MD, Montgomery SP, Straily A, Utzinger J. Defining elimination as a public health problem for schistosomiasis control programmes: beyond prevalence of heavy-intensity infections. The Lancet Global Health. 2022 Sep 1;10(9):e1355-9. [https://doi.org/10.1016/S1473-3099\(22\)00221-3](https://doi.org/10.1016/S1473-3099(22)00221-3)
 - Lo NC, Bezerra FS, Colley DG, Fleming FM, Homeida M, Kabatereine N, Kabole FM, King CH, Mafe MA, Midzi N, Mutapi F. Review of 2022 WHO guidelines on the control and elimination of schistosomiasis. The Lancet Infectious Diseases. 2022 May 17. [https://doi.org/10.1016/S1473-3099\(22\)00221-3](https://doi.org/10.1016/S1473-3099(22)00221-3)
 - Downs P, Bush S, Bannerman R, Blair L, D'Souza S, Ekpo U, Gyapong M, Kar K, Kelly-Hope L, Mabey D, Mante S, Tate A, Velleman Y, Molyneux D. Neglected tropical disease elimination is a relay race—let's not drop the baton. International health. 2022 Sep;14(Supplement_2):ii1-6. <https://doi.org/10.1093/inthealth/ihab094>
 - Harvey D, Shu'aibu J, Debam MT, Aba AK, Torres-Vitolas CA. How can the neglected tropical disease community be inclusive and equitable in programme delivery? Reaching refugees and internally displaced persons through integrating a 'leave no one behind' approach. International Health. 2022 Sep;14(Supplement_2):ii33-7. <https://doi.org/10.1093/inthealth/ihac010>
 - Rust J, Clark A, Woodgate M, Koch C, Mohammed T, Steinmann P, Krentel A, Torres-Vitolas CA, Carlin A, Pavluck A. Innovate to eliminate: a prerequisite in NTD programmes. International Health. 2022 Sep;14(Supplement_2):ii20-4. <https://doi.org/10.1093/inthealth/ihac011>
 - Ngwili N, Sentamu DN, Korir M, Adriko M, Beinamaryo P, Dione MM, Kaducu JM, Mubangizi A, Mwinzi PN, Thomas LF, Dixon MA. Spatial and temporal distribution of *Taenia solium* and its risk factors in Uganda. International Journal of Infectious Diseases. 2023 Apr 1;129:274-84. <https://doi.org/10.1016/j.ijid.2023.02.001>
 - Dixon MA, Winskill P, Harrison WE, Whittaker C, Schmidt V, Sánchez AC, Cucunuba ZM, Edia-Asuke AU, Walker M, Basáñez MG. Global variation in force-of-infection trends for human *Taenia solium* taeniasis/cysticercosis. Elife. 2022 Aug 19;11:e76988. <https://doi.org/10.7554/eLife.76988>



- Led working groups within global SCH and STH communities of practice (Global Schistosomiasis Alliance and NTDs NGO Network (NNN)) inclusive of and with the remit to advance WASH, Sustainability, One Health, and Monitoring and Evaluation (M&E) agendas.
- Actively participated in task teams and working groups (WHO Technical Advisory Group on Schistosomiasis, STH, and NTD informatic tools sub-groups, iChords, NNN) to contribute to the global agenda and providing additional guidance documents for the control and elimination of schistosomiasis and STH and share best practice on programme adaption to COVID-19.
- Co-Chaired expert advisory committees of SCH and STH in Tanzania to further advance programmatic adaptation and goal setting aligned to the NTD Roadmap.
- Led peer-participatory workshops at annual meetings of relevant networks (NNN, Coalition for Research on NTDs, American Society for Tropical Medicine and Hygiene).
- Led and facilitated multiple remote training sessions designed to build MoH and partner capacity for reassessment, impact and coverage surveys, safeguarding and FGS, promoting their ability to cascade training within each country.
- Improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.
- Provided extensive policy and communications support to WHO on delivering the Guideline on control and elimination of human schistosomiasis, the WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach including technical work through the Technical Advisory Group on Schistosomiasis and STH, updating the WASH and NTDs toolkit, and joint webinar and conference presentations.
- UH signed an agreement with the WHO and Task Force for Global Health to lead the implementation of the qualitative Gap Assessment Tool to assess programmatic progress and provide recommendations to address existing challenges affecting the achievement of the 2021-30 targets established in the road map for NTDs (Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases). UH is leading a global qualitative consultation with disease experts and national programme managers for all NTDs and disease groups identified in the road map concerning diagnostics, monitoring and evaluation, advocacy and funding as well as access and logistics. Disease-specific and cross-



cutting (sector-level) measures will help programmes to achieve the eradication, elimination, and control targets for 2030.

Plans for the Next Period:

Unlimit Health's long-term approach of working directly with Ministries of Health to support public health interventions leading to the reduction in morbidity associated with SCH and STH has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the universal health coverage agenda. As such, Unlimit Health will continue to:

- Build capacity within health systems at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases.
- Continually generate robust data to refine intervention strategies through an evidence-based approach to ensure that programme delivery is optimised.
- Support programmes to monitor progress against WHO NTD roadmap goals and objectives through the provision of technical support across a range of thematic areas, including progress from control of morbidity to elimination as guided by WHO and aligned to the needs of communities.

Goal 2: Communities change their behaviours to reduce the risk of infection.

Objectives:

Evidence-based behaviour change strategies for disease prevention are effectively supported and implemented by national authorities.

Key Achievements:

- Led the development of a systematic review of behaviour change interventions for schistosomiasis control and elimination in low- and middle-income countries, in collaboration with the Global Schistosomiasis Alliance. The review has been accepted for publication by PlosNTDs and is currently undergoing editorial checks prior to publication.



- Routine coverage evaluation surveys have been enhanced to identify and flag any significant presence of negative attitudes or resistance towards treatment as well as misconceptions of the disease or treatment activities.
- Developed a quantitative examination of socio-economic and information factors conditioning treatment uptake of praziquantel during an MDA campaign in Malawi. The study is being formatted for submission to a peer-reviewed publication during 2023.
- Drafted a protocol for piloting and validating a participatory GIS mapping of risk behaviours related to the transmission of and exposure to schistosomiasis in high-burden communities in Cote d'Ivoire. The protocol has been reviewed and approved by the Ministry of Health. This pilot approach will be tested in Eastern Cote d'Ivoire during 2023.
- Commenced a multi-country analysis of data which determine barriers and enablers to treatment uptake in Malawi, Madagascar and Niger.
- Developed recommendations for a behaviour change communications strategy to be implemented within the second phase of the Community Schistosomiasis Profiles project in Uganda (see Goal 3 achievements).
- Developed a monitoring and evaluation framework for BCC programmes at the request of The END Fund.

Plans for the Next Period:

Develop organisational approach to behaviour change and communication and develop guidance for the Unlimit Health team and partners.

Goal 3: Environmental changes are put in place to reduce the transmission of infection.

Objectives:

- National programmes are supported to plan and implement environmental strategies for effective and sustained elimination of preventable diseases.
- Control and elimination strategies for preventable infectious diseases are developed and implemented by national authorities in collaboration with the veterinary public health sector.

Key Achievements:

- Completed the Community Schistosomiasis Profiles pilot project in three communities in Kamuli District, Eastern region, Uganda, which began in the previous reporting period:
 - Developed community risk maps and schistosomiasis risk profiles through a participatory process



- Worked with the community to develop Community Action Plans to reduce the risk of transmission and exposure
 - Engaged decision makers from the NTD, WASH and education sectors to agree implementation plans
- Secured funding and began work to scale up the Community Schistosomiasis Profiles approach and recommended interventions in six communities in Uganda:
 - Through The Big Give campaign raised funds to support the implementation of interventions identified through the pilot project as key to reducing the risk of schistosomiasis transmission and exposure, as well as extending project activities to additional communities in Kamuli in collaboration with the Ministry of Health and the Ministry of Water and Environment. Implementation will begin in the financial year 2023-24.
- Completed work on updating the joint WHO-NNN toolkit "[WASH and Health working together: a 'how to' guide for NTD programmes](#)", including new tools developed by Unlimit Health on joint analysis of WASH and NTDs data.
- As part of the WHO Technical Advisory Group on schistosomiasis and soil-transmitted helminths, chaired a WASH sub-group. At the time of reporting, activities in progress include a position paper on WASH for the control and elimination of SCH and STH, and a scoping literature review on the evidence of the links between WASH and disease transmission/prevention.
- Lead multilateral One Health discussions through Action for Global Health with **UK government (FCDO, DHSC, HAS, Defra)**, **facilitating two 'policy deep dive' roundtables** which championed geographically diverse speakers. Input on the international **pandemic instrument** directly through the civil society consultation (our [video submission](#) to the International Negotiating Body) and through invited UK government consultation (Defra, DHSC, FCDO), alongside advocating for a One health approach to be adopted by the World Bank's Pandemic Fund ([our written submission](#)) and included in 2023 G7's civil society recommendations (final [C7 communique](#) recommends One Health in both global health and environmental justice streams).
- Continued to collaborate internationally with researchers and policy-makers, acting as lead author for a European collaborative open-access publication of 36 co-authors from the NEOH network, to update the field with [core competences for One Health](#) implementation across disciplines and sectors. Through a 4 month consultant position with the WHO Health Security Preparedness team supported the development of a **One Health workforce assessment and development operational tool as part of the [Tripartite Zoonoses Guidance](#)**, completing interviews with global experts for a landscape review and bring invited to remain



as the only non-UN agency member of the steering group. Helped to build strong inter-network connections with the [Action for Animal Health coalition](#), sitting as observer on behalf of the NNN's One Health cross-cutting group.

Plans for the Next Period:

Based on lessons from implementation, we aim to continue to expand our work on WASH and One Health as part of a broader approach to health systems strengthening. We will increase efforts in community health in areas at high risk of parasitic disease transmission and exposure.

We will scale up efforts based on already completed work on WASH in Uganda and support the implementation of a newly developed *T. soilum* mapping protocol.

We will develop organisational approach to Vector control management and develop guidance for the Unlimit Health team and partners.



Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

Objectives:

- Services for the control and elimination of parasitic worm infections are accessed equally by all those at risk.
- Evidence on inclusion of morbidity management in programming and health service delivery is generated and used effectively for policy influencing and advocacy.
- Morbidity management of the effects of parasitic worm infections is effectively embedded in health services.

Key Achievements:

- Unlimit Health continues to play a leadership role in the Pediatric Praziquantel Consortium (PPC) which aims to develop a paediatric formulation of PZQ and ensure it is sustainably accessible for the treatment of pre-school-aged children in endemic countries. Unlimit Health has:
 - Co-chaired the Access Team of the PPC, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children suffering from schistosomiasis. It includes aspects ranging from technology transfers and logistics for local manufacturing, to building a sustainable funding strategy and developing investment cases and an overall access strategy for the distribution of the new formulation in endemic countries.
 - Led the coordination and provision of technical support on Work Package 2 of the EDCTP2 and GHIT-funded 'Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries', or "ADOPT", project. Unlimit Health worked closely with the governments of Cote d'Ivoire, Kenya and Uganda to further the development of their advocacy and social mobilisation strategy and key messaging toolkits, specific to each country context and delivery platform, through workshops and stakeholder engagement. ADOPT is a collaborative project working with multiple partners within the PPC, including Merck, Lygature, Astellas, the MoH and National Medical Research Institute (KEMRI) in Kenya, the Technical University of Munich, the African Institute for Health and Development, the MoH and research institute (UFHB) in Cote d'Ivoire and the MoH and research institute (Makerere University) in Uganda.
 - Provided thought leadership at Board level to the Consortium, resulting in an operational split within the PPC to form separate, but linked, 'Research and Development' and 'Access' core project teams.



- Incorporated questions on relative wealth to measure equity of programme coverage and reach, into coverage evaluation surveys. By utilising these surveys as an opportunity to collect additional indicators (beyond age, sex and school attendance), these data can then be used to inform adaptations to programmes, which will increase access to all, regardless of wealth status.
- Contributed to increased awareness and prioritisation of Female Genital Schistosomiasis (FGS) within the schistosomiasis and broader health and NTDs community. Unlimit Health has:
 - Engaged the UK Parliament and UK Government on FGS, including through two parliamentary events and the publication of a joint policy brief, “[Unlocking Health and Opportunity for women and girls in Africa](#)”, through the FGS Integration Group (FIG).
 - Regularly participated in the Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
 - Been an active member of the Technical Advisory Committee for the FGS Accelerated Scale Together (FAST Package) project operating across Madagascar and Ghana to create a pathway to scale of interventions that address the burden of FGS in girls and women. The project closed in July 2022 with outcomes presented in Geneva.

Plans for the Next Period:

As Unlimit Health continues to expand its work on the preventative interventions against NTDs, it will endeavour to ensure everyone has access to and are able to benefit from these measures, and that those who are already suffering the symptoms of infection are supported. Unlimit Health will:

- Continue to ensure that all preventative interventions are accessible to all parts of the community in accordance with evidence-based strategies to leave no one behind.
- Provide leadership on access to newly developed technologies, such as paediatric drug formulations, to ensure that mechanisms are established for inclusivity in routine programme provision.
- Deliver thought leadership to tackle health inequity and enhance sustainability and health systems strengthening, through the development of a ‘Leave No One Behind’ approach to ensure inclusion of marginalised groups in NTD programmes.
- Play a leading role in implementation research, advocacy and policy to promote access of women and girls to health services.



Goal 5: All resources – economic and human - are effectively and sustainably managed.

Objectives:

- Increase the organisation's capacity for sustainable resource mobilisation to support all strategic goals.
- Develop a positive, diverse and impactful values-based organisation where all team members can contribute their best work.
- Invest in strategic, high-impact communications for advocacy, public engagement, and fundraising.
- Ensure effective financial management and analysis of financial data for decision-making.

Key Achievements:

- Undertook a consultative and successful process to create a strong new brand for the organisation. The new brand, Unlimit Health, faithfully represents the core purpose of the organisation and strengthens our ability to communicate effectively with our audiences as well as raise sufficient resources to fulfil our mission. The process involved in-depth consultation internally and with our partners and allies. Financial resources were stewarded carefully to ensure value for money and to avoid unnecessary expenditure.
- At the request of the MoH in Cote d'Ivoire, joined their working group on domestic resource mobilisation, participating in a round table event as a component of Cote d'Ivoire's Sustainability plan.

Plans for the Next Period:

Unlimit Health (UH) will continue investing in developing and maintaining a strong and effective control framework to ensure that resources are deployed efficiently, transparently and sustainably for the best possible impact. UH will continue its commitment to supporting the delivery of the WHO NTD Road Map 2021-2030, requiring a stronger focus on securing sustainable funding, and promoting programme ownership by endemic country governments. UH will:

- Continue to develop and appropriately resource an **income generation approach** that will support sustainability of resourcing for delivering UH's new strategy, through good stewardship of existing donors, engaging new funders and strengthening existing funding relationships through enhanced information and reporting management.
 - Participate in **research funding applications** for priority areas (FGS, WASH, morbidity management, One Health) and conduct an operational research funding landscaping exercise that will guide operational research funding applications.
 - Continue to build on the identified income streams that align with the organisational focus on **sustainability** and **health systems strengthening** as outlined in the Fundraising Strategy.



- Continue to invest in strategic, high-impact, inclusive and respectful **communications for advocacy, public engagement, and fundraising**. Embed the outcomes achieved by the re-branding and associated brand awareness activities.
- Continue to develop a **positive, diverse and impactful values-based organisation** where all team members are engaged and able to contribute their best work. Continue to build on the **Investors in People** Accreditation and the support network that the accreditation offers.
- Continue preparing **monthly management accounts for** discussions at the Leadership Team (SLT), and quarterly management accounts and reforecasts for discussions at SLT and the Trustee Board Meetings. We will also continue working with the Finance, Risks and Audit Committee in year to ensure budgets are delivered with acceptable variances.
- Further develop our **risk management and compliance processes** and **internal controls and regular internal review** meetings with partners to ensure that important risks are managed appropriately. We plan to conduct three partner reviews and three Programme Management Internal reviews. Utilise the expertise of the retained International Travel and Risks Adviser to better manage travel risks for staff and partners travelling on UH business may encounter.
- Develop the Operational Plan with accompanying KPIs in support of the 2023-2028 Strategic Plan.

Development of 2023 -2028 Strategy and Rebrand

Development of the 2023 – 2028 Strategy

The Leadership Team invested significant time in the development of the 2023- 2028 strategy during the reporting period. This involved a number of dedicated retreats with external facilitation and internal and external discussions. The strategy aims to respond to the changing environment within the NTDs and also shifts in International Development. The strategy goals are aligned to the WHO Road Map for NTD 2021-2030 which articulates the contributions that the control and elimination of NTDs can make to the Sustainable Development Goals. In addition, the objectives under each goal of the strategy relate to the WHO health system strengthening building blocks to ensure that our work contributes directly to supporting resilient health systems. The Strategy and new brand were launched at an event in March 2023 as can be accessed [here](#).

Rebranding

Alongside the development of our new strategy, we also embarked on a rebranding exercise. The name **SCI Foundation** had always been considered as an interim name, as we transitioned out of Imperial College London. For legal reasons we were not able to use the name **Schistosomiasis Control Initiative**, but it was considered important to signal continuity as we became an



independent entity and therefore SCI Foundation was used. However, it has been clear that continuing to use a name that no longer represented the breadth of the work that we undertook, or the overall purpose of our work, would be detrimental to our ability to resource and deliver on the new strategy. A participatory approach was taken involving input from team members, Board members and partners including our Ministry of Health Colleagues. Although challenging, the process was valuable in arriving at an excellent new brand that strengthens our ability to deliver. The lessons learned have been documented and published through [Charity Comms](#).

Financial review

We have realised an operational surplus £1.62m (2022, £4.53m deficit), which was in line with our Operational Plan. This means that Unlimit Health held total funds of £17.26m (2022, £16.18m) at year-end. These funds are made up of restricted funds of £0.11m (2022, £0.14m), unrestricted general funds of £9.33m (2022, £8.08m), and designated funds of £7.82m (2022, £7.97m), and which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities.

Unlimit Health received total income of £10.25m (2022, £7.32m) due to receiving more grants and a large increase in investment income. There was also an increase in general donations.

Unlimit Health spent £8.63m over the year (2022, 11.85m). The decrease in expenditure was planned in line with the structured drawdown of the designated funds. UH has supported the delivery of 41 million treatments reported to date (2022, there were 41m treatments). As detailed above (Goal 1 Key Achievements) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. In addition, some of our partners experienced delays in receiving drugs donated by other international funders, and that meant that some partners could not carry out all the Mass Drug Administrations that had been planned. We would have reported higher expenditures by partners if all the partners had received the allocated drugs as they had requested.

The financial year has ended with a strong balance sheet. At the year end, Cash and cash equivalents were £17.56m (2022, 28.45m). Long term equity investments were £10.70m (2022, 3.23m).



Fundraising

Overall donations income has grown by 7% this year compared to the previous financial period, with increases both in terms of direct income from individual donations and in income from Effective Altruism organizations. Trusts, foundations and other institutions contribute a smaller proportion of our donation income, but this income stream has also grown.

Individual giving

Overall income from individuals, including those giving one-off donations over £5,000, has improved significantly compared to the previous year. The excellent result was due in part to two major public fundraising campaigns. In September, the award-winning broadcaster Claudia Hammond presented our BBC Radio 4 Appeal. The BBC Radio 4 appeal was particularly significant because it enabled us to reach directly a large audience who may not have been previously aware of our work. The results exceeded our expectations, and we raised over £29,000. In November, we participated for the second year running in the Big Give Christmas Challenge. This was our third matched funding appeal and the appeal sought to raise funds for the next phase of the community-led action against disease project in Uganda. The appeal raised over £100,000 and has enabled the next phase of the programme to go ahead. In addition to these two campaigns, regular donations from individuals increased by 10% overall and donations from individuals in the US saw a steep rise.

GiveWell and the Effective Altruism Movement

Our relationship with the Effective Altruism movement, in all its varied manifestations, remains very healthy as we continue to be recognized as providing some of the most cost-effective opportunities for impact on global health. We are enormously grateful to have received substantial support from a wide range of organizations including The Life You Can Save, Effective Altruism Australia, GiveWell Clear Fund, Effective Altruism New Zealand/Aotearoa, Ayuda Efectiva, Giving What We Can, Efektiv Spenden, and RC Forward (Canada).

Although our income from GiveWell Clear Fund has fallen this year, this reduction has been entirely compensated for by a significant increase in income from the rest of the EA movement, such that overall income from GiveWell Clear Fund and the rest of the Effective Altruism movement has remained constant compared to the previous year.



Trusts and Foundations

This year has seen another increase in income from Trusts and Foundations. A further substantial increase in income from these sources is anticipated for the coming year and much work has been done this year to identify new prospective funders and to develop relationships with a broader range of funding institutions.

Fundraising plans

Our fundraising goals over the coming year are to significantly expand our income from trusts, foundations and other institutional sources to support the NTD programmes of our partner ministries of health. These sources will bring in the bulk of our planned £1.2 million from new sources of income. We will also seek to further engage our growing pool of individual supporters and to maintain and deepen our relationships with the effective altruism movement who continue to be a significant source of support for our partners' NTD programmes.

Disclosure under The Charities (Protection and Social Investment) Act 2016

- Unlimit Health does not use external commercial participators for its fundraising function.
- Unlimit Health is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2022/23, there were no breaches of fundraising standards or law, and no complaints were received.
- Unlimit Health implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- Unlimit Health does not make persistent approaches and engages individuals respectfully and only in compliance with the Code of Fundraising Practice and within legal requirements.
- Unlimit Health does not undertake telephone or street fundraising.
- Donations from individuals and community groups can either be solicited or unsolicited by Unlimit Health. Organisational donors are approached broadly following research that they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- Unlimit Health does not put undue pressure on any person to give money or other property.



Reserves Policy

Unlimit Health's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment.

Unlimit Health maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. Unlimit Health normally has two types of reserves:

- **Restricted funds** – These arise where funds have been given to Unlimit Health to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. Unlimit Health had Restricted Funds of £0.11m as at 31 March 2023 (2022, £0.14m).
- **Unrestricted funds** – As at 31 March 2023, the Charity had £17.15m (2022, £16.04m) of unrestricted funds. £7.82m (2022, £7.97m) of these are designated and will be spent over the next two years. The balance of General Funds is £9.33m (2022, £8.08m) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises. Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:

- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year. The free reserve level for 2023/24 should therefore fall between **£2.58m** and **£3.43m**.

The **Free Reserves** as of 31 March 2023 was **£9.33m** which is **£5.90m** above the higher Reserve Policy level. There is a clear plan in place and the Trustees expect that there will be a structured



draw down of the reserves to invest in programmes, programme development and our funding model as outlined in the **2023-28 Strategic Plan**. The reserve level will continue to decrease in the coming years and will be in line our Reserve Policy.

Investment Policy

The Unlimit Health of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited Churches, Charities and Local Authorities (CCLA) Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of Unlimit Health investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

Unlimit Health has adopted an ethical investment policy to ensure that its investments do not conflict with its aims. Excluded are activities that have a direct impact on health e.g., tobacco and alcohol. Activities that have a direct impact on the environment e.g., illegal logging, and activities that undermine human rights e.g., sexual misconduct.

CCLA Fund Managers manage two Charities Official Investment Funds' (COIF) Charity Funds' portfolios for Unlimit Health: The Ethical Investments and Fixed Interest. Over the year, Ethical Funds did not perform very well and lost 2% of its value (2022, growth of £252,378), although this performance compares to a loss of 3% registered by the Fund Comparator. The Fixed Interest portfolio was established at the beginning of the financial year and performed worse by realising a loss of 3.97% and this performance was below the performance of the Fund Benchmark of 2.86% loss.

Fund performance is shown after the deduction of all fees and expenses with income reinvested. Comparator returns are based on market indices which are not adjusted for management fees or expenses.

The Ethical Investment funds total return performance over 12 months to 31 March 2023 was – 2% against –3.97% for the Fund Comparator. The fund therefore outperformed the fund comparator in both Capital and income values.

The Fixed Interest funds total return performance over 12 months to 31 March 2023 was – 3.48% against –2.86% for the Fund Benchmark. The Fixed Interest funds did not perform better than the



Fund Benchmark, but Unlimit Health believes that this was a one-off and the market conditions will continue to improve as shown in the last quarter of the financial year.



Principal Risks and Uncertainties

Risk management is central to the ability of Unlimit Health to deliver its objectives. We use multiple ways of managing risks through the Senior Leadership Team (SLT), Programmes Team, the Finance Risk & Audit Committee (FRAC), and the Board. Central to this is rigorous budget control through which only secured funds are spent, and programmes are planned to optimise cash flow and control. Key funding and expenditure ratios are reviewed periodically.

The SLT meets very regularly and monitors and reviews key risks. The Programmes Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with Unlimit Health's financial performance targets.

The FRAC reviews risks, challenges and key financial management policies and assumptions. It ensures that the annual budget is adequately funded and makes recommendations to the Board for adoption. The SLT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps Unlimit Health to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of beneficiaries continue to be met.

Unlimit Health has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
1 Funding the new strategy	
For the last 12 years a significant proportion of funding has been driven by a recommendation from the charity evaluator GiveWell and the Effective Altruism movement. GiveWell has continued to support Unlimit Health in this reporting period but has made it clear that the coming period will be the last funding cycle it will support Unlimit Health.	The Development Team and the CEO has continued to invest a significant amount of time in engaging with non-GiveWell effective altruism funders to give more context to GiveWell's decision to move away from funding Unlimit Health and to advantages we see in the approach taken in the new strategy. The Development Team has developed an income generation strategy looking to maximise the opportunities to access an expanded funder pool that the new strategy and brand has allowed us to access. Unlimit Health has allowed an adequate level of operating reserves to be drawn down while the new funding strategy is operationalised.



2 Resourcing the new strategy and retention and management of staff	
Unlimit Health has set out a bold new strategy that it believes will deliver significant impact. However, a new strategy and brand does create a certain level of uncertainty for the team. Unlimit Health is reliant on its talented staff for its success and loss of key personnel is a key risk. As a smaller organisation there is also more limited opportunities for career progression. Management of Human Resources issues taking senior staff away from delivering their core mission can also risk achieving the organisations objectives.	Unlimit Health continues to create a healthy and happy working environment and one where there is a high level of transparency. Accreditation by Investors in People and implementation of their recommendations where feasible, ensures that Unlimit Health is aligning with best practice. Unlimit Health are able to offer agile working conditions including remote working which are attractive to staff. Use of external HR advisors have been used to support with staff issues and to assist with recruitment and focus on increasing networks to identify suitable candidates. However, Unlimit Health has committed to investing in an internal HR role to optimise the HR support provided to the organisation.
3 Delay in supply chain for Praziquantel and Albendazole	
Global crises and the long-term impacts of the COVID pandemic has created issues with the manufacture and distribution of Praziquantel and Albendazole. These delays can create disruption to mass Drug Administration programmes in endemic countries and very significant variances in annual expenditure which creates accounting challenges.	Unlimit Health's Technical Director is an observer on the WHO Committee responsible for the allocation and distribution of NTD drugs and continues to develop a good understanding of issues and challenges. The Technical Director also has a good working relationship with key contacts at Merck. Unlimit Health also aims to communicate to all stakeholders around the anticipated delays and support Ministries of Health with planning to mitigate where possible.



Structure, Governance and Management

The SCI Foundation was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. Unlimit Health is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission. In March 2023 the name of the charity was changed to Unlimit Health and Companies House and the Charity Commission were informed.

Unlimit Health has a Board of Trustees committed to maintaining a high standard of governance. Four of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed by other trustees based on the assessments on the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of three years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

Training of Trustees

Trustees are recruited for their specific skills and experience to meet organisational priorities and ensure a wide range of specialist areas. Training for Trustees is conducted in two ways:

1. **Trustees Induction:** Each Trustee, following appointment, has an induction meeting with the Chair and the Chief Executive.
2. **Safeguarding training:** All Trustees are given induction on Safeguarding and one Trustee is nominated as Safeguarding Trustee. The Safeguarding Trustee has oversight of and ultimate responsibility for a comprehensive set of policies, reporting processes and organisation's training plans that are led through the Finance and Operations Team. The Safeguarding Trustee works with the organisation's Co-Lead Safeguarding Officers on both the ongoing Safeguarding processes and any incidents as they arise.

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency. Due to COVID-19, the trustees performance reviews in this reporting period have been delayed.

With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions.

The Board of Trustees delegates the responsibility for the day-to-day management of Unlimit Health to the Senior Leadership Team (SLT). Policy, strategic and implementation plans are



prepared by senior management for consideration and approval by the Board of Trustees. The SLT is comprised of the Directors of the five main functions:

- **Policy and Communications**, which includes development of key policy positions, advocacy and communications.
- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Programme Strategy**, which advises and supports country partners on implementation of highest quality NTD programmes.
- **Monitoring, Evaluation and Research**, which supports country programmes to perform high effective monitoring and evaluation strategies and generates policy relevant research.
- **Development (from July 2023)**, which includes all funding, both restricted and unrestricted and proposal development coordination work.

Remuneration

Unlimit Health's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, Unlimit Health also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

The KMP is composed of the CEO, Director of Programmes, Director of Monitoring Evaluation and Research, Director of Development, Director of Policy and Communication, and Director of Finance and Operations.

As of March 2023, the total employment cost of the KMP was £525,899 (2022: £422,317). The pension cost for the KMP was £26,824 (2022, £22,502). The employment cost increase was because of KMP headcount increase.

All UK staff are paid at least the London living wage.



Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of Unlimit Health 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, which 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 or 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 (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- 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 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.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Signed on behalf of the Trustees

Dr Justine M Frain

Interim Chairperson and Trustee

Approved on 27th July 2023



Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and

Principal Office: Edinburgh House, 170 Kennington Lane, London, SE11 5DP

Trustees: Professor the Lord Trees - Chair (Resigned 16 August 2022)

Mr Jonathan C. Gorrie - Treasurer

Dr Justine M Frain – Interim Chair

Kathryn E. Ager (appointed 27 July 2022)

Arielle Dolegui (Appointed 27 July 2022)

Mr Peter Dranfield (Resigned 2 March 2023)

Maxmillian P. Seunik (Appointed 27 July 2022)

Chief Executive Officer: Dr Wendy Harrison

Key Management Personnel: Dr Wendy Harrison - Chief Executive Officer,
Dr Fiona Fleming – Director of Monitoring, Evaluation and
Operational Research
Dr Lynsey Blair – Director of Programmes
Ms Yael Velleman - Director of Policy and Communications
Mr Joshua Oliech – Director of Finance and Operations
Ms Julia Hopper – Director of Development (Appointed April
2022)



Auditors:	Haysmacintyre LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG
Bankers:	Barclays Bank, 1 Churchill Place, London E14 5HP
Solicitors:	Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB
Investment Managers:	CCLA Fund Managers, One Angel Lane, London EC4R 3AB



Independent Auditor's Report to the members of Unlimit Health.

Opinion

We have audited the financial statements of Unlimit Health for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March of net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.



Other information

The trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees and the Foreword by the Chair. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Report of the Trustees have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view,



and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as Companies Act 2006, fundraising regulations and the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to income and grant recognition. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates, in particular donation recognition, recognition of grant income and the recognition of partner payments/awards and provisions for bad and/or doubtful debts

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events



and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Vikram Sandhu (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London EC4R 1AG

Date: 10 August 2023



Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2023

	Note	Unrestricted Funds	2023 Restricted Funds	Total Funds Year ended 31-Mar-23	Unrestricted Funds	2022 Restricted Funds	Total Funds Year ended 31-Mar-22
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	2,013,819	109,639	2,123,458	1,863,832	125,368	1,989,200
Charitable activities	3	699	7,694,276	7,694,975	-	5,228,803	5,228,803
Investment income	4	427,607	-	427,607	98,190	-	98,190
TOTAL INCOME		2,442,125	7,803,915	10,246,040	1,962,022	5,354,171	7,316,193
EXPENDITURE ON:							
Fundraising and publicity	6	432	487,373	487,805	416,212	18,281	434,493
Charitable activities							
Partner awards	6	939,598	5,097,541	6,037,139	5,534,095	3,732,643	9,266,738
Other	6	28,788	2,074,618	2,103,406	1,476,864	667,585	2,144,449
TOTAL EXPENDITURE		968,818	7,659,532	8,628,350	7,427,171	4,418,509	11,845,680
NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS		1,473,307	144,383	1,617,690	(5,465,149)	935,662	(4,529,487)
Gains/(losses) on investments		(530,558)	-	(530,558)	252,378	-	252,378
NET INCOME	5	942,749	144,383	1,087,132	(5,212,771)	935,662	(4,277,109)
Transfer between funds		169,899	(169,899)	-	800,507	(800,507)	-
NET MOVEMENT IN FUNDS		1,112,648	(25,516)	1,087,132	(4,412,264)	135,155	(4,277,109)
Reconciliation of funds:							
Total funds brought forward		16,042,057	135,155	16,177,212	20,454,321	-	20,454,321
TOTAL FUNDS CARRIED FORWARD		17,154,705	109,639	17,264,344	16,042,057	135,155	16,177,212

All transactions are derived from activities that commenced during the period.

All recognised gains and losses are included in the Statement of Financial Activities.



Balance Sheet (Company Number 11775313)

AT 31 MARCH 2023

		2023		2022	
	Note	£	£	£	£
FIXED ASSETS					
Tangible Assets	9		3,966		6,345
Investments	10		<u>10,702,758</u>		<u>3,233,316</u>
			10,706,724		3,239,661
CURRENT ASSETS					
Debtors	13	246,618		822,321	
Cash at bank and in hand		<u>17,560,060</u>		<u>28,451,516</u>	
		17,806,678		29,273,837	
CREDITORS: amounts falling due within one year	14	<u>(5,709,360)</u>		<u>(11,840,396)</u>	
NET CURRENT ASSETS			<u>12,097,318</u>		<u>17,433,441</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			22,804,042		20,673,102
CREDITORS: amounts falling due after one year	15		(5,539,698)		(4,495,890)
NET ASSETS			<u>17,264,344</u>		<u>16,177,212</u>
FUNDS					
Restricted funds	16		109,639		135,155
Unrestricted funds:					
Designated funds			7,824,004		7,966,470
General funds			<u>9,330,701</u>		<u>8,075,587</u>
			<u>17,154,705</u>		<u>16,042,057</u>
			<u>17,264,344</u>		<u>16,177,212</u>

The financial statements were approved and authorised for issue by the Trustees on 27th of July 2023 and were signed below on its behalf by:

Dr Justine Fraine
Chair of the Board of Trustees

Mr Jon Gorrie
Treasurer



Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2023

	Note	2023	2022
		£	£
Cash Flow from operating activities	22	(3,472,105)	12,734,814
Cash flows from investing activities			
Income from listed investments		288,179	92,150
Other interest receivable		139,428	6,040
Payments to acquire tangible fixed assets		-	(7,138)
Purchase of investments		<u>(8,000,000)</u>	<u>-</u>
Cash used in investing activities		<u>(7,572,393)</u>	<u>91,052</u>
Increase/(decrease) in cash and cash equivalents in the year		<u>(11,044,498)</u>	<u>12,825,866</u>
Cash and cash equivalents at the beginning of the year		<u>28,451,516</u>	<u>15,582,752</u>
		17,407,018	28,408,618
Change due to exchange rate movements		153,042	42,898
Total cash and cash equivalents at the end of the year		<u><u>17,560,060</u></u>	<u><u>28,451,516</u></u>
Cash and cash equivalents			
Cash at bank and in hand		17,560,060	28,451,516
Cash at bank and in hand at the end of the reporting period		<u><u>17,560,060</u></u>	<u><u>28,451,516</u></u>



Notes to the financial statements

1. **Accounting policies:** The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a. **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The subsidiary was dormant in this financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

Preparation of the accounts as a going concern: Having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.

b. **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

c. **Donated services and facilities:** Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be



measured reliably, and the charity has control over the item. Fair value is determined based on the value of the gift to the charity. For example, the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

Gifts in kind donated for resale are included at fair value, being the expected proceeds from sale less the expected costs of sale. Where estimating the fair value is practicable upon receipt it is recognised in stock and 'Income from other trading activities'. Upon sale, the value of the stock is charged against 'Income from other trading activities' and the proceeds are recognised as 'Income from other trading activities'. Where it is impracticable to fair value the items due to the volume of low value items they are not recognised in the financial statements until they are sold. This income is recognised within 'Income from other trading activities'.

- d. **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity 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 or which have been raised by the charity for particular purposes. The cost 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.

- e. **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income.

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- f. **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R.,



I.T., general office and premises, and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 6.

- g. **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- h. **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- i. **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- j. **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investments in subsidiaries are measured at cost less impairment.

- k. **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.
- l. **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- m. **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds



to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.

- n. **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.
- o. **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

	2023			2022		
2. DONATIONS AND LEGACIES			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-23	Unrestricted	Restricted	31-Mar-22
	£	£	£	£	£	£
Donations	<u>2,013,819</u>	<u>109,639</u>	<u>2,123,458</u>	<u>1,863,832</u>	<u>125,368</u>	<u>1,989,201</u>
3. CHARITABLE ACTIVITIES			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-23	Unrestricted	Restricted	31-Mar-22
	£	£	£	£	£	£
Grants	-	7,603,373	7,603,373	-	5,180,220	5,180,220
Consultancy income	<u>699</u>	<u>90,903</u>	<u>91,602</u>	<u>-</u>	<u>48,583</u>	<u>48,583</u>
	<u>699</u>	<u>7,694,276</u>	<u>7,694,975</u>	<u>-</u>	<u>5,228,803</u>	<u>5,228,803</u>
4. INVESTMENT INCOME			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-23	Unrestricted	Restricted	31-Mar-22
	£	£	£	£	£	£
Income from Investments	288,179	-	288,179	92,150	-	92,150
Other interest receivable	<u>139,428</u>	<u>-</u>	<u>139,428</u>	<u>6,040</u>	<u>-</u>	<u>6,040</u>
	<u>427,607</u>	<u>-</u>	<u>427,607</u>	<u>98,190</u>	<u>-</u>	<u>98,190</u>
5. NET INCOME FOR THE YEAR			Year ended			Year ended
			31-Mar-23			31-Mar-22
			£			£
This is stated after charging the following:						
- Auditors remuneration						
Audit			21,600			19,080
Other services			3,330			2,700
- Operating lease rentals			<u>84,497</u>			<u>137,104</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 31 MARCH 2023

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2023

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	57,856	291,371	138,578	487,805
Expenditure on charitable activities: other	261,613	1,373,350	468,443	2,103,406
TOTAL EXPENDITURE	319,469	1,664,721	607,021	2,591,211

FOR THE YEAR ENDED 31 MARCH 2022

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
Fundraising and publicity	60,721	227,506	146,266	434,493
Expenditure on charitable activities: other	324,801	1,497,556	322,092	2,144,449
TOTAL EXPENDITURE	385,522	1,725,062	468,358	2,578,942

b) ANALYSIS OF SUPPORT COSTS (all within Note 6 a), above)

FOR THE YEAR ENDED 31 MARCH 2023

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	3,464	15,278	28,991	10,123	57,856
Expenditure on charitable activities:	15,666	69,086	131,087	45,774	261,613
TOTAL SUPPORT COSTS:	19,130	84,364	160,078	55,897	319,469

FOR THE YEAR ENDED 31 MARCH 2022

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	3,314	23,971	24,985	8,451	60,721
Expenditure on charitable activities:	17,732	128,215	133,650	45,204	324,801
TOTAL SUPPORT COSTS:	21,046	152,186	158,635	53,655	385,522

c) GOVERNANCE COSTS (all within Note 6 a), above)

	Year ended 31-Mar-23	Year ended 31-Mar-22
	£	£
Legal and professional, including audit	55,897	53,655
	55,897	53,655



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

6. EXPENDITURE (cont)

	2023			2022		
	Unrestricted £	Restricted £	Year ended 31-Mar-23 £	Unrestricted £	Restricted £	Year ended 31-Mar-22 £
Partner awards						
Burundi						
Ministry of Public Health and Fight against Aids	-	155,085	155,085	267,389	-	267,389
AI Consulting and Logistics	-	-	-	19,093	-	19,093
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	826,351	464,898	1,291,249	299,301	704,434	1,003,735
Democratic Republic of Congo						
Ministère de la Santé Publique de la République Démocratique du Congo	-	989,240	989,240	-	171,232	171,232
United Front Against River Blindness	-	74,717	74,717	-	-	-
Ethiopia						
Federal Ministry of Health of the Federal Democratic Republic of Ethiopia	-	-	-	2,757,228	-	2,757,228
Ethiopia Public Health Institute	-	344,010	344,010	-	342,501	342,501
Kenya						
Kenya Red Cross Society	-	70,006	70,006	-	-	-
Liberia						
Ministry of Health, Republic of Liberia	40,618	228,556	269,174	9,837	177,081	186,918
Madagascar						
Ministère de la Santé Publique	-	267,152	267,152	302,123	906,371	1,208,494
Réseau International Schistosomoses Environnement Aménagement et Lutte	-	7,459	7,459	19,301	57,902	77,203
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	-	627,360	627,360	607,537	-	607,537
Centre for Health, Agriculture, Development Research and Consulting	-	23,720	23,720	25,830	-	25,830
Niger						
Ministère de la Santé Publique de la République du Niger	37,727	271,083	308,810	104,445	1,275,204	1,379,649
Sudan						
Federal Ministry of Health	-	-	-	469,630	-	469,630
Tanzania						
IMA World Health	-	-	-	113,512	-	113,512
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	-	351,239	351,239	-	-	-
National Institute for Medical Research	34,902	708,443	743,345	199,802	-	199,802
Public Health Laboratory Ivo de Cameri	-	148,151	148,151	118,435	-	118,435
Uganda						
Vector Control Division, Biharia and Worm Control Programme, Ministry of Health	-	366,422	366,422	220,632	97,918	318,550
	<u>939,598</u>	<u>5,097,541</u>	<u>6,037,139</u>	<u>5,534,095</u>	<u>3,732,643</u>	<u>8,266,738</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

7. STAFF NUMBERS AND COSTS

	2023 No.	2022 No.
The average number of persons employed during the year were as follows		
Raising funds	3	2
Charitable activities	15	17
Support	8	8
	<u>26</u>	<u>27</u>

	£	£
The aggregate payroll costs of these persons were as follows		
Salaries and wages	1,393,773	1,429,884
Social security costs	149,505	160,068
Pension scheme contributions	87,469	89,598
	<u>1,630,747</u>	<u>1,679,550</u>

There were eight employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2022: five).

	2023 No.	2022 No.
£60,000 - £69,999	3	1
£70,000 - £79,999	5	4
	<u>8</u>	<u>5</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £525,899 (2022: £422,317).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any trustee (2022: No remuneration was paid to any Trustee). Travelling expenses of £3,021 were paid on behalf of or reimbursed to trustees for attendance at trustee meetings (2022: £343).

These costs have gone up due to recruiting more trustees representative of the needs and client groups of the charity and a principle of one in-person meeting a year.

9. TANGIBLE ASSETS

	2023 £	2022 £
Furniture Fixtures and Equipment		
Cost or Valuation		
At 31 March 2022	7,138	-
Additions	-	7,138
At 31 March 2023	<u>7,138</u>	<u>7,138</u>
Depreciation & Amortisation		
At 31 March 2022	(793)	-
Charged in Year	(2,379)	(793)
At 31 March 2023	<u>(3,172)</u>	<u>(793)</u>
Net Book Value		
At 31 March 2023	<u>3,966</u>	<u>6,345</u>

10. INVESTMENTS

	2023 £	2022 £
Market value at 31 March 2022	3,233,316	2,980,938
Additions	8,000,000	-
Unrealised profit/(loss) on revaluation	(530,558)	252,378
Market value at 31 March 2023	<u>10,702,758</u>	<u>3,233,316</u>
Historical cost at 31 March 2023	<u>11,000,000</u>	<u>3,000,000</u>

Investments are held as Income units in the COIF Charities Ethical Investment Fund and the COIF Charities Fixed Income fund managed by CCLA Fund Managers Limited. Distributions from the funds of £288,179 were received during the year (2022: £92,150).



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

11. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £1 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous year.

12. Taxation

Unlimit Health is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13. DEBTORS

	2023	2022
	£	£
Trade debtors	839	25,059
Other debtors	8,443	33,256
Prepayments and accrued income	237,336	764,006
	<u>246,618</u>	<u>822,321</u>

14. CREDITORS: Amounts falling due within one year

	2023	2022
	£	£
Trade creditors	370,073	237,146
Other creditors including taxation and social security	67,259	68,045
Grant commitments	-	-
Accruals	76,757	79,017
Deferred income	5,195,271	11,456,188
	<u>5,709,360</u>	<u>11,840,396</u>

15. CREDITORS: Amounts falling due after one year

	2023	2022
	£	£
Deferred income	5,539,698	4,495,890
	<u>5,539,698</u>	<u>4,495,890</u>

The movements in deferred income are analysed as follows:

	2023	2022
	£	£
Brought forward deferred income	11,456,188	126,916
Income released in the year	(2,359,388)	(126,916)
Income deferred	1,638,169	11,456,188
Carried forward deferred income	<u>10,734,969</u>	<u>11,456,188</u>

16. FUNDS	At 31 March 2022	Income	Expenditure	Investment movements	Transfers	At 31 March 2023
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	7,966,470		(142,466)	-	-	7,824,004
General Funds	8,075,587	2,442,125	(826,352)	(530,558)	169,899	9,330,701
	<u>16,042,057</u>	<u>2,442,125</u>	<u>(968,818)</u>	<u>(530,558)</u>	<u>169,899</u>	<u>17,154,705</u>
Restricted Funds						
Grants	135,155	7,803,915	(7,659,532)	-	(169,899)	109,639
	<u>16,177,212</u>	<u>10,246,040</u>	<u>(8,628,350)</u>	<u>(530,558)</u>	<u>-</u>	<u>17,264,344</u>



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

16. FUNDS (continued)	At 31 March 2021	Income	Expenditure	Investment movements	Transfers	At 31 March 2022
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	14,871,380		(6,904,910)	-	-	7,966,470
General Funds	5,582,941	1,962,022	(522,261)	252,378	800,507	8,075,587
	<u>20,454,321</u>	<u>1,962,022</u>	<u>(7,427,171)</u>	<u>252,378</u>	<u>800,507</u>	<u>16,042,057</u>
Restricted Funds						
Grants	-	5,354,171	(4,418,509)	-	(800,507)	135,155
	<u>20,454,321</u>	<u>7,316,193</u>	<u>(11,845,680)</u>	<u>252,378</u>	<u>-</u>	<u>16,177,212</u>

Designated funds represents the balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	At 31 March 2023			Total
	Restricted Funds	General Funds	Designated Funds	
	£	£	£	£
Tangible fixed assets	-	3,966	-	3,966
Investments	-	10,702,758	-	10,702,758
Net current assets	109,639	4,163,676	7,824,004	12,097,318
Creditors: Amounts falling due after one year	-	(5,539,698)	-	(5,539,698)
	<u>109,639</u>	<u>9,330,701</u>	<u>7,824,004</u>	<u>17,264,344</u>

	At 31 March 2022			Total
	Restricted Funds	General Funds	Designated Funds	
	£	£	£	£
Tangible fixed assets	-	6,345	-	6,345
Investments	-	3,233,316	-	3,233,316
Net current assets	135,155	9,331,816	7,966,470	17,433,441
Creditors: Amounts falling due after one year	-	(4,495,890)	-	(4,495,890)
	<u>135,155</u>	<u>8,075,587</u>	<u>7,966,470</u>	<u>16,177,212</u>

18. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2023	2022
	£	£
Authorised and contracted for	-	-



NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2023

19. OPERATING LEASE COMMITMENTS	2023	2022
	Land & Buildings	Land & Buildings
	£	£
Leases which expire:		
Within one year	21,525	59,401
In one to five years	11,025	-
After five years	-	-
	<u>32,550</u>	<u>59,401</u>

20. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

21. PENSION COMMITMENTS

Unlimit Health operates a Group pension arrangement. The overall pension charge for the year was £87,469 (2022: £89,598). At 31 March 2023, no contributions were outstanding (2022: £ nil).

22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW

	2023	2022
	£	£
Net movement in funds	1,087,132	(4,277,109)
Investment income	(427,607)	(98,190)
(Gains)/losses on investments	530,558	(252,378)
Depreciation	2,379	793
Exchange rate (gain)/loss	(153,043)	(42,898)
Increase/ (decrease) in creditors	(5,087,228)	15,934,933
(Increase)/ decrease in debtors	575,704	1,469,662
Net Cash generated by operating activities	<u>(3,472,105)</u>	<u>12,734,814</u>

23. RELATED PARTY TRANSACTIONS

There were no related party transactions in the current or preceding accounting periods.

Accounts

SCI Foundation

Annual Report and Financial Statements for the year ending 31 March 2022

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List of acronyms

Ascend	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
BCC	Behaviour change communications
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPE	Personal protective equipment
PZQ	Praziquantel
RAMA	Risk assessment and mitigation action
SCIF	SCI Foundation
SCH	Schistosomiasis
SMT	Senior Management Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Foreword by the Chair of the Board of Trustees



This year's annual report comes at a very exciting time, in which we are celebrating two important events: celebrating 20 years since the establishment of the Schistosomiasis Control Initiative; and the delivery of the billionth treatment enabled by the support of our organisation.

These two events will mark the end of our latest five-year strategic plan. As we work through the final year of our current strategy, this provides us with the opportunity to take stock of our achievements while planning how we can enhance our work to respond to the health inequities that plague the world currently.

In the process of developing our new five-year strategy, we will be guided by the changes taking place within the global health and development community, as well as in society and the planet as a whole.

We have already begun a process of reviewing our values – Transparency, Equity and Inclusion; these will be central to our new strategy and will affect everything, from our governance structure and composition, to how we raise and disburse our resources, and the way in which we deliver programme support. This will help ensure our strategy is aligned with the 10-year Neglected Tropical Disease Road Map released in January 2021 by the World Health Organization, as well as with the Sustainable Development Goals and the drive for Universal Health Coverage.

The new strategy will also continue and deepen our work on sustaining the impact of treatment, as well as elimination of parasitic worm infections, again, in line with the shifting nature of global targets and to ensure that we remain focussed on ending disease and inequities. This shift, in turn, will have important implications for our operational and funding models.

As noted in last year's report, SCI Foundation has been greatly affected by the COVID-19 pandemic, the effects of which continue to be felt globally. However, not all impacts have been negative, and we will continue to embed some of the more positive changes, such as changes in working practices allowing more flexibility, and importantly, the ability to be more inclusive in our recruitment practices.

On a final note, I, and the rest of the SCI Foundation team, wish to dedicate this report to the memory of Dr Mwele Ntuli Malecela, Director of the control of Neglected Tropical Diseases at the World Health Organization, and Observer to the Foundation's Board of Trustees, who lost her long battle with ill health at the start of 2022. Dr Malecela's loss will be keenly felt for many years to come, but her tremendous legacy of leadership, humility and excellence accompanies, and will continue to accompany our organisation into the future.

Lord Trees of The Ross
Chair of the Board of Trustees

Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of the SCI Foundation (SCIF) for the year ended 31 March 2022. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 40 to 45 of the attached notes to the financial statements and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

SCI Foundation purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases");
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.

Drug	Schistosomiasis (SCH)	Soil-transmitted helminths (STH)
Pre-SAC	Paediatric praziquantel <i>in development</i>	Not supported by SCIF
School-aged Children (SAC)	Praziquantel (PZQ)	Albendazole/Mebendazole
Adults	Praziquantel (PZQ)	Albendazole/Mebendazole (where indicated)

Table 1: Drugs treatments and target age groups for Schistosomiasis and Soil-transmitted helminths

Our Goals

Our vision is a world free of preventable disease, in which everyone everywhere can reach their full potential

- **Goal 1:** Those affected by parasitic worm infections receive treatment and care.
- **Goal 2:** Communities change their behaviours to reduce the risk of infection.
- **Goal 3:** Environmental changes are put in place to reduce the transmission of infection.
- **Goal 4:** Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.
- **Goal 5:** All resources – economic and human – are effectively and sustainably managed.

Our Approach

We are experts at supporting national governments in sub-Saharan Africa to deliver cost effective and impactful health programmes. We help to create a world that is free from preventable disease.

1. **Partnerships:** We are collaborative, promoting inclusion and synergy. We act as catalysts in the creation of successful cross-sectoral partnerships that generate the greatest impact on disease transmission. We have put in place a model of technical and financial support to Ministries of Health to implement programmes in line with their own strategies and plans, to enhance sustainability, and strengthen health systems.
2. **Operational Excellence and Innovation:** We are agile, adapting to changing local and global environments. We aim to constantly improve and innovate, to ensure that we optimise our efforts and use resources most cost-effectively.
3. **Sustainability:** We ensure that our work is sustainable and supports broader development. We support governments to strengthen systems and processes, so that they are dynamic, responsive and deliver results. We implement a holistic approach to tackle parasitic worm infections: reducing infections through increased access to cost-effective treatment; supporting environmental and behavioural interventions through multi-sector collaboration; enhancing knowledge and capacity on treatment of severe morbidities; and investing in research and evidence.
4. **Evidence-based:** We generate evidence to inform decisions and guide our work. We improve processes and develop preferred practices for global health policy. We share knowledge to ensure that everyone can benefit from improved health.

Our Values

We are a team of people passionate about creating a world free of preventable disease. It is important that everyone that works at the SCI Foundation, as well as our partners and supporters, share the same values and beliefs. Over this reporting period we have completed a review of our values and have worked to more clearly define how these values can be embedded into every aspect of our work.

1. **Equity** We challenge inequity and strive towards a fair distribution of power and resources globally. We understand that ill health is rooted in social and economic inequity and injustice.
2. **Inclusivity** We respect people's differences, recognising the importance of different perspectives and experiences, applying the principles of compassion and dignity. We understand that having varied perspectives and experiences is essential to achieving our mission.
3. **Transparency:** We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role or transparency in engendering trust, collaboration, and accountability

Priorities for Reporting Period 2022 - 2023

In 2022-2023, the last reporting period of our current 5 year strategy 2018 – 2023, SCI Foundation will continue to deliver on its 5 strategic goals aligned with our existing goals and objectives.

During this reporting period we will also develop a new strategy for 2023 -2028 that is responsive to the changing landscape of NTDs and the international development sector.

The paradigm shifts (Figure 1) and elimination targets outlined in the 10-year NTD Roadmap published by the World Health Organization in 2021, will form the guiding principles of the SCI Foundation's next five-year strategy. Many of the themes outlined in the NTD Roadmap had already been incorporated into our current 2018-2023 strategy. However, their clear articulation within the Road Map further supports us building on these themes and approaches as we develop our 2023-2028 strategy.

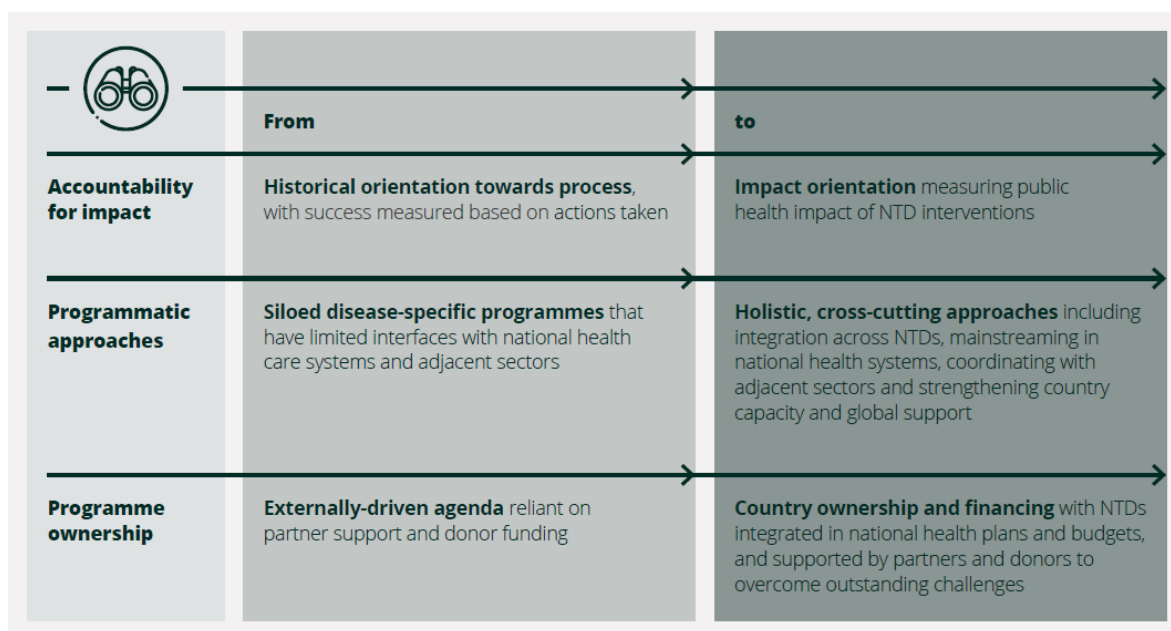


Figure 1: Shifts in approaches to addressing NTDs. Source: WHO, 2021 (p9)

Within the new strategy will continue to support these shifts in the following ways:

1. From historical orientation towards process, to impact orientation

- SCI Foundation has a track record of impact-orientated reporting; however, it will further respond to this shift by investing in working with partners to clarify the relationship between standard epidemiological measures used in monitoring and evaluation and morbidity associated with infection to be able to better understand the true impact of infection on populations. We will also continue working closely with WHO on the development of new guidance on indicators of impact as part of a formal WHO guidelines development process.
- We will continue to recognise the societal and economic impact of schistosomiasis and will include emerging evidence of this impact in our advocacy work to support our new strategy.

2. From siloed, disease-specific approaches to holistic cross cutting approaches

- SCI Foundation will continue to develop partnerships with other NTD and mass distribution programmes targeting similar geographical regions to identify and drive cost reductions and efficiencies where possible.
- Central to our new strategy will be further developing cross cutting approaches for the control and elimination of SCH in collaboration with other sectors, on areas including behaviour change, water and sanitation, and veterinary public health.

3. From an externally-driven agenda to country ownership and financing

- SCI Foundation from its inception within Imperial College has endeavoured to support country ownership by working directly with Ministry of Health colleagues, offering technical advice and capacity building while respecting the autonomy of decision making within government structures.
- Country ownership will be a key pillar of our new strategy and we will engage with a large group of stakeholders in our work in determining the most appropriate strategic, operational and funding model to support endemic countries.

Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit and the ways in which SCI Foundation delivers public benefit are explained in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

SCI Foundation partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. SCI Foundation works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.

Achievements, Performance and Future Plans

Goal 1: Those affected by parasitic worm infections receive treatment and care.

Objectives:

- Policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases.
- Evidence on best practice for country-led programme delivery is generated.
- The sustained impact of public health programmes on parasitic worm infections and child health is effectively demonstrated.
- The delivery of programmes by national authorities is supported effectively.
- Programme delivery is optimised through implementation and refinement of available evidence-based tools and processes.

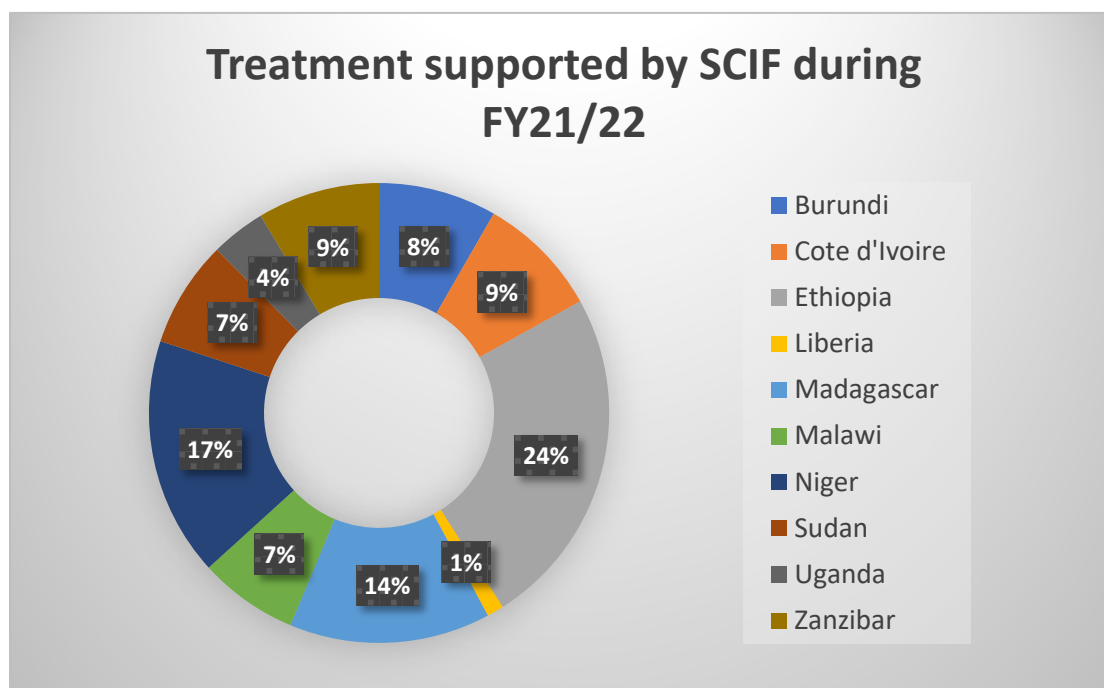


Figure 2: Treatments delivered by MoH utilising support from SCIF, either wholly or in a cost-share capacity with other NTD partners. Note treatment numbers are provisional and will be updated pending final confirmation from the MoHs in Madagascar, Malawi, Ethiopia, Sudan and Zanzibar where figures are still being finalised.

Key Achievements:

- Supported the Ministry of Health (MoH) in 10 countries to deliver over 41 million treatments for NTDs reported to date, out of a planned target of 59 million treatments (Figure 2). Treatment delivery in Madagascar, Ethiopia and Sudan remains ongoing with increased treatment numbers pending. In advance of mass drug administration (MDA), programmes undertook appropriate due diligence in light of the COVID-19 pandemic through a risk mitigation and action (RAMA) process.

- Of the ten supported countries:
 - **Burundi, Cote d'Ivoire, Liberia, Niger and Uganda** proceeded with treatment as planned.
 - **Madagascar's** MDA was interrupted due to a serious adverse event in Betafo district in November 2021. At the time of suspension, 91 districts (out of 106) had already been reached. A full investigation was conducted by the MoH, led by the Agence de Medicament de Madagascar, with six recommendations provided by the Comité Technique de Pharmacovigilance to the NTD Programme for future consideration when implementing their activities. A second MDA was therefore delayed into FY22/23.
 - **Malawi** commenced treatment as planned in November 2021 to utilise stocks of praziquantel (PZQ) due to expire at the end of December. Insufficient tablets were available to reach all target populations, with the remaining reached in early 2022 when a new shipment of donated PZQ arrived.
 - **Zanzibar's** MDA was delayed due to the late arrival of donated PZQ from the World Health Organization (WHO) but eventually proceeded as a triple therapy distribution combining treatment for lymphatic filariasis alongside SCH and STH in advance of the start of Ramadan in February 2022.
 - Both **Ethiopia** and **Sudan's** health activities were suspended in late 2021 as a result of political instability in both countries. Ethiopia had been affected by ongoing civil unrest in Tigray region which further escalated resulting in a state of emergency declared on 2nd November 2021. This was lifted on 15th February 2022 and programme activities recommenced in 5 (out of 11) regions. In Sudan, the military took control of the Government in a coup on 25th October 2021. Health services were initially suspended, with the NTD programme reinstating activities in December 2021. MDA proceeded in a phased approach in January 2022 and is ongoing.
- Supported the training of at least **161,599** community drug distributors, health workers, teachers, community mobilisers and supervisors involved in drug distribution campaigns.
- **Generated data on quality and performance of programmes:** SCIF supported six country partners to conduct coverage evaluations in **Burundi, Cote d'Ivoire, Ethiopia, Madagascar, Malawi, and Mauritania**, and supported the planning in **Zanzibar** (data collection was delayed to 22/23 due to late start to MDA). Analysis for these surveys is ongoing for **Burundi, Ethiopia, Madagascar, Malawi and Mauritania**, however, completed analysis has demonstrated that the WHO threshold for treatment coverage above the WHO recommended 75% threshold was achieved in all the survey districts in Cote d'Ivoire.
- Conducted four epidemiological surveys with MoH partners in **Burundi** (reassessment), **Ethiopia** (reassessment – Part 1 and Part 2) and **Madagascar** (impact (sentinel site)). Preliminary analysis demonstrates sustained spatio-temporal changes in prevalence and intensity of SCH and STH infections and the reassessment surveys indicate residual areas of infection which need to be targeted separately as per the **new WHO Guideline on the Control and Elimination of Schistosomiasis**. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other

interventions and will be used to demonstrate impact goals aligned to the new WHO NTD Roadmap for 2030 and the new WHO Guideline for Schistosomiasis. An illustration of this can be seen in Figure 3 where, in this last year, data from two phases of reassessment in Burundi (2020 – 2021) have been analysed together and maps created to highlight the current distribution of schistosomiasis and STH. Key findings for schistosomiasis are: that prevalence and intensity have reduced over time due to the impact of preventive chemotherapy (PC); the number of communes (sub-districts) not requiring annual PC has significantly reduced and; schistosomiasis as a public health problem has been eliminated in all but one commune. Key findings for STH are: in the majority of communes prevalence and intensity have reduced over time but there are communes which are still highly endemic; STH is still classed as being a public health problem in 17 communes. These commune level data will support decision-making on revised treatment strategies within each of these sub-districts.

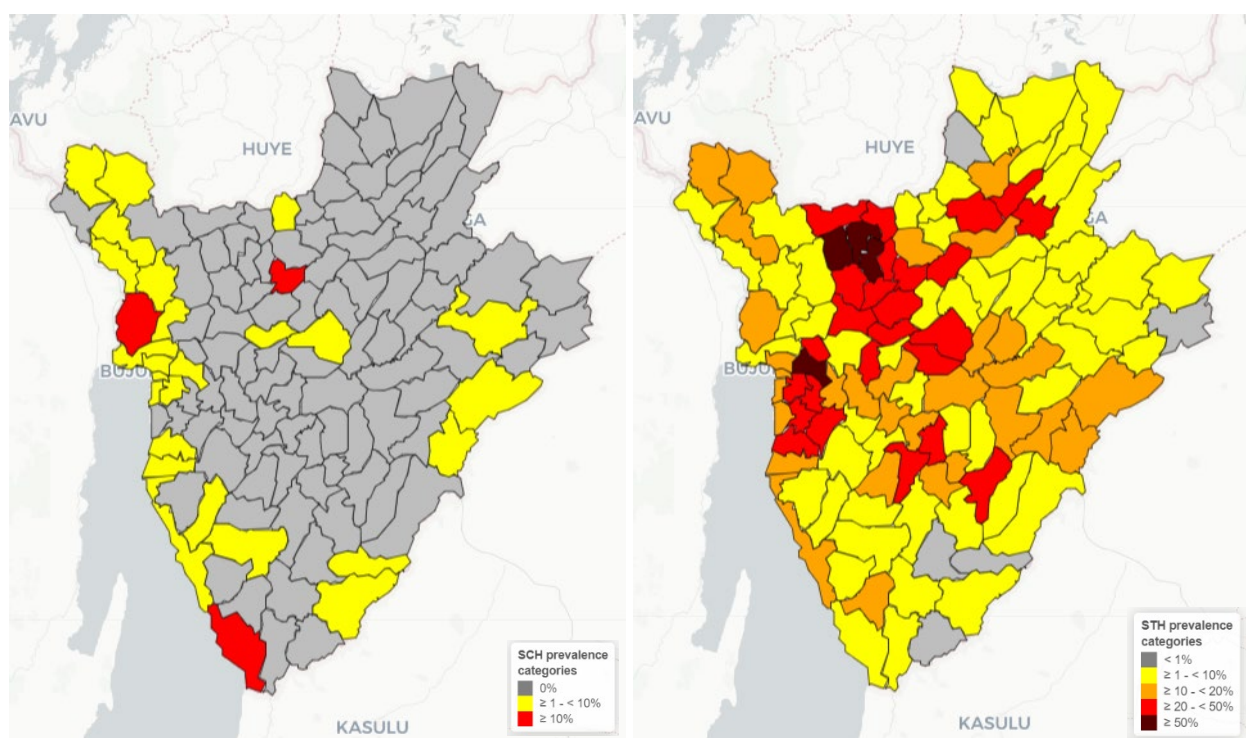


Figure 3: The up-dated distribution of prevalence of *S. mansoni* (left panel) and STH (right panel) at the commune (sub-district) level 2020-21 in Burundi allowing the Ministry of Health to significantly reduce the number of areas targeted from treatment by defining a more focal treatment strategy.

- Advised on the innovative design and implementation of surveys in several countries as part of collaboration projects:
 - **The Schistosomiasis Oversampling Study**, a collaboration between four Ministries of Health, SCI Foundation, the NTD Support Center, London School of Hygiene and Tropical Medicine (LSHTM), Swiss Tropical Public Health Institute and the Kenya Medical Research Institute. A survey which sampled 40% of all communities in three contiguous districts was conducted in Ghana in October – December 2021 demonstrated the heterogeneous distribution of *S. haematobium* in the Volta region of the country. This

multi-country SOS project will see similar surveys conducted in Cote d'Ivoire, Mali and Togo in 2022. The outcomes will be used within a geostatistical model to determine the optimal sampling strategies for SCH impact assessments to enable sub-implementation unit decisions.

- SCIF works with the **END Fund's Deworming Innovation Fund** and partners to support ongoing reassessment activities in Ethiopia (as mentioned above) and also in the novel design and interpretation of mapping surveys using statistical and geostatistical methods (in partnership with (LSHTM) and the University of Lancaster) in Zimbabwe and Rwanda. These surveys will demonstrate efficiencies in using non-standard techniques and in resource allocation to target populations requiring interventions for schistosomiasis and STH.
- The **Dominican Republic** government and the **Pan American Health Organization** (PAHO) have been working with SCIF, **Tropical Data** and the **United States Centre for Disease Control** to design and conduct (November 2021) a survey to verify the elimination of human schistosomiasis in three historic endemic areas. Analysis is ongoing and when ready results will indicate whether there is active transmission or whether the country can begin the WHO verification process for elimination.
- Supported the completion of the **MORBID pilot operational research project** in Malawi, the analysis of the data collected, development of the final technical report and presentation of findings at the American Society for Tropical Medicine and Hygiene. The study, funded by USAID through the Task Force for Global Health's NTD Support Centre, has supported identifying meaningful and measurable targets for the control of schistosomiasis-related morbidity in Africa which is the priority critical action for schistosomiasis in the WHO NTD Roadmap.
- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (**WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal**).
- Published papers as lead co-authors on morbidity thresholds of schistosomiasis using historical data collected by health ministries supported by SCIF:
 - Wiegand RE, Fleming FM, Straily A, Montgomery SP, de Vlas SJ, Utzinger J, Vounatsou P, Secor WE (2021) **Urogenital schistosomiasis infection prevalence targets to determine elimination as a public health problem based on microhematuria prevalence in school-age children**. PLoS Negl Trop Dis <https://doi.org/10.1371/journal.pntd.0009451>
 - Wiegand RE, Secor WE, Fleming FM, French MD, King CH, Montgomery SP, Evans D, Utzinger J, Vounatsou P, de Vlas SJ. (2021) **Control and Elimination of Schistosomiasis as a Public Health Problem: Thresholds Fail to Differentiate Schistosomiasis Morbidity Prevalence in Children**. *Open Forum Infect Dis*. 2021 <https://doi.org/10.1093/ofid/ofab179>
 - Wiegand RE, Secor WE, Fleming FM, French MD, King CH, Deol AK, Montgomery SP, Evans D, Utzinger J, Vounatsou P, de Vlas SJ. (2021) **Associations between infection**

intensity categories and morbidity prevalence in school-age children are much stronger for *Schistosoma haematobium* than for *S. mansoni*. PLoS Negl Trop Dis <https://doi.org/10.1371/journal.pntd.0009444>

- Led working groups within global SCH and STH communities of practice (Global Schistosomiasis Alliance and NTDs NGO Network (NNN)) inclusive of and with the remit to advance **WASH, Sustainability, One Health and Monitoring and Evaluation (M&E)** agendas.
- Actively participated in task teams and working groups (**WHO Technical Advisory Group on Schistosomiasis and STH and sub-groups, iChords, NNN**) to contribute to the global agenda and providing additional guidance documents for the control and elimination of schistosomiasis and STH and share best practice on programme adaption to COVID-19. Co-Chaired expert advisory committees of SCH and STH in Tanzania and Uganda to further advance programmatic adaptation and goal-setting aligned to the NTD Roadmap.
- Led peer-participatory workshops at annual meetings of relevant networks (**NNN, Coalition for Research on NTDs, American Society for Tropical Medicine and Hygiene**).
- As Country Principal, led the coordination of the **FCDO-funded Ascend West and Central Africa project in Cote d'Ivoire, Liberia and Niger**, alongside additional implementation and technical support for SCH/STH to DRC, contributing to the successful outputs of the project through to project closure at the end of September 2021.
- Contributed expert technical guidance through position papers and reviews via the **Technical Support Forum and Technical Consultative Committee for FCDO's Ascend West and Central Africa project** to ensure best practice for implementation.
- Led and facilitated multiple remote training sessions designed to build MoH and partner **capacity for reassessment, impact and coverage surveys, safeguarding and FGS**, promoting their ability to cascade training within each country.
- Improved **internal knowledge management** processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.
- Provided extensive **policy and communications support to WHO** on activities running up to and including the launch of the Guideline on control and elimination of human schistosomiasis, WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach throughout 2021 and early 2022, including a series of topical webinars.

Plans for the Next Period:

SCIF's long term approach of working directly with Ministries of Health to support public health interventions leading to the reduction in morbidity associated with SCH and STH has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the universal health coverage agenda. As such, SCIF will continue to:

- **Build capacity within health systems** at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision

making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases.

- **Continually generate robust data to refine intervention strategies through an evidence-based approach** to ensure that programme delivery is optimised.
- **Support programmes to monitor progress against WHO NTD roadmap goals and objectives** through the provision of technical support across a range of thematic areas, including progress from control of morbidity to elimination as guided by WHO and aligned to the needs of communities.

Goal 2: Communities change their behaviours to reduce the risk of infection.

Objectives:

Evidence-based behaviour change strategies for disease prevention are effectively supported and implemented by national authorities.

Key Achievements:

- Played an active role in the development of a guidance document on the design and implementation of **behaviour change programmes for the control of NTDs**, being co-developed by the NTDs NGO Network (NNN) and the Global Schistosomiasis Alliances (publication expected 2022). Additionally, SCI Foundation has contributed significantly to the update of the **WHO and NNN publication “WASH and Health working together – a ‘how to’ guide for NTD programmes”**, including a review of the target behaviours related to NTDs transmission and prevention.
- Commenced a multi-country analysis of data which determine **barriers and enablers to treatment uptake** in Malawi, Madagascar, Niger and Zanzibar.
- Developed a standardised approach for SCIF on **measurement and analysis of treatment uptake behaviours**.
- Piloted an approach to **participatory mapping and discussion of behaviours related to the transmission** of and exposure to schistosomiasis in high-burden communities in Eastern Uganda, through collaboration with the behaviour change communications specialist agency RANAS Ltd.

Plans For the Next Period:

SCIF recognises that the communities it works to support live incredibly challenging lives and their behaviours reflect the large number of complex risks they face. SCIF’s aim has always been to understand as far as possible these complexities and ensure that suggestions on reducing the risks from parasitic worm infections (PWIs) and other diseases are contextualised and consider the realities of the situations these communities face. SCIF has invested in understanding the many barriers and enablers for treatment uptake in several contexts (although not all these findings are generalisable). SCIF will:

- Continue to conduct **context-specific assessments of enablers and barriers to the up-take of treatment for PWIs** in the geographical regions supported by SCIF.
- Implement **effective behaviour change interventions** to increase treatment uptake, ensuring that these are reflective of the specific context and geographical region.
- Continue to develop and implement **cost effective interventions to reduce behaviours that put communities at risk of infection** based on context-specific evidence.
- Provide thought leadership on the role of behaviour change in the control and elimination of schistosomiasis and other NTDs

Goal 3: Environmental changes are put in place to reduce the transmission of infection.

Objectives:

- National programmes are supported to plan and implement environmental strategies for effective and sustained elimination of preventable diseases.
- Control and elimination strategies for preventable infectious diseases are developed and implemented by national authorities in collaboration with the veterinary public health sector.

Key achievements:

- Secured funding for and piloted an approach for understanding and tackling the **behavioural and environmental determinants of schistosomiasis transmission**. The pilot project, carried out between July 2021 and July 2022, is a collaboration between SCI Foundation, the Uganda Ministry of Health, and RANAS Ltd, a Switzerland-based behaviour change communication specialist agency. Work is being undertaken in three high-prevalence communities in Eastern Uganda, and includes three phases:
 - Participatory appraisal to identify the root causes of the risk of schistosomiasis transmission in the community, which includes community-generated maps, and snail mapping, to identify high risk areas for disease transmission;
 - Community action planning to identify basic measures to protect community members from infection;
 - Joint planning with local water and sanitation authorities to increase accountability of service providers and improve access to water and sanitation services and infrastructure.

The pilot project will test approaches and methods designed to enhance community innovation and participation in health protection measures and provide insights for further collaboration between SCI Foundation and Ministry of Health partners for disease prevention. Work is already underway to secure funding for scale up of the project approach in Uganda and elsewhere.

- Contributed to enhancing **global collaboration between water, sanitation and hygiene (WASH) and NTD stakeholders**, through:
 - Co-leading, in support of the WHO and the NTD NGO Network (NNN), a comprehensive update of the **global toolkit** “WASH and Health working together: a

‘how to’ guide for neglected tropical disease programme, including the development of new tools and resources, and a comprehensive update of existing content based on feedback from country programmes.

- Supporting the development of a new monitoring framework to track and report against the implementation of the WHO Global Strategy on WASH and NTDs 2021-2030, a companion document to the WHO NTD Road Map 2021-2030, as well as the initiation of the development of a WASH and NTDs research agenda as part of a WHO-led process.
- Joining the WHO-convened Technical Advisory Group on schistosomiasis and STH, set up in November 2021, and, alongside other work covered by this group, chairing the sub-group on WASH. This new group will undertake an evidence review on WASH and schistosomiasis/STH transmission, develop a WHO position paper on the strength of evidence and further research on the subject, and disseminate best practice on environmental and behavioural disease control and elimination measures, among other outputs.
- Provided technical advice and support on **WASH coordination within the Ascend programme** (both East and West/Central Africa) through the development of the technical approach used in both Ascend lots, ongoing support to in-country activities, and significant work on the development and delivery of a six-webinar workshop series on WASH and NTDs to representatives of the NTD and WASH sectors from ten East and Southern African countries under the Ascend programme.
- Assessed the co-endemicity of schistosomiasis with the **zoonotic parasite Taenia Solium** that causes the clinical syndrome taeniasis/cysticercosis and assessed the burden of this the co-endemicity. Modelling techniques were used to estimate the additional impact of praziquantel delivery as part of national schistosomiasis programmes in Uganda on T. solium prevalence. 56 districts are assessed, with predicted co-endemicity zones identified at the sub-district level to best reflect where national SCH programmes are likely to also impact T. solium endemicity. In addition, this work is supporting the development of a rapid mapping protocol for T. solium to assist countries with planning taenicide requests from the WHO.
- Maintain a leading role in the development of best practice guidance and advocacy on a **One Health approach to NTDs** through the chairing of the NNN One Health working group, continued engagement with the Lancet Commission on One Health, and conducting a consultation on areas of integration between veterinary public health and NTD programmes.
- In collaboration with the WHO Department on the Control of NTDs, supported the development and launch of a **One Health companion document** to the NTD road map. SCIF supported the WHO NTD department in participatory process to support programmes adopting a One Health approach to NTD control.

Plans For the Next Period:

Following the launch of the new 10-year NTD road map by WHO, there is increasing momentum for the development, implementation and funding of cross sectoral approaches to disease control and elimination. Further, such approaches are expected to implement in a way that strengthens health systems, sustains the impact of other interventions such as treatment, and improves health equity. SCIF's operational model and experience places it in an important position to provide close support to ministries of health in the development of cross sector coordination mechanisms, as well as technical support for the funding and implementation of context-appropriate, participatory environmental interventions. Over the coming reporting period, SCIF will:

- **Support local planning for environmental control of parasitic worm infections (PWIs)**, through scaling up existing projects focused on environmental control of PWIs, supporting collaboration with the water, sanitation and hygiene (WASH) authorities, and contributing to WASH and PWI mapping and other data collection and analysis.
- **Support ongoing roll out** of innovative tools for cross-sectoral collaboration for disease control, including implementation of the WHO Global Strategy on WASH and NTDs, updates to the WHO-NNN WASH and NTDs toolkit (update to be completed April-May 2022), and tailored support to MoH for policy development and planning at the national level.
- **Drive changes in policy and practice** on WASH for the control of schistosomiasis and STH through the WHO Technical Advisory Group on schistosomiasis and soil-transmitted helminths.
- **Contribute to operational research on environmental transmission of PWIs**, by identifying opportunities for participation in research activities and embedding research findings in planning activities.
- **Provide thought leadership on the role of One Health** in NTD programmes, policy and funding, through: collaboration with WHO to develop operational guidance on One Health for NTDs, supporting an NGO community of practice on One Health through the NNN and NEOH networks, and contributing to the scientific literature.
- **Support national programmes to incorporate veterinary public health components into the control and elimination of PWIs**, by modelling the impact of schistosomiasis treatment on cysticercosis following the confirmation of the donation of PZQ for cysticercosis; supporting implementation of One health approaches that target both schistosomiasis and cysticercosis where possible and supporting the development of a companion document on One Health/VPH to the WHO NTD Roadmap to 2030.

Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

Objectives:

- Services for the control and elimination of parasitic worm infections are accessed equally by all those at risk.

- Evidence on inclusion of morbidity management in programming and health service delivery is generated and used effectively for policy influencing and advocacy.
- Morbidity management of the effects of parasitic worm infections is effectively embedded in health services.

Key achievements:

- SCIF has played an ongoing leadership role in the **Paediatric Praziquantel (PZQ) Consortium (PPC)**, which aims to ensure paediatric praziquantel is developed, accessible and sustainably accessible for pre-school children in endemic countries. SCIF has:
 - Co-chaired the Access Team of the PPC, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children suffering from schistosomiasis. It includes aspects ranging from technology transfers and logistics for local manufacturing, to building a sustainable funding strategy and developing investment cases and an overall access strategy for the distribution of the new formulation in endemic countries.
 - Launched, in partnership with Swiss TPH, the €7.8 million ADOPT project (Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries) in collaboration with Merck, Lygature, Astellas, the MoH and National Medical Research Institute (KEMRI) in Kenya, the Technical University of Munich, the African Institute for Health and Development, the MoH and research institute (UFHB) in Cote d'Ivoire and the MoH and research institute (Makerere University) in Uganda.
 - Provided thought leadership at Board level to the Consortium.
 - Engaged in strategic communications together with Consortium members towards ensuring access.
- Incorporated questions on relative wealth to **measure equity of programme coverage** and reach, into coverage evaluation surveys. By utilising these surveys as an opportunity to collect additional indicators (beyond age, sex and school attendance), these data can then be used to inform adaptations to programmes, which will increase access to all, regardless of wealth status.
- Contributed to increased awareness and prioritisation of **Female Genital Schistosomiasis (FGS)** within the schistosomiasis and broader health and NTDs community. SCIF has:
 - Jointly organised and delivered a Delivering on Women's Health online meeting series, focussing on integrating FGS into health services, with the International Society for NTDs.
 - Contributed to the establishment of a new coalition – FIG (FGS Integration Group) – to bring together schistosomiasis, HIV/AIDS, cervical cancer and sexual and reproductive health rights stakeholders. The initial aims of the coalition are to drive forward the research and interventions required to address FGS whilst ensuring collaboration across all relevant partners.
 - Regularly participated in the Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
 - Completed, in partnership with the MoH, operational research to pilot the integration of FGS prevention measures into the national health system in Côte d'Ivoire, funded by UK

Aid through the NTDs Support Center (NTD-SC) at The Task Force for Global Health. Achievements included the integration of FGS prevention information and praziquantel treatment into routine health services for HIV/AIDS and reproductive health in healthcare centres to reach women at risk of FGS, health worker training within centres and communities, and development of the processes and tools required to support integration effectively and sustainably.

- Been an active member of the Technical Advisory Committee for the FGS Accelerated Scale Together (FAST Package) project operating across Madagascar and Ghana to create a pathway to scale of interventions that address the burden of FGS in girls and women. SCIF has also supported the facilitation of two workshops and an impact accelerator session aimed at improving prevention, diagnosis and treatment of FGS in health workers across the African region.
- Published a SCIF position paper setting out the organisation's strategic direction for evidence-based action on FGS. The paper includes a set of policy, programme and research recommendations, and sets out SCI Foundation's own work and commitment to tackling FGS.

Plans For the Next Period:

As SCIF continues to expand its work on the preventative interventions against NTDs, it will endeavour to ensure everyone has access to and are able to benefit from these measures, and that those who are already suffering the symptoms of infection are supported. SCIF will:

- Continue to ensure that **all preventative interventions are accessible to all parts of the community** in accordance with evidence-based strategies to leave no one behind.
- Provide leadership on **access to newly developed technologies**, such as paediatric drug formulations, to ensure that mechanisms are established for inclusivity in routine programme provision.
- Deliver thought leadership to tackle health inequity and enhance sustainability and health systems strengthening, through the development of a 'Leave No One Behind' approach to ensure inclusion of marginalised groups in NTD programmes.
- Play a leading role in implementation research, advocacy and policy to promote access of women and girls to health services

Goal 5: All resources – economic and human - are effectively and sustainably managed.

Objectives:

- Increase SCIFs capacity for sustainable resource mobilisation to support all strategic goals.
- Develop a positive, diverse and impactful values-based organisation where all team members can contribute their best work.
- Invest in strategic, high-impact communications for advocacy, public engagement, and fundraising.
- Ensure effective financial management and analysis of financial data for decision-making.

Key achievements

- SCIF has significantly increased its fundraising capacity with the recruitment of an experienced Head of Trusts and Foundations and Donor Relations Manager in the last quarter of the 2020- 2021 reporting period. They have been able to provide a significant improvement in stewardship of existing donors and almost doubled the income generated from trusts and foundations. A funding pipeline has been developed and analysis performed on SCIFs supporter base to further guide ongoing fundraising activities. During the current reporting period it has become clear that there is need for additional strategic capacity in the team to provide oversight of all SCIFs income streams and champion diversification of income generation approaches. SCIF has therefore recruited a Director of Development who will start with the organisation full time in June 2022.
- Built up SCIF's brand and voice through strategic communications activities, including website communications, fundraising platforms, news media and social media content and engagement, commissioning photography and video content in-country during restrictions to global travel in Côte d'Ivoire, Ethiopia, Madagascar, Uganda and Zanzibar. This has been accompanied by enhancing SCIF's ability to collect, store and manage media content in an inclusive, effective and secure way, including through an enhanced informed consent process and a digital asset management platform.
- Increased SCIF's voice and reach through targeted news media activities, such as partnering with the renowned development news website DevEx on a special six-month series on health systems strengthening¹.
- Collaborated on communications activities with partners including WHO, the Paediatric Praziquantel Consortium, Global Schistosomiasis Alliance, NTD Non-Governmental Organisations Network (NNN), The UK Coalition against NTDs, the FGS Integration Group (FIG), Action for Global Health, WaterAid and the International Coalition for Advocacy on Nutrition.
- Ran two public fundraising campaigns in collaboration with the Big Give matched funding platform: The Big Give Christmas Challenge "Dream Big" Appeal, our first public fundraising appeal as an independent organisation; and the #ZanzibarCannotWait appeal. We promoted both campaigns widely on our social media channels, newsletter, website, and through a targeted email campaign with existing supporters, and reached significant new audiences through Facebook ads and Google Ads. Both were fundraising successes, bringing in significant funds and engaging new donors (see fundraising section below for results).

¹ DevEx: Building Back Health: Future Proofing Health Systems for All. <https://pages.devex.com/building-back-health.html>

- Strengthened our approach to safeguarding through improved policies and processes, establishing a whistle-blowing hotline through **SeeHearSpeakUp** available to staff and to the public online; and undertaking safeguarding training in both English and French with our country partners. Delivered training session to Trustees to ensure they're aware of their safeguarding responsibilities. Joined the Misconduct Disclosure Scheme, which improves reference checks by preventing perpetrators of sexual misconduct from being recruited.
- With the assistance of an experienced consultant and using participatory approaches we have developed a comprehensive set of policies and procedures on international travel safety and security to ensure best practice in protecting SCIF staff members while travelling on SCIF business.
- Member of the Finance and Operations team had planned to visit 3 partner Ministries of Health for internal partner assessment of their financial management and controls, however due to COVID-19 travel restrictions this was delayed to 2022/23 reporting period. Internal partner audits conducted by external firm of auditors were also planned for 3 countries which also were delayed due to COVID-19.

Plans For the Next Period:

SCIF is continuing to invest in developing and maintaining a strong and effective control framework to ensure that resources are deployed efficiently and transparently for the best possible impact. SCIF continues to be committed to supporting the delivery of the WHO NTD Road Map 2021-2030, requiring a stronger focus on securing sustainable funding, and promoting programme ownership by endemic country governments. SCIF will:

- Continue to develop and appropriately resource an **income generation approach** that will support sustainability of resourcing for delivering SCIF's work across all goals, through good stewardship of existing donors, engaging new donors and strengthening existing funding relationships through enhanced information and reporting management.
- Participate in **research funding applications** for priority areas (FGS, WASH, morbidity management, One Health) and conduct an operational research funding landscaping exercise that will guide operational research funding applications.
- Continue to focus on identifying income streams that align with the organisational focus on **sustainability** and **health systems strengthening**.
- Continue to develop a **positive, diverse and impactful values-based organisation** where all team members are able to contribute their best work. Building on the **Investors in People** Accreditation that SCI Foundation received in 2021.
- Continue to invest in strategic, high-impact, inclusive and respectful **communications for advocacy, public engagement, and fundraising**. SCIF will also undertake re-branding and associated brand awareness activities.
- Continue preparing **monthly management accounts for** discussions at the Senior Management Team (SMT), and quarterly management accounts and reforecasts for discussions at SMT and the Trustee Board Meetings. We will also continue working with the Finance, Risks and Audit Committee in year to ensure budgets are delivered with acceptable variances.

- Further develop **internal controls and regular internal review** meetings of projects with partners overseas to ensure that important risks are managed appropriately.
- With the recruitment of a new **Director of Development** we will strengthen existing income generation processes and procedures and continue to build on the successes of 21/22. In addition we will and further pursue collaboration across the NTD and other sectors with a focus on catalysing bilateral and multilateral funding support for partner governments' elimination agendas.
- Develop an income generation strategy aligned to our new organisational strategy 2023-28

Financial Review

This is the second full year that SCIF has operated on its own following the organisation's transition from Imperial College.

We have realised an operational deficit of £4.53m (2021, £0.35m deficit), which was in line with the planned drawdown of designated funds. This means that SCIF holds total funds of £16.18m (2021, £20.45m). These funds are made up of restricted funds of £0.14m (2021, nil), unrestricted general funds of £8.08m (2021, £5.58m), and designated funds of £7.97m (2021, £14.87m), and which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities.

SCIF received a total income of £7.32m (2021, £8.65m). SCI Foundation also received \$20.65m from GiveWell towards the end of the year, which is not included in the figures above because, as agreed with the donor, the grant will be used to fund programme activities and surveys in nominated countries in 2022/23 and 2023/24. This grant will be recognised as income in 2022/23 and 2023/24.

SCIF spent £11.85m over the year (2021, £9.00m). The increase in expenditure was planned in line with the structured drawdown of the designated funds. SCIF has supported the delivery of 41 million treatments reported to date (2021, there were 51m treatments). As detailed above (Goal 1 Key Achievements Page 10) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. In addition, we are experiencing increased in cost per treatment partly due to additional measures required for COVID-19 mitigation, which are still ongoing in many contexts.

The financial year has ended with a strong balance sheet. At the year end, general funds were £8.08m (2021, £5.58m) and designated funds were £7.97m (2021, £14.87m). Restricted funds were £9,787 (2021, Nil).

Fundraising

SCIF's income has not increased this year, however a USD \$20.65m grant was received from GiveWell in this reporting period for support of programmes in nominated countries in 2022/23 and 2023/24. With increased fundraising resources now in place with the new post of Director of Development, we aim to grow our overall donations income over the coming year.

Individual giving

A key objective of SCIF's fundraising this year has been to improve donor stewardship. This has involved, eliciting the views of key supporters on our current work and future direction. We aim to deepen this engagement with our supporters by conducting further research on their motivations for supporting us.

For the first time since becoming an independent organisation, we have conducted two fundraising campaigns with the general public: in November/December 2021 we launched a general appeal as part of the Big Give's Christmas Challenge, our "Dream Big" campaign. This raised over £63K. In March 2022 we conducted our own matched funding campaign, #ZanzibarCannotWait, also in collaboration with the Big Give to support elimination efforts in Zanzibar. This campaign raised over twice as much as the previous campaign. The "Dream Big" campaign brought in 58 new donors, of which 27 gave again in the #ZanzibarCannotWait campaign. In total the campaigns brought in 107 new donors. This shows we are effectively and progressively reactivating lapsed donors and reaching new audiences.

GiveWell and the Effective Altruism Movement

GiveWell and the Effective Altruism Movement have been important supporters of deworming programmes. GiveWell has recently agreed to support SCIF with a new grant of USD \$20.65m over two years. This generous grant will help SCIF deliver on its current commitments while defining a new path and ambition towards the elimination of parasitic worm infections.

The Effective Altruism movement continue to endorse our work with significant grants. We are delighted to see that alongside established supporters such as The Life You Can Save, the Centre for Effective Altruism and Effective Altruism Australia, we are developing relationships with more recently established EA communities such as Ayuda Efectiva in Spain and Effektiv Spenden in Germany.

Trusts and Foundations

This year saw a significant increase in our approaches to new trusts and foundations and an increase in our income from these sources. There remains room, however, for a significantly greater contribution to overall income from this source and with extra fundraising resources this year we aim to increase this further.

Fundraising plans

The development of our new organisational strategy in the next reporting period, will further align us with the WHO elimination agenda, and our overarching imperative to secure flexible and sustainable funding which facilitates our partner governments own disease control and elimination efforts and ensures that local agendas dictate where money is spent. This means while effectively stewarding our existing sources of funding we also focus on further diversifying to increase funding from multilateral sources, trusts and foundations and a broader general public concerned with supporting African societies to eliminate parasitic worm disease for good.

Over the coming year, we aim to:

- Develop an income generation strategy aligned to our new organisational strategy 2023-28
- Further expand our trusts fundraising programme.
- Further expand our engagement with individual supporters, understanding the motivations of existing audiences better, reaching new ones, and providing more opportunities to support our work
- Pursue collaboration across the NTD and other sectors with a focus on catalysing bilateral and multilateral funding support for partner governments' elimination agendas.

Disclosure under The Charities (Protection and Social Investment) Act 2016

- SCI Foundation does not use external commercial participators for its fundraising function.
- SCI Foundation is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2021/22, there were no breaches of fundraising standards or law, and no complaints were received (2021, none).
- SCI Foundation implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- SCI Foundation does not make persistent approaches, and engages individuals respectfully and only in compliance with the Code of Fundraising Practice and within legal requirements
- SCI Foundation does not undertake telephone or street fundraising.
- Donations from individuals and community groups can either be solicited or unsolicited by SCI Foundation. Organisational donors are approached broadly following research that they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- SCI Foundation does not put undue pressure on any person to give money or other property.

Reserves Policy

SCI Foundation's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment.

SCI Foundation maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. SCI Foundation normally has two types of reserves:

- **Restricted funds** –These arise where funds have been given to SCI Foundation to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. SCI Foundation had Restricted Funds of £0.14m as at 31 March 2022 (2021, Nil).
- **Unrestricted funds** – The Charity has £16.04m (2021, £20.45m) of unrestricted funds. £7.97m (2021, £14.87m) of these are designated and will be spent over the next two years. The balance of General Funds is £8.08m (2021, £5.58m) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:

- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year. The reserve level should therefore fall between **£3,200,126** and **£4,267,375**. The **Free Reserves** as of 31 March 2022 is **£8,069, 242**

which is £3,801,867 above the higher reserve policy level. There is a clear spending plan in place and the Trustees expect that there will be a structured draw down of the reserves to invest in programmes, programme development and our funding model. The reserve level will decrease in the coming years and will be in line our Reserve Policy.

Investment Policy

The SCI Foundation Board of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of SCIF investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

SCIF has adopted an ethical investment policy to ensure that its investments do not conflict with its aims. Excluded are activities that have a direct impact on health e.g., tobacco and alcohol. Activities that have a direct impact on the environment e.g., illegal logging, and activities that undermine human rights e.g., sexual misconduct.

The COIF Charity Funds (Ethical Investments) that CCLA Fund Managers manage for us performed well in the year having received a capital growth of £252,378 (2021, decline of £19,062) and also realised total return performance after fees and expenses of +11.6% (2021, +0.9%). This compares to Consumer Price Index increase of +6.7% provided by CCLA.

The Ethical Investment funds total return performance over 12 months to 31 March 2022 was +11.56% (2021, +23.87%) against +11.72% (2021, +22.90%) for the Fund Comparator. Although the fund performed slightly below the fund comparator, we are comfortable with the reported performance.

Principal Risks and Uncertainties

Risk management is central to the ability of SCI Foundation to deliver its objectives. We use multiple ways of managing risks through the senior management team (SMT), Programmes Team, the Finance Risk & Audit Committee (FRAC), and the Board. Central to this is rigorous budget control through which only secured funds are spent, and programmes are planned to optimise cash flow and control. Key funding and expenditure ratios are reviewed periodically.

The SMT meets very regularly and monitors and reviews key risks. The Programmes Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with SCIF's financial performance targets.

The FRAC reviews risks, challenges and key financial management policies and assumptions. It ensures that the annual budget is adequately funded and makes recommendations to the Board for adoption. The SMT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps SCIF to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of beneficiaries continue to be met.

SCI Foundation has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
1. Financial sustainability and income diversification	
For the last 11 years SCIF has been recommended by the charity evaluator GiveWell as one of the most cost-effective charities globally. This recommendation has driven a significant proportion of SCIF's funding however focus primarily on supporting treatment to school aged children only. During this reporting period GiveWell has informed SCIF that they will be transitioning away from supporting SCIF's broader portfolio due to differences in approach. This poses a significant risk to SCIF's support of programmes.	As part of the transitioning process SCIF has negotiated a \$20.65 million USD grant from GiveWell over a 2-year period to secure the short-term support for SCIF supported programmes and allowed time for securing alternative income streams. This transition away from GiveWell at the same time as the development of a new 2023-2028 strategy provides the opportunity to reevaluate the current funding model for NTDs and develop an innovative approach that support the broader WHO NTD roadmap agenda particularly around funding of comprehensive cross sectoral interventions and supporting country ownership. SCIF will have recruited an experienced Director of Development to support the income diversification and the development of a new income generation strategy who will join SCIF full time in the next reporting period.

	SCIF have also allowed an adequate level of operating reserves to support innovative business development approaches and allow an opportunity for learnings.
2	Retention of Staff
SCIF is reliant on its talented staff for its success. Loss of key personnel due to uncertainties including long term funding in current economic climate, is a key risk for SCIF. As a smaller organisation there is also more limited opportunities for career progression.	Accreditation by Investors in People and implementation of their recommendations where feasible, ensures that SCIF is aligning with best practice. Articulating and embedding organisational values in all aspects of our work supports the development of a positive and motivating working environment. SCIF are able to offer agile working conditions including remote working which are attractive to staff. Regular review of remuneration packages and focus on personal development opportunities within SCIF support staff acquiring new skills and progression. SCIF will also work actively on succession planning again to support a career progression through the organisation. Recruiting of high calibre staff is also essential. Obtaining Tier 2 visas for key personnel allows the access talent pools internationally and also supports more inclusive recruitment. Use of external HR advisors to assist with recruitment and focus on increasing SCIFs networks to identify suitable candidates.
3	Alignment with global trends on diversity, equity and inclusivity (DEI) and organisational Governance
SCIF is clear in its support for the global trends on greater consideration of DEI and better representation of communities and people impacted by development interventions in the decisions and actions of development organisations. This approach not only needs to be embedded within our management and governance structure to strengthen the organisation's credibility and integrity but can also enhance the quality and sustainability of our work.	SCIF has done considerable work on articulating its values of Transparency, Equity and Inclusion and embedding these into all aspects of our work including planning, recruitment, performance reviews and governance structure. We are in the process of expanding our Board of Trustees through a robust process supported by an external agency to identify candidates with diverse perspectives and lived experiences.

Structure, Governance and Management

The SCI Foundation was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. SCI Foundation is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission.

SCI Foundation has a Board of Trustees committed to maintaining a high standard of governance. Four of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed by other trustees based on the assessments on the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of three years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency. Due to COVID-19 the trustees performance reviews in this reporting period have been delayed.

With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions

The Board of Trustees delegates the responsibility for the day-to-day management of the SCI Foundation to the Senior Management Team (SMT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees. The SMT is comprised of the Directors of the four main functions:

- **Policy and Communications**, which includes development of key policy positions, advocacy and communications.
- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Programme Strategy**, which advises and supports country partners on implementation of highest quality NTD programmes.
- **Monitoring, Evaluation and Research**, which supports country programmes to perform high effective monitoring and evaluation strategies and generates policy relevant research.

Remuneration

SCIF's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, SCIF also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

As of March 2022, the total salary of the KMP was £422,317 (2021: £408,398). The pension cost for the KMP was £22,502 (2021, £18,243).

All UK staff are paid at least the London living wage.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of SCI Foundation 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, which 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 or expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

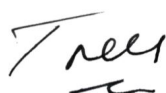
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- 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 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.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Signed on behalf of the Trustees



Professor the Lord Trees

Chairman and Trustee

Approved on 27 July 2022

Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and Principal Office: Edinburgh House, 170 Kennington Lane, London SE11 5DP

Trustees:

- Professor the Lord Trees - Chair (Appointed 14 April 2019)
- Mr Jonathan C. Gorrie - Treasurer (Appointed 14 Apr 2019)
- Dr Justine M Frain (Appointed 18 Jan 2019)
- Mr Peter Dranfield (Appointed 18 Jan 2019)
- Dr Mwele Malacela –Observer (Deceased 10 Feb 2022)

Chief Executive: Dr Wendy Harrison

Key Management Personnel:

- Dr Wendy Harrison
- Dr Fiona Fleming – Director of Monitoring, Evaluation and Operational Research
- Dr Lynsey Blair – Director of Programmes
- Ms Yael Velleman - Director of Policy and Communications
- Mr Joshua Oliech – Director of Finance and Operations
- Ms Julia Hopper – Director of Development (Appointed Apr 22)

Auditors: Haysmacintyre LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG

Bankers: Barclays Bank, 1 Churchill Place, London E14 5HP

Solicitors: Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB

Independent Auditor's Report to the members of SCI Foundation.

Opinion

We have audited the financial statements of SCI Foundation for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees and the Foreword by the Chair. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Report of the Trustees have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, fundraising regulations and the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to income and grant recognition. Audit procedures performed by the engagement team included:

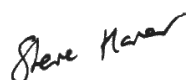
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Reviewing the controls and procedures of the group relevant to the preparation of the financial statements to ensure these were in place throughout the year.
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates, in particular donation recognition, recognition of grant income and the recognition of partner payments/awards and provisions for bad and/or doubtful debts.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink, appearing to read "Steven Harper".

Steven Harper (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London EC4R 1AG

Date: Aug 15, 2022

Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2022

	Note	Unrestricted Funds	2022 Restricted Funds	Total Funds Year ended 31-Mar-22	Unrestricted Funds	2021 Restricted Funds	Total Funds Year ended 31-Mar-21
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	1,863,832	125,368	1,989,200	4,139,610	-	4,139,610
Charitable activities	3	-	5,228,803	5,228,803	-	4,464,742	4,464,742
Investment income	4	98,190	-	98,190	46,921	-	46,921
TOTAL INCOME		<u>1,962,022</u>	<u>5,354,171</u>	<u>7,316,193</u>	<u>4,186,531</u>	<u>4,464,742</u>	<u>8,651,273</u>
EXPENDITURE ON:							
Fundraising and publicity	6	416,212	18,281	434,493	206,580	23,900	230,480
Charitable activities							
Partner awards	6	5,534,095	3,732,643	9,266,738	3,342,050	3,236,589	6,578,639
Other	6	1,476,864	667,585	2,144,449	1,304,306	888,373	2,192,679
TOTAL EXPENDITURE		<u>7,427,171</u>	<u>4,418,509</u>	<u>11,845,680</u>	<u>4,852,936</u>	<u>4,148,862</u>	<u>9,001,798</u>
NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS		<u>(5,465,149)</u>	<u>935,662</u>	<u>(4,529,487)</u>	<u>(666,405)</u>	<u>315,880</u>	<u>(350,525)</u>
Gains/(losses) on investments		252,378	-	252,378	(19,062)	-	(19,062)
NET INCOME		<u>(5,212,771)</u>	<u>935,662</u>	<u>(4,277,109)</u>	<u>(685,467)</u>	<u>315,880</u>	<u>(369,587)</u>
Transfer between funds		800,507	(800,507)	-	315,880	(315,880)	-
NET MOVEMENT IN FUNDS		<u>(4,412,264)</u>	<u>135,155</u>	<u>(4,277,109)</u>	<u>(369,587)</u>	<u>-</u>	<u>(369,587)</u>
Reconciliation of funds:							
Total funds brought forward		20,454,321	-	20,454,321	20,823,908	-	20,823,908
TOTAL FUNDS CARRIED FORWARD		<u>16,042,057</u>	<u>135,155</u>	<u>16,177,212</u>	<u>20,454,321</u>	<u>-</u>	<u>20,454,321</u>

All transactions are derived from activities that commenced during the period.

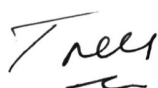
All recognised gains and losses are included in the Statement of Financial Activities.

Balance Sheet (Company Number 11775313)

AT 31 MARCH 2022

		2022		2021	
	Note	£	£	£	£
FIXED ASSETS					
Tangible Assets	9		6,345		-
Investments	10		<u>3,233,316</u>		<u>2,980,938</u>
			3,239,661		2,980,938
CURRENT ASSETS					
Debtors	13	822,321		2,291,984	
Cash at bank and in hand		<u>28,451,516</u>		<u>15,582,752</u>	
		29,273,837		17,874,736	
CREDITORS: amounts falling due within one year	14	<u>(11,840,396)</u>		<u>(401,353)</u>	
NET CURRENT ASSETS			<u>17,433,441</u>		<u>17,473,383</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			20,673,102		20,454,321
CREDITORS: amounts falling due after one year	15		(4,495,890)		-
NET ASSETS			<u><u>16,177,212</u></u>		<u><u>20,454,321</u></u>
FUNDS	16				
Restricted funds			135,155		-
Unrestricted funds:					
Designated funds			7,966,470		14,871,380
General funds			<u>8,075,587</u>		<u>5,582,941</u>
			<u>16,042,057</u>		<u>20,454,321</u>
			<u><u>16,177,212</u></u>		<u><u>20,454,321</u></u>

The financial statements were approved and authorised for issue by the Trustees on 27 July 2022 and were signed below on its behalf by:



Professor The Lord Trees
Chair of the Board of Trustees



Mr Jon Gorrie
Treasurer

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022	2021
		£	£
Cash Flow from operating activities	22	12,734,814	4,746,572
Cash flows from investing activities			
Income from listed investments		92,150	45,749
Other interest receivable		6,040	1,172
Payments to acquire tangible fixed assets		(7,138)	-
Purchase of investments		-	(3,000,000)
Cash used in investing activities		<u>91,052</u>	<u>(2,953,079)</u>
Increase/(decrease) in cash and cash equivalents in the year		<u>12,825,866</u>	<u>1,793,493</u>
Cash and cash equivalents at the beginning of the year		<u>15,582,752</u>	<u>13,887,204</u>
		28,408,618	15,680,697
Change due to exchange rate movements		42,898	(97,945)
Total cash and cash equivalents at the end of the year		<u><u>28,451,516</u></u>	<u><u>15,582,752</u></u>
Cash and cash equivalents			
Cash at bank and in hand		28,451,516	15,582,752
Cash at bank and in hand at the end of the reporting period		<u><u>28,451,516</u></u>	<u><u>15,582,752</u></u>

Notes to the financial statements

1 Accounting policies: The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

- a) **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The subsidiary was dormant in this financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

- b) **Preparation of the accounts as a going concern:** Having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.

- c) **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled. Gift Aid receivable on donations is recognised as unrestricted income.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

- d) **Donated services and facilities:** Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably, and the charity has control over the item. Fair value is determined based on the value of the gift to the charity. For example, the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

Gifts in kind donated for resale are included at fair value, being the expected proceeds from sale less the expected costs of sale. Where estimating the fair value is practicable upon receipt it is recognised in stock and 'Income from other trading activities'. Upon sale, the value of the stock is charged against 'Income from other trading activities' and the proceeds are recognised as 'Income from other trading activities'. Where it is impracticable to fair value the items due to the volume of low value items they are not recognised in the financial statements until they are sold. This income is recognised within 'Income from other trading activities'.

- e) **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity 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 or which have been raised by the charity for particular purposes. The cost 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.

- f) **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes of direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income; and

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- g) **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T, general office and premises and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 9.
- h) **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- i) **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- j) **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- k) **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investments in subsidiaries are measured at cost less impairment.

- l) **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.

- m) **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- n) **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- o) **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.
- p) **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

	2022			2021		
2. DONATIONS AND LEGACIES			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-22	Unrestricted	Restricted	31-Mar-21
	£	£	£	£	£	£
Donations	<u>1,863,832</u>	<u>125,368</u>	<u>1,989,200</u>	<u>4,139,610</u>	<u>-</u>	<u>4,139,610</u>
3. CHARITABLE ACTIVITIES			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-22	Unrestricted	Restricted	31-Mar-21
	£	£	£	£	£	£
Grants	-	5,180,220	5,180,220	-	4,285,305	4,285,305
Consultancy income	<u>-</u>	<u>48,583</u>	<u>48,583</u>	<u>-</u>	<u>179,437</u>	<u>179,437</u>
	<u>-</u>	<u>5,228,803</u>	<u>5,228,803</u>	<u>-</u>	<u>4,464,742</u>	<u>4,464,742</u>
4. INVESTMENT INCOME			Year ended			Year ended
	Unrestricted	Restricted	31-Mar-22	Unrestricted	Restricted	31-Mar-21
	£	£	£	£	£	£
Income from investments	92,150	-	92,150	45,749	-	45,749
Other interest receivable	<u>6,040</u>	<u>-</u>	<u>6,040</u>	<u>1,172</u>	<u>-</u>	<u>1,172</u>
	<u>98,190</u>	<u>-</u>	<u>98,190</u>	<u>46,921</u>	<u>-</u>	<u>46,921</u>
5. NET INCOME FOR THE YEAR			Year ended			Year ended
			31-Mar-22			31-Mar-21
			£			£
This is stated after charging the following:						
- Auditors remuneration						
Audit			19,080			18,540
Other services			2,700			4,014
- Operating lease rentals			<u>137,104</u>			<u>118,102</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2022

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	60,721	227,506	146,266	434,493
Expenditure on charitable activities: other	324,801	1,497,556	322,092	2,144,449
TOTAL EXPENDITURE	385,522	1,725,062	468,358	2,578,942

FOR THE YEAR ENDED 31 MARCH 2021

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
Fundraising and publicity	-	153,552	76,928	230,480
Expenditure on charitable activities: other	332,904	1,487,786	371,989	2,192,679
TOTAL EXPENDITURE	332,904	1,641,338	448,917	2,423,159

b) ANALYSIS OF SUPPORT COSTS

FOR THE YEAR ENDED 31 MARCH 2022

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	3,314	23,971	24,985	8,451	60,721
Expenditure on charitable activities:	17,732	128,215	133,650	45,204	324,801
TOTAL SUPPORT COSTS:	21,046	152,186	158,635	53,655	385,522

FOR THE YEAR ENDED 31 MARCH 2021

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	30,860	128,713	126,897	46,434	332,904
TOTAL SUPPORT COSTS:	30,860	128,713	126,897	46,434	332,904

c) GOVERNANCE COSTS

	Year ended 31-Mar-22	Year ended 31-Mar-21
	£	£
Legal and professional, including audit	53,655	46,434
	53,655	46,434

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

6. EXPENDITURE (cont)

	2022			2021		
	<i>Unrestricted</i>	<i>Restricted</i>	<i>Year ended</i>	<i>Unrestricted</i>	<i>Restricted</i>	<i>Year ended</i>
Partner awards	£	£	31-Mar-22	£	£	31-Mar-21
Burundi						
Ministry of Public Health and Fight against Aids	267,389	-	267,389	242,000	-	242,000
All Consulting and Logistics	19,093	-	19,093	25,645	-	25,645
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	299,301	704,434	1,003,735	-	1,205,700	1,205,700
Unité de Coordination des Programmes à Financements Extérieurs, Direction Générale de la Santé	-	-	-	-	295,165	295,165
Democratic Republic of Congo						
Ministère de la Santé Publique de la République Démocratique du Congo	-	171,232	171,232	-	1,500,654	1,500,654
United Front Against River Blindness	-	-	-	-	137,703	137,703
Ethiopia						
Federal Ministry of Health of the Federal Democratic Republic of Ethiopia	2,757,228	-	2,757,228	90,256	73,075	163,331
Ethiopia Public Health Institute	-	342,501	342,501	-	-	-
Liberia						
Ministry of Health, Republic of Liberia	9,837	177,081	186,918	-	-	-
Madagascar						
Ministere de la Sante Publique	302,123	906,371	1,208,494	192,359	-92,359	100,000
Réseau International Schistosomoses	-	-	-	-	-	-
Environnement Aménagement et Lutte	19,301	57,902	77,203	14,746	29,491	44,237
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	607,537	-	607,537	1,373,837	-	1,373,837
Centre for Health, Agriculture, Development Research and Consulting	25,830	-	25,830	58,606	-	58,606
Niger						
Ministère de la Santé Publique de la République du Niger	104,445	1,275,204	1,379,649	-	48,119	48,119
Institut de Santé Publique du Niger	-	-	-	-	39,041	39,041
Sudan						
Federal Ministry of Health	469,630	-	469,630	-	-	-
Tanzania						
IMA World Health	113,512	-	113,512	1,033,150	-	1,033,150
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	-	-	-	51,996	-	51,996
National Institute for Medical Research	199,802	-	199,802	-	-	-
Public Health Laboratory Ivo de Carneri	118,435	-	118,435	65,365	-	65,365
Uganda						
Vector Control Division, Biharia and Worm Control Programme, Ministry of Health	220,632	97,918	318,550	194,090	-	194,090
	<u>5,534,095</u>	<u>3,732,643</u>	<u>9,266,738</u>	<u>3,342,050</u>	<u>3,236,589</u>	<u>6,578,639</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

7. STAFF NUMBERS AND COSTS

	2022 No.	2021 No.
The average number of persons employed during the year were as follows		
Raising funds	2	2
Charitable activities	17	18
Support	8	6
	<u>27</u>	<u>26</u>

	£	£
The aggregate payroll costs of these persons were as follows		
Salaries and wages	1,429,884	1,373,023
Social security costs	160,068	132,868
Pension scheme contributions	89,598	75,257
	<u>1,679,550</u>	<u>1,581,148</u>

There were five employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2021: five).

	2022 No.	2021 No.
£60,000 - £69,999	1	4
£70,000 - £79,999	4	1
	<u>5</u>	<u>5</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £422,317 (2021: £408,398).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any Trustee. Reimbursements of travelling expenses totalling £343 were paid to certain Trustees for attendance at Trustee meetings (2021: £92).

9. TANGIBLE ASSETS

Furniture Fixtures and Equipment	2022 £	2021 £
Cost or Valuation		
At 31 March 2021	-	-
Additions	7,138	-
At 31 March 2022	<u>7,138</u>	<u>-</u>
Depreciation & Amortisation		
At 31 March 2021	-	-
Charged in Year	(793)	-
At 31 March 2022	<u>(793)</u>	<u>-</u>
Net Book Value		
At 31 March 2022	<u>6,345</u>	<u>-</u>

10. INVESTMENTS

	2022 £	2021 £
Market value at 31 March 2021	2,980,938	-
Additions	-	3,000,000
Unrealised profit/(loss) on revaluation	252,378	(19,062)
Market value at 31 March 2022	<u>3,233,316</u>	<u>2,980,938</u>
Historical cost at 31 March 2022	<u>3,000,000</u>	<u>3,000,000</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund managed by CCLA Fund Managers Limited. Distributions from the fund of £92,150 were received during the year (2021: £45,709).

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

11. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £1 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous period.

12. Taxation

SCI Foundation is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13. DEBTORS

	2022	2021
	£	£
Trade debtors	25,059	96,093
Other debtors	33,256	32,500
Prepayments and accrued income	764,006	2,163,391
	<u>822,321</u>	<u>2,291,984</u>

14. CREDITORS: Amounts falling due within one year

	2022	2021
	£	£
Trade creditors	237,146	46,381
Other creditors including taxation and social security	68,045	68,185
Grant commitments	-	-
Accruals	79,017	159,871
Deferred income	11,456,188	126,916
	<u>11,840,396</u>	<u>401,353</u>

15. CREDITORS: Amounts falling due after one year

	2022	2021
	£	£
Deferred income	4,495,890	-
	<u>4,495,890</u>	<u>-</u>

The movements in deferred income are analysed as follows:

	2022	2021
	£	£
Brought forward deferred income	126,916	24,270
Income released in the period	(126,916)	(24,270)
Income deferred	15,952,078	126,916
Carried forward deferred income	<u>15,952,078</u>	<u>126,916</u>

16. FUNDS	At 31 March 2021	Income	Expenditure	Investment movements	Transfers	At 31 March 2022
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	14,871,380		(6,904,910)	-	-	7,966,470
General Funds	<u>5,582,941</u>	<u>1,962,022</u>	<u>(522,261)</u>	<u>252,378</u>	<u>800,507</u>	<u>8,075,587</u>
	20,454,321	1,962,022	(7,427,171)	252,378	800,507	16,042,057
Restricted Funds						
Grants and donations	-	5,354,171	(4,418,509)	-	(800,507)	135,155
	<u>20,454,321</u>	<u>7,316,193</u>	<u>(11,845,680)</u>	<u>252,378</u>	<u>-</u>	<u>16,177,212</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

16. FUNDS (continued)	At 31 March 2020	Income	Expenditure	Investment movements	Transfers	At 31 March 2021
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	17,671,180		(2,799,800)	-	-	14,871,380
General Funds	3,152,728	4,186,531	(2,053,136)	(19,062)	315,880	5,582,941
	20,823,908	4,186,531	(4,852,936)	(19,062)	315,880	20,454,321
Restricted Funds						
Grants and donations	-	4,464,742	(4,148,862)	-	(315,880)	-
	20,823,908	8,651,273	(9,001,798)	(19,062)	-	20,454,321

Designated funds represents the balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	At 31 March 2022			
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Tangible fixed assets	-	6,345	-	6,345
Investments	-	3,233,316	-	3,233,316
Net current assets	135,155	9,331,816	7,966,470	17,433,441
Creditors: Amounts falling due after one year	-	(4,495,890)	-	(4,495,890)
	135,155	8,075,587	7,966,470	16,177,212

	At 31 March 2021			
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Tangible fixed assets	-	-	-	-
Investments	-	2,980,938	-	2,980,938
Net current assets	-	2,602,003	14,871,380	17,473,383
Creditors: Amounts falling due after one year	-	-	-	-
	-	5,582,941	14,871,380	20,454,321

18. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2022	2021
	£	£
Authorised and contracted for	-	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

19. OPERATING LEASE COMMITMENTS

	2022		2021	
	Land & Buildings	Other	Land & Buildings	Other
	£	£	£	£
Leases which expire:				
Within one year	59,401	-	113,773	-
In one to five years	-	-	9,504	-
After five years	-	-	-	-
	<u>59,401</u>	<u>-</u>	<u>123,277</u>	<u>-</u>

20. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

21. PENSION COMMITMENTS

SCI Foundation operates a Group pension arrangement. The overall pension charge for the year was £89,598 (2021: £75,257). At 31 March 2022, no contributions were outstanding (2021: £ nil).

22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW

	2022	2021
	£	£
Net movement in funds	(4,277,109)	(369,587)
Investment income	(98,190)	(46,921)
(Gains)/losses on investments	(252,378)	19,062
Depreciation	794	-
Exchange rate (gain)/loss	(42,898)	97,945
Increase/ (decrease) in creditors	15,934,933	40,001
(Increase)/ decrease in debtors	1,469,662	5,006,072
Net Cash generated by operating activities	<u>12,734,814</u>	<u>4,746,572</u>

23. RELATED PARTY TRANSACTIONS

There were no related party transactions in the current or preceding accounting periods.

SCIF 2022 Annual Report and Financial Statement

Final Audit Report

2022-08-15

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By:	Leon Kpakiwa (l.kpakiwa@schisto.org.uk)
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"SCIF 2022 Annual Report and Financial Statement" History

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Accounts

SCI Foundation

Annual Report and Financial Statements for the year ending 31 March 2021

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List of acronyms

Ascend	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
BCC	Behaviour change communications
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPE	Personal protective equipment
PZQ	Praziquantel
RAMA	Risk assessment and mitigation action
SCIF	SCI Foundation
SCH	Schistosomiasis
SMT	Senior Management Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Foreword by the Chair of the Board of Trustees



The past year has been a challenging one for SCI Foundation, as can be anticipated, with the ongoing COVID-19 pandemic affecting every aspect of life of the communities whose needs we aim to serve, our government partners, and our own staff and operations. Nonetheless, it has been a year in which, despite the many challenges, important successes have been achieved.

The impact of the pandemic on our work was felt immediately as the previous financial year drew to a close, with the World Health Organization requiring a suspension of all mass-drug administration and survey activities in-country. SCIF joined our partners to help define new risk assessment and mitigation tools, as well as reinforced standard operating procedures, to enable programmes to re-start without risking the health of community members and frontline health staff. Based on this work, activities resumed in July 2020, allowing a

delivery of 62% of the treatments that were originally planned for this financial year. This has brought the total of treatments delivered with support from SCIF to 300 million since 2010 – a testament to the commitment and resilience of our Ministry of Health partners, who have continued on their mission under the most challenging conditions.

More encouraging news came in January 2021 with the launch of the new **WHO 10-year road map on Neglected Tropical Diseases**, with its new focus on eliminating schistosomiasis, as well as important shifts towards increased accountability, cross-sector action, health systems strengthening and country ownership. Sincere congratulations are due to Dr Malacela Director of the WHO NTD department and observer to the SCI Foundation Board on the achievement of the visionary roadmap. With its operational model that places partnership with Ministries of Health at the heart of its mission, SCIF is committed to helping fulfil the vision of the road map. This year saw the organisation support WHO to develop two 'companion documents' to the road map, on water, sanitation and hygiene (WASH) and on One Health – work that will continue for the next decade in line with the sustainable development agenda.

The challenges we face and those that are yet to come on the way to achieving a world free of preventable diseases are significant, but I am encouraged by the direction we have set ourselves for the next financial year. The widespread cuts to the UK Government's Overseas Development Aid, announced in April 2021, are of particular concern. However, we will be viewing these challenges as opportunities for new thinking to drive our resource mobilisation agenda and our communications work. Importantly, we will seek to continue and broaden our engagement within the broader global health community, to generate further support to resilient health systems. I am confident SCI Foundation is well on its way to delivering this ambitious agenda.



Lord Trees of The Ross
Chair of the Board of Trustees

Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of the SCI Foundation (SCIF) for the year ended 31 March 2021. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 40 to 45 of the attached notes to the financial statements and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

SCI Foundation purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases");
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.

Drug	Schistosomiasis (SCH)	Soil-transmitted helminths (STH)	Lymphatic Filariasis (LF)
Pre-SAC	Paediatric praziquantel <i>in development</i>	Not supported by SCIF	-
School-aged Children (SAC)	Praziquantel (PZQ)	Albendazole/Mebendazole	Ivermectin and Albendazole
Adults	Praziquantel (PZQ)	Albendazole/Mebendazole (where indicated)	Ivermectin and Albendazole

Table 1 : Drugs treatments and target age groups for Schistosomiasis and Soil-transmitted helminths

Our Goals

Our vision is a world free of preventable disease, in which everyone everywhere can reach their full potential

- **Goal 1:** Those affected by parasitic worm infections receive treatment and care.
- **Goal 2:** Communities change their behaviours to reduce the risk of infection.
- **Goal 3:** Environmental changes are put in place to reduce the transmission of infection.
- **Goal 4:** Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.
- **Goal 5:** All resources – economic and human – are effectively and sustainably managed.

Our Approach

We are experts at supporting national governments in sub-Saharan Africa to deliver cost effective and impactful health programmes. We help to create a world that is free from preventable disease.

1. **Partnerships:** We are collaborative, promoting inclusion and synergy. We act as catalysts in the creation of successful cross-sectoral partnerships that generate the greatest impact on disease transmission. We have put in place a model of technical and financial support to Ministries of Health to implement programmes in line with their own strategies and plans, to enhance sustainability, and strengthen health systems.
2. **Operational Excellence and Innovation:** We are agile, adapting to changing local and global environments. We aim to constantly improve and innovate, to ensure that we optimise our efforts and use resources most cost-effectively.
3. **Sustainability:** We ensure that our work is sustainable and supports broader development. We support governments to strengthen systems and processes, so that they are dynamic, responsive and deliver results. We implement a holistic approach to tackle parasitic worm infections: reducing infections through increased access to cost-effective treatment; supporting environmental and behavioural interventions through multi-sector collaboration; enhancing knowledge and capacity on treatment of severe morbidities; and investing in research and evidence.

- 4. Evidence-based:** We generate evidence to inform decisions and guide our work. We improve processes and develop preferred practices for global health policy. We share knowledge to ensure that everyone can benefit from improved health.

Our Values

We are a team of people passionate about creating a world free of preventable disease. Everyone that works at the SCI Foundation, as well as our partners and supporters, shares these same values and beliefs:

- 1. Equality:** We are a small and dynamic team in which every staff member's contribution is crucial and equally valued.
- 2. Inclusion:** We are working towards a fairer world where no-one is left behind.
- 3. Transparency:** We believe that openness and transparency create trust and a culture of continuous improvement.

Our 3-year priorities

Over the next three years, we will continue to work within our four defined goals, while enhancing our scope and quality of the activities under each. To achieve this, we have defined the following change objectives:

Goal 1:

- Policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases.
- Evidence on best practice for country-led programme delivery is generated.
- The sustained impact of public health programmes on parasitic worm infections and child health is effectively demonstrated.
- The delivery of programmes by national authorities is supported effectively.
- Programme delivery is optimised through implementation and refinement of available evidence-based tools and processes.

Goal 2:

- Evidence-based behaviour change strategies for disease prevention are effectively supported and implemented by national authorities.

Goal 3:

- National programmes are supported to plan and implement environmental strategies for effective and sustained elimination of preventable diseases.
- Control and elimination strategies for preventable infectious diseases are developed and implemented by national authorities in collaboration with the veterinary public health sector.

Goal 4:

- Services for the control and elimination of parasitic worm infections are accessed equally by all those at risk.
- Evidence on inclusion of morbidity management in programming and health service delivery is generated and used effectively for policy influencing and advocacy.
- Morbidity management of the effects of parasitic worm infections is effectively embedded in health services.

Goal 5:

- Increase SCIFs capacity for **sustainable resource mobilisation** to support all strategic goals.
- Develop a **positive, diverse and impactful values-based organisation** where all team members can contribute their best work.
- Invest in **strategic, high-impact communications** for advocacy, public engagement, and fundraising under a new brand.

Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

SCI Foundation partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. SCI Foundation works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.

Achievements and Performance

Goal 1: Those affected by parasitic worm infections receive treatment and care.

Key Achievements:

- Supported the Ministry of Health (MoH) in eleven countries to deliver over 50 million* treatments for NTDs (Table 2) despite interruptions and delays due to the COVID-19 pandemic (Figure 1). On 1st April 2020, the World Health Organization (WHO) issued interim guidance to postpone until further notice mass treatment campaigns and community-based surveys¹. Considerations for restarting NTD activities in the context of COVID-19 guidance were further issued by WHO on 27th July 2020 to support governments wishing to recommence implementation, which allowed programmes to safely restart with appropriate mitigation measures in place:
 - Burundi, Cote d'Ivoire, Ethiopia, Madagascar and Malawi completed their planned mass drug administrations (MDA), distributing over 34 million treatments to children and adults.
 - DRC and Tanzania completed their interrupted MDAs which had been ongoing when COVID-19 restrictions were imposed, delivering a further 5.8 million treatments.
 - Mauritania, Niger, Uganda and Zanzibar undertook their postponed MDAs from the previous year delivering over 12.9 million treatments.

Drug	Praziquantel	Albendazole/Mebendazole	Ivermectin
<i>Burundi</i>	SAC	SAC & Adults	
<i>Cote d'Ivoire</i>	SAC & Adults	SAC	
<i>DRC</i>	SAC	SAC & Adults	
<i>Ethiopia</i>	-	SAC	
<i>Madagascar</i>	SAC	SAC	SAC & Adults
<i>Mauritania</i>	SAC	SAC	
<i>Malawi</i>	SAC & Adults	-	
<i>Niger</i>	SAC & Adults	SAC & Adults	
<i>Tanzania</i>	SAC	SAC	
<i>Uganda</i>	SAC	-	
<i>Zanzibar</i>	SAC & Adults	SAC & Adults	SAC & Adults

Table 2: Treatments and target age groups of NTD programmes in countries supported by SCI Foundation.

Final numbers to be confirmed from Malawi and Zanzibar.¹
https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/

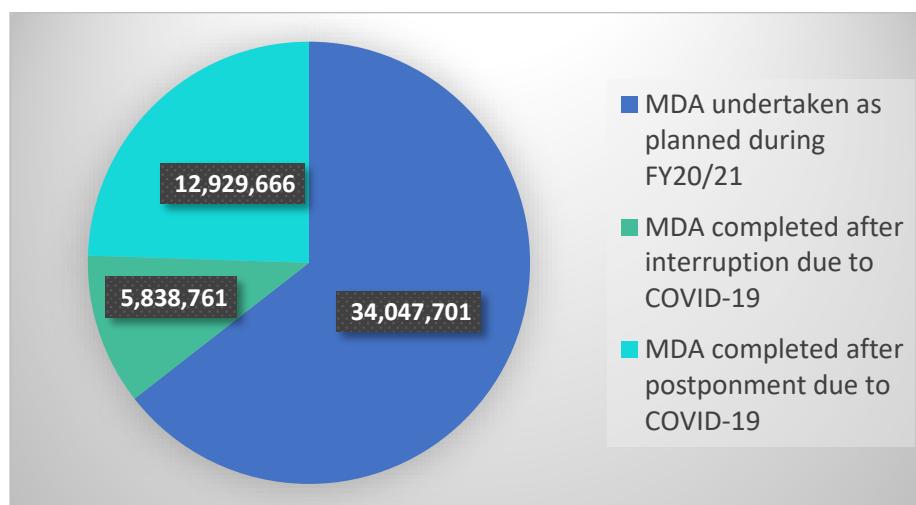


Figure 1: Treatments delivered by MoH utilising support from SCIF, either wholly or in a cost-share capacity with other NTD partners. Note treatment numbers are provisional and will be updated pending final confirmation from the MoHs in Malawi and Zanzibar where figures are still being finalised.

- Of the eleven supported countries, six reached all the districts (or equivalent administration units) with treatment as planned despite COVID-19 restrictions. Ethiopia's MDA had been interrupted during March 2020 and could not be completed due to the outbreak of civil unrest in the Tigray region; however, the 2nd planned MDA for soil-transmitted helminths (STH) could proceed as planned later in 2020. Madagascar implemented MDA across two phases to account for the evolving COVID-19 situation and to integrate treatment for lymphatic filariasis as the first triple drug administration in the country. Malawi did not intend to treat for STH due to a lack of albendazole; however, 12 districts with sufficient stock did administer it alongside praziquantel. Niger's MoH chose to treat only for schistosomiasis (SCH) when the postponed MDA was could safely restart to ensure quantities of praziquantel set to expire across June-Sept 2020 were prioritised for distribution.

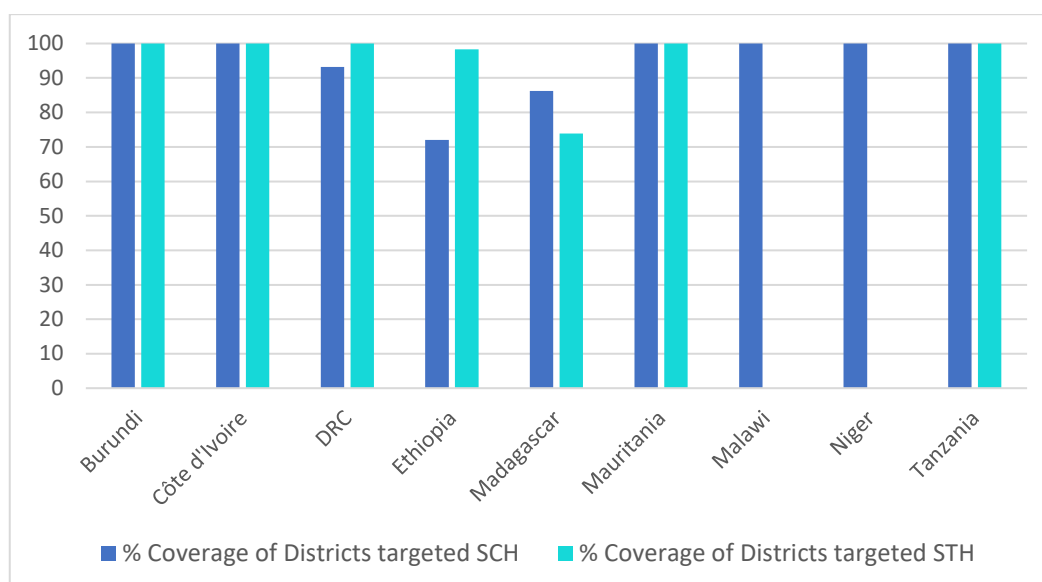


Figure 2: Geographic coverage of supported MDAs. Bars denote the percentage of districts reached during planned MDAs against number targeted. Note that Malawi did not intend to treat for soil-transmitted helminths (STH) however 12 districts had existing Albendazole stock which were distributed alongside praziquantel.

- Supported the training of at least 282,622 community drug distributors, health workers, teachers, community mobilisers and supervisors involved in drug distribution campaigns (figure 3).

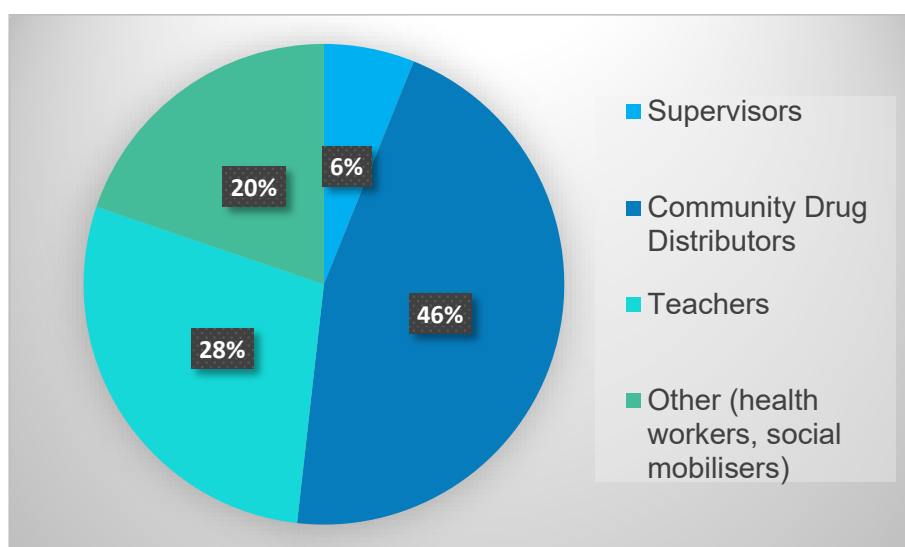


Figure 3: Individuals trained to participate in treatment campaigns across ten countries receiving SCIF support (overall 282,622). Note that no additional training was required in DRC where MDA has been interrupted due to COVID-19, with treatment continuing with mitigation in place.

- Working in partnership with colleagues from Sightsavers, the Liverpool School of Tropical Medicine (LSTM) and Mott McDonald, developed a risk assessment and mitigation action (RAMA) tool and accompanying procedure to support government decision making when determining if appropriate to restart activity in the context of COVID-19. RAMA has been adopted by all countries supported by SCIF and beyond.
- Supported the MoH across all countries in the development of comprehensive Standard Operating Procedures (SOPs) for MDAs and surveys to include risk mitigation actions for COVID-19, including adapted training, drug delivery and data collection strategies, and provision and guidance on the use of personal protective equipment (PPE) where required.
- Generated data on quality and performance of programmes: SCIF supported five country partners to conduct coverage evaluation surveys in Burundi, Uganda, Madagascar, Malawi and Niger and supported the planning in a sixth, Mauritania (data collection was delayed to 21/22 due to the pandemic). Analysis for these surveys is ongoing and will determine if the WHO threshold for treatment coverage of 75% has been achieved in the survey districts.
- Conducted four epidemiological surveys in Burundi (reassessment), Uganda (reassessment), Ethiopia (reassessment), and Zanzibar (mapping). Analysis is ongoing and we anticipate

these surveys will continue to demonstrate sustained changes in prevalence and intensity of SCH and STH infections over time. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other interventions. An illustration of this can be seen in Figure 4 where, in this last year, data from three phases of reassessment in Malawi (2017 – 2019) have been analysed together and maps created to highlight changes in prevalence over time due to the impact of preventive chemotherapy and used to determine revised treatment strategies within each implementation unit (district).

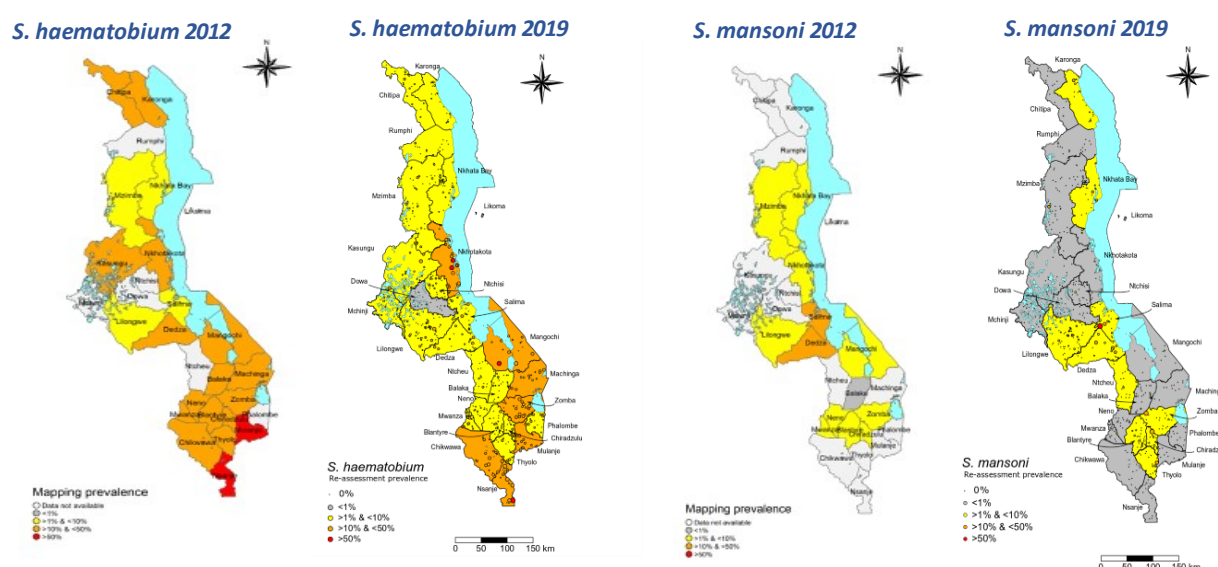


Figure 4: Changes in *S. haematobium* and *S. mansoni* prevalence within implementation units (districts) between 2012 and 2019 due to the impact of annual preventive chemotherapy in Malawi.

- The aforementioned epidemiological surveys included the piloting of two innovative survey designs:
 - SCIF worked with the Federal Ministry of Health, Ethiopia (FMoH) and spatial epidemiologists based at the London School of Hygiene and Tropical Medicine (LSHTM) to design and implement a novel geo-spatial survey to determine schistosomiasis endemicity classification of sub-district level administrative units. Working with partners at the Ethiopian Public Health Institute (EPHI), LSHTM and FMoH phase I of data collection – a parameter calibration survey – was conducted in September 2020 to determine the most efficient design for the national reassessment survey in 2021 (phase II).
 - With the MoH in Zanzibar, SCIF used high resolution map data generated by the Zanzibar Mapping Initiative (led by the Revolutionary Government of Zanzibar's Commission for Lands), combined with GPS wayfinding for enumerators, to determine *S. haematobium* and STH prevalence at the smallest administrative level on the islands (shehia).
- Supported the MORBID pilot operational research project in Malawi to responsibly come to a temporary close in April 2020 due to the COVID-19 pandemic and then, ensuring COVID-19 mitigation measures were in place, restart in January 2021. The study, funded by USAID through the Task Force for Global Health's NTD Support Centre, will support identifying

meaningful and measurable targets for the control of schistosomiasis-related morbidity in Africa.

- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal).
- Published papers as co-authors within the special supplemental issue of the American Journal of Tropical Medicine and Hygiene led by the Schistosomiasis Consortium for Operational Research and Evaluation (*Volume 103 (2020): Issue 1_Suppl (Jul 2020)*). The papers within the issue focused on operational aspects of schistosomiasis control and elimination efforts, from evaluating the impact of alternative treatment strategies, to the use of novel rapid diagnostic methods, deeper investigations of the challenges involved in achieving coverage targets and determining thresholds for measuring impact.
- Led working groups within global SCH and STH communities of practice (Global Schistosomiasis Alliance and NTDs NGO Network (NNN)) inclusive of and with the remit to advance WASH, Sustainability, One Health and Monitoring and Evaluation (M&E) agendas.
- Actively participated in task teams and working groups (iChords, Health Systems Global, NNN) to improve community health outcomes through research, dialogue and systems strengthening, to facilitate positive change in medicines availability, access, affordability, quality and use, and share best practice on programme adaption to COVID-19.
- Led peer-participatory workshops at annual meetings of relevant networks (NNN, Coalition for Research on NTDs, American Society for Tropical Medicine and Hygiene) and co-chaired the first technical meeting on the implementation of the new paediatric praziquantel formulation.
- As Country Principal, led the coordination of the FCDO-funded Ascend West and Central Africa project in Cote d'Ivoire, Liberia and Niger, alongside additional implementation and technical support for SCH/STH to DRC, contributing to the successful outputs of the project, particularly in terms of health system strengthening and preventive treatment coverage.
- Contributed expert technical guidance through position papers and reviews via the Technical Support Forum and Technical Consultative Committee for FCDO's Ascend West and Central Africa project to ensure best practice for implementation.
- Led and facilitated multiple remote training sessions designed to build MoH and partner capacity for reassessment and coverage surveys, QSATs (quality standards assessment tool) and FGS, promoting their ability to cascade training within each country.
- Co-authored on a draft book chapter, *Epidemiology and economics of deworming*, (Bundy DA *et al.*), to be submitted to Springer Nature in May 2021 as part of the book, "Helminth infections and their impact on global public health" 2nd edition (Ed: Bruschi F), and provided a comprehensive update to a chapter on waterborne infections as part of the "Encyclopedia of Sustainability Science and Technology" (Ed. Shulman L).
- Improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.

- Provided extensive policy and communications support to WHO on activities running up to and including the launch of the NTD road map 2021-2030 in January 2021, including a series of topical webinars throughout 2020.

Goal 2: Communities change their behaviours to reduce the risk of infection.

Key Achievements:

- Led in the development of a systematic review examining the effectiveness of behaviour change intervention for schistosomiasis control in Low- and Middle-Income countries, in partnership with the Global Schistosomiasis Alliance. The review will be submitted for publication in July 2021.
- Played an active role in the development of a guidance document on the design and implementation of behaviour change programmes for the control of NTDs, being co-developed by the NTDs NGO Network (NNN) and the Global Schistosomiasis Alliances (publication expected 2022).
- Published a systematic review examining the barriers to treatment uptake during MDAs in Sub-Saharan Africa and provided programmatic recommendations (Torres-Vitolas CA, Dhanani N and Fleming FM (2021). Factors affecting the uptake of preventive chemotherapy treatment for schistosomiasis in Sub-Saharan Africa: A systematic review. *PLoS neglected tropical diseases*, 15(1), e0009017).
- Results from the social assessment conducted in Niger were contrasted with those from similar studies previously conducted in Malawi and Madagascar. A detailed presentation was developed containing a comparative assessment of beneficiaries' knowledge of schistosomiasis and MDAs, attitudes towards treatment, access to information as well as self-reported barriers and facilitators for participating in MDA campaigns. This assessment led to a knowledge exchange activity with SCIF's programme advisors as well as to a round of consultations with programme managers from the countries' MoH to discuss how results could inform future programme optimisation.

Goal 3: Environmental changes are put in place to reduce the transmission of infection.

Key achievements:

- Published and began rolling out a **SCIF organisational approach to water, sanitation and behaviour change** for disease control, setting out key technological and planning considerations for different disease transmission settings, based on consultation with key stakeholders. Established an internal reference group to operationalise and pilot the approach. The COVID-19 pandemic delayed the piloting of the approach in-country, but funding has been secured to undertake this work in 2021.
- Supported collaboration between NTD programmes and water, sanitation and hygiene (WASH) agencies through a) rolling out of the **global toolkit** "WASH and Health working

together: a ‘how to’ guide for neglected tropical disease programme” through technical support to both ‘lots’ of the Ascend Programme (West and Central Africa, and East Africa).

- To support the implementation of the toolkit, SCIF developed a WASH-NTD a new tool – a decision matrix – and associated data collection tools, which have been approved by WHO for inclusion in the toolkit. The matrix allows countries to rapidly identify areas where additional WASH development is needed, allowing for effective allocation of infrastructure resources. Use of the WASH-NTD decision matrix and associated tools was successfully piloted by the Vector Control Division (VCD), MoH Uganda. SCIF additionally supported this effort by creating maps to help visualise areas of high NTD risk and low WASH infrastructure/practices. SCIF worked to implement the WASH-NTD decision matrix in multiple countries under Ascend East funding.
- SCIF led the development of several new tools to support national frameworks on WASH and NTDs, working directly with several MoH to develop such frameworks. During the reporting period, a national framework was completed by the Uganda MoH as a result of direct support from SCIF.
- Provided technical advice and support on **WASH coordination within the Ascend programme** (both East and West/Central Africa) through the development of the technical approach used in both Ascend lots, ongoing support to in-country activities, and significant work on the development and delivery of a six-webinar workshop series on WASH and NTDs to representatives of the NTD and WASH sectors from ten East and Southern African countries under the Ascend programme.
- Led the development of best practices on WASH and NTDs through chairing the **NNN WASH Working Group** and continued engagement with WHO. This included significant input into the writing and launch processes of the WHO Global Strategy on WASH and NTDs 2021-2030, a companion document to the WHO NTD Road Map 2021-2030, as well as the initiation of the development of a WASH and NTDs research agenda as part of a WHO-led process.
- Assessed the co-endemicity of schistosomiasis with the zoonotic parasite *Taenia Solium* that causes the clinical syndrome taeniasis/cysticercosis and assessed the burden of this the co-endemicity. This provides evidence through modelling studies of the impact of delivery of praziquantel as part of national schistosomiasis programmes on the burden of taeniasis/cysticercosis.
- Established a leading role in the development of best practice guidance and advocacy on a **One Health approach to NTDs** through the chairing of the NNN One Health working group, engagement with the Lancet Commission on One Health, and conducting a consultation on areas of integration between veterinary public health and NTD programmes. Provided expert support to the Royal Society for Tropical Medicine and Hygiene and the Uniting to Combat NTDs partnership for the development of One Health policy recommendations to the G7 Summit.
- Initiated collaboration with the WHO Department on the Control of NTDs on a **One Health companion document** to the NTD road map, to be completed in 2021. SCIF will support the WHO NTD department in participatory process to support programmes adopting a One Health approach to NTD control.

- Explored joint research and implementation partnerships with multiple research and implementation organisations on WASH for schistosomiasis prevention.
- Secured joint-funding (€60,000) from Bayer AG and Merck KGaA to i) conduct a modelling study to assess the impact of both the historical implementation of PZQ through national SCH programmes (mainly to school-age children) on *Taenia solium* prevalence, in co-endemic districts of Uganda, and the requirements for supplementary PZQ to adult populations towards achieving the WHO NTD 2021-2030 milestones for *T. solium* (“intensified control” in “hyperendemic areas” of Uganda), and ii) undertake a global mapping analysis to review the co-endemic distribution of *T. solium* and SCH, alongside a situational analysis of *T. solium* in SSA. This [project has been initiated and runs from February 2021- February 2022](#).
- Led a contemporary review of the parasitology, immunology, epidemiology of each of the *T. solium* life-cycle stages, including an assessment of the burden of disease, intervention options and discussion of the future avenues for research on *T. solium*. (Dixon MA, Winskill P, Harrison W, Basáñez MG. *Taenia solium* taeniasis / cysticercosis: From parasite biology and immunology to diagnosis and control. *Adv Parasitol*, in press.)
- Published a modelling analysis to estimate force-of-infection (Fol) for *T. solium* porcine cysticercosis from available age-prevalence data across epidemiological settings, using a Bayesian framework to incorporate uncertainty associated with diagnostic assays. (Dixon MA, Winskill P, Walker M, Harrison WE, Whittaker C, Schmidt V, *et al*. Force-of-Infection in *Taenia solium* porcine cysticercosis: a modelling analysis to assess global incidence and prevalence trends. *Sci Rep*, 2020; 10, 17637).

Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

Key achievements:

- SCIF expanded its role as a key member of the Paediatric Praziquantel (PZQ) Consortium (PPC), which aims to ensure paediatric praziquantel is developed, accessible and sustainably accessible for pre-school children in endemic countries. SCIF has:
 - Become co-chair, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), of the Access Team under the new governance structure of the PPC. The Access team aims to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children suffering from schistosomiasis. It includes aspects ranging from technology transfers and logistics for local manufacturing, to building a sustainable funding strategy and developing investment cases and an overall access strategy for the distribution of the new formulation in endemic countries.
 - Led, in partnership with Swiss TPH, the overall ADOPT project (Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries) and in collaboration with Merck, Lygature, Astellas, the MoH and National Medical Research Institute (KEMRI) in Kenya, the Technical University of Munich, the African Institute for Health and Development, the MoH and research institute (UFHB) in Cote d'Ivoire and the MoH and research institute (Makerere University) in Uganda.

- Been awarded alongside consortium members two grants, from the GHIT Fund (Global Health Innovative Technology Fund) and the EDCTP (European and Developing Countries Clinical Trials Partnership) for the implementation of the ADOPT research programme in Cote d'Ivoire, Kenya, and Uganda. The investment of €2.1 million from GHIT will run for two years (2021-2023), while the investment of €5.7 million from EDCTP will run for five years (2021-2025). A press release was published on 25th February 2021².
 - Initiated the development of a funding strategy, as a co-lead with Merck and Lygature, which will ensure the short-term financial needs for the Access work and set the financial framework for long term sustainability, to ensure access to the paediatric PZQ in endemic countries.
 - Provided thought leadership at Board level to the Consortium.
 - Engaged in strategic communications together with Consortium members towards ensuring access.
- Successfully secured funding from Ascend West and Central Africa's Learning and Innovation Fund for two projects addressing barriers to access for treatment. The first project investigated novel methods, developed by the University of Southampton, to determine population distribution using aerial and satellite imagery and machine learning techniques, resulting in a tool and guidance for programmes to assess and evaluate the reliability of available population data. The second project focused on exploring refugees' access to NTD services in Niger through a systems-thinking approach via a consultation with stakeholders and frontline officers to identify factors conditioning refugees' access to treatment and map out their direct and indirect impacts. An examination of the outputs, from a programmatic perspective, was used to propose measures and strategies to promote more inclusive and equitable preventive chemotherapy activities in Niger.
 - Incorporated questions on relative wealth to measure equity of programme coverage and reach, into coverage evaluation surveys. By utilising these surveys as an opportunity to collect additional indicators (beyond age, sex and school attendance), these data can then be used to inform adaptations to programmes, which will increase access to all, regardless of wealth status.
 - Led the structuring of Ascend West and Central Africa's Leave No One Behind (LNOB) strategy and corresponding engagement with FCDO. As chair of the LNOB working group, SCIF systematised all country-level LNOB initiatives proposed by country partners, identifying strategic areas for the development of socially inclusive planning, sensitisation and beneficiary feedback activities, as well as training for local programme staff. In addition, SCIF was responsible for ensuring LNOB principles were embedded project-wide, including within

² <https://www.pediatricpraziquantelconsortium.org/ghit-and-edctp-co-invest-additional-78-eur-million-pediatric-praziquantel-consortiums-access-program>

Health Systems Strengthening, WASH, Behaviour Change and Communications, and Monitoring and Evaluation components.

- Contributed to increased awareness and prioritisation of Female Genital Schistosomiasis (FGS) within the schistosomiasis and broader health and NTDs community. SCIF has:
 - Organised and led a session on FGS at the annual COR-NTD meeting to discuss knowledge gaps in prevention, treatment and care, and integration in order to determine critical operational research questions as funding priorities.
 - Contributed to the ongoing creation of a consortium to bring together partners from FGS, HIV/AIDS, cervical cancer and female reproductive health. The initial aims of the consortium are to drive forward the research and interventions required to address the issues of FGS whilst ensuring collaboration across all relevant partners.
 - Joined the newly established Global Schistosomiasis Alliance (GSA) Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
 - Led, in partnership with the MoH, ongoing operational research to pilot the integration of FGS prevention measures into the national health system in Côte d'Ivoire, funded by UK Aid through the NTDs Support Center (NTD-SC) at The Task Force for Global Health. Achievements so far include the integration of FGS prevention information and praziquantel into routine health services for HIV/AIDS and reproductive health in healthcare centres to reach women at risk of FGS, health worker training within centres and communities, and development of the processes and tools required to support integration effectively and sustainably.
 - Supported an operational research project in Homa Bay County Kenya led by LVCT Health in collaboration with Frontline AIDS, the MoH and KEMRI, which integrates FGS health education and services into the established HIV prevention programme DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) which targets adolescent girls and young women (aged 15-24).
 - Joined the Technical Advisory Committee for the FGS Accelerated Scale Together (FAST Package) project operating across Madagascar and Ghana to create a pathway to scale of interventions that address the burden of FGS in girls and women. The project aims to improve adolescent girls and women's health by reducing morbidity associated with FGS through preventive and curative efforts and looks to combine and scale up proven interventions that have been shown independently to improve detection and clinical outcomes, while supporting the uptake and demand for preventive chemotherapy through MDA to prevent further infection and disease.
 - Initiated a SCIF position piece to inform the organisation's strategic direction for evidence-based morbidity management, with a particular focus on FGS.

Goal 5: All resources – economic and human- are effectively and sustainably managed.

Objectives under this goal were:

- Strengthen the fundraising approach and capacity within SCIF to support sustainable resourcing to deliver work across all SCIFs goals.
- Further Develop an organisational communications strategy and capacity.
- Ensure effective financial management and analysis of financial data for decision-making.

Key achievements

- Engaged a fundraising consultant with a long and successful track record with a range of organisations to help develop a fundraising approach and funding model for SCIF. A key focus was to consider SCIFs desire to develop an innovative strategy rather than replicating models from other organisations. Based on this work, SCIF recruited a full-time fundraiser with broad expertise who would initially focus primarily on Trusts and Foundations. The successful candidate has both fundraising and senior leadership experience and has taken on the responsibility for the further development of a fundraising strategy and developing a pipeline of funding. SCIF has also recruited a Donor Relations Manager to provide excellent stewardship of our large number of existing individual donors.
- Built up SCIF's brand and voice through strategic communications activities, including website communications, fundraising platforms, news media and social media content and engagement, commissioning photography and video content in-country during restrictions to global travel, and providing communications support to partners including WHO, the Paediatric Praziquantel Consortium, Global Schistosomiasis Alliance, and Non-Governmental Organisations NTD Network (NNN). In March 2020 SCIF recruited a new Finance and Operations Director who has made a significant positive impact on the financial management of SCIF. He has been able to further develop the finance and operations team and improve existing, and introduce new, financial management and reporting processes. These include embedding quarterly budget reforecasting allowing better oversight of developments in programme delivery and the ongoing implications. A strategic finance manager has been recruited who has significantly improved the support for financial planning and forecasting given to the programmes team resulting in more accurate and timely budgeting and reporting.
- Work planned to carry out routine risk-based partner assessments has had to be put on hold due to COVID-19 travel restrictions.

Plans for Future Period

As detailed in the three-year priorities described earlier in this report, SCIF will continue delivery under its four strategic goals.

Activities and rationale

Goal 1: Those affected by parasitic worm infections receive treatment and care

SCIF's long term approach of working directly with Ministries of Health to support public health interventions leading to the reduction in morbidity associated with SCH and STH has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the universal health coverage agenda. As such, SCIF will continue to:

- **Build capacity within health systems** at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases.
- **Continually generate robust data to refine intervention strategies through an evidence-based approach** to ensure that programme delivery is optimised in the most cost-effective and impactful way.
- **Support programmes to monitor progress against WHO NTD roadmap goals and objectives** through the provision of technical support across a range of thematic areas, including progress from control of morbidity to elimination as guided by WHO and aligned to the needs of communities.

Goal 2: Communities change their behaviours to reduce the risk of infection

SCIF recognises that the communities it works to support live incredibly challenging lives and their behaviours reflect the large number of complex risks they face. SCIF's aim has always been to understand as far as possible these complexities and ensure that suggestions on reducing the risks from parasitic worm infections (PWIs) and other diseases are contextualised and consider the realities of the situations these communities face. SCIF has invested in understanding the many barriers and enablers for treatment uptake in several contexts (although not all these findings are generalisable). SCIF will:

- Continue to conduct **context-specific assessments of enablers and barriers to the up-take of treatment for PWIs** in the geographical regions supported by SCIF.
- Implement **effective behaviour change interventions** to increase treatment uptake, ensuring that these are reflective of the specific context and geographical region.
- Continue to develop and implement **cost effective interventions to reduce behaviours that put communities at risk of infection** based on context-specific evidence.

- Continue to **input into best practices** on behaviour change being developed within the global communities of practice on schistosomiasis, NTDs and WASH.

Goal 3: Environmental changes are put in place to reduce the transmission of infection

SCIF's ongoing engagement with national disease control programmes has highlighted that there is significant demand from ministries of health for support to enable them to engage with other sectors for effective disease prevention – through technical programme support, capacity building, and policy and advocacy support. Additionally, the issue of emerging animal-human hybrid species of schistosomes, as well as potential complementary use of praziquantel across multiple diseases, raises the need for effective collaboration with the veterinary public health (VPH) sector. Based on this, SCIF will:

- **Support local planning for environmental control of parasitic worm infections (PWIs)**, through piloting and evaluating an environmental control approach for all PWIs, supporting collaboration with the water, sanitation and hygiene (WASH) authorities, and contributing to WASH and PWI mapping and other data collection and analysis.
- **Support ongoing development and roll out** of innovative tools for cross-sectoral collaboration for disease control, including implementation of the WHO Global Strategy on WASH and NTDs, updates to the WHO-NNN WASH and NTDs toolkit, and tailored support to MoH for policy development and planning at the national level.
- **Contribute to operational research on environmental transmission of PWIs**, by identifying opportunities for participation in research activities and embedding research findings in planning activities.
- **Support national programmes to incorporate veterinary public health components into the control and elimination of PWIs**, by modelling the impact of schistosomiasis treatment on cysticercosis following the confirmation of the donation of PZQ for cysticercosis; supporting implementation of One health approaches that target both schistosomiasis and cysticercosis where possible and supporting the development of a companion document on One Health/VPH to the WHO NTD Roadmap to 2030.

Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

As SCIF continues to expand its work on the preventative interventions against NTDs, it will endeavour to ensure everyone has access to and are able to benefit from these measures, and that those who are already suffering the symptoms of infection are supported. SCIF will:

- Continue to ensure that **all preventative interventions are accessible to all parts of the community** in accordance with evidence-based strategies to leave no one behind.
- Provide leadership on **access to newly developed technologies**, such as paediatric drug formulations, to ensure that mechanisms are established for inclusivity in routine programme provision. SCIF will deliver the paediatric praziquantel ADOPT project through:

- GHIT (Global Health Innovative Technology) Fund support for a 2-year component co-led by SCIF and Swiss TPH across three countries as a phased approach, including a rigorous acceptability and perception assessment to inform advocacy and social mobilisation strategies and small-scale pilot studies to evaluate and compare potential delivery platforms in terms of feasibility, acceptability, and cost.
- EDCTP (The European and Developing Countries Clinical Trials Partnership) support for a four-year component co-led by SCIF and Swiss TPH to prepare the introduction of paediatric PZQ into endemic countries through a multidisciplinary effort including a set of strategic studies on feasibility and (cost)-effectiveness to ensure acceptance, equitable access to treatment and description of validated approaches for subsequent uptake, policy change and roll-out in Kenya and Côte d'Ivoire.
- Support the implementation of **health facility-based interventions for support to Female Genital Schistosomiasis patients**, which deliver services using appropriate platforms and support health system strengthening.
- Continue to support advocacy on FGS with other disease platforms, including HIV/AIDS, to promote access of women and girls to reproductive and sexual health services.

Goal 5: All SCI Foundation's resources are effectively managed

SCIF is continuing to invest in maintaining a strong and effective control framework to ensure that resources are deployed efficiently and transparently for the best possible impact. SCIF is committed to supporting the delivery of the WHO NTD Road Map 2021-2030, requiring a stronger focus on securing long-term funding, and programme ownership by endemic country governments. SCIF will:

- **Continue the development of a long-term funding model** and fundraising strategy that will ensure sustainability of resourcing for delivering SCIF's work across all goals, through engaging new donors and strengthening in existing funding relationships through enhanced information and reporting management. SCIF had not anticipated any continuation of UK government funding after March 2022 and so the current cuts in FCDO funding do not impact SCIF's longer term funding plans
- Participate in **research funding applications** for priority areas (FGS, WASH, morbidity management, One Health).
- Set out and implement an organisational approach to **sustainability and health systems strengthening**.
- Continue to develop a **positive, diverse and impactful values-based organisation** where all team members are able to contribute their best work.
- Continue to invest in strategic, high-impact communications for advocacy, public engagement, and fundraising. SCIF will also undertake re-branding exercise and associated brand awareness activities.

Financial Review

This is the first full year that SCIF has operated on its own following the organisation's transition from Imperial College.

We have realised an operational deficit of £350,525 (2020, £2,689,086 surplus globally, although SCIF on its own realised a deficit of £494,392), which means that SCIF holds total funds of £20,454,321 (2020, £20,823,908 after taking £21,318,300 transfers from Imperial College into account). These funds are made up of unrestricted general funds of £5,582,941 (2020, £3,152,729), and designated funds of £14,871,379 (2020, £17,671,179), which the trustees have earmarked to be drawdown over the next three years to fund specific programme charitable activities.

SCIF received a total income of £8,651,273 (2020, £12,895,200 (direct SCIF receipts were £6,735,533), while Imperial College London received £3,416,458 on SCIF's behalf and Sightsavers received and paid £2,743,210 to SCIF's partners overseas).

SCIF spent £9,001,798 over the year (2020, £10,206,114, of which direct SCIF expenditure was £7,229,924. Imperial College London paid £232,980 to suppliers on behalf of SCIF).

The COVID-19 pandemic, which lasted the whole of the financial year has had an impact on the delivery of SCIF's work programme as explained in the Principal Risks and Uncertainties section.

The financial year has ended with a strong balance sheet. The recent announcement by the FCDO to close the Ascend contract early (expected to close in September 2021 instead of March 2022) means that SCIF is supporting the Ministry of Health in countries where we have partnerships to finance some project activities that were previously funded by FCDO. SCIF does not have ongoing contractual commitments to these projects beyond that agreed by FCDO, however SCIF is committed to ensuring support for vulnerable beneficiaries that would have otherwise been left unnecessarily exposed.

At the year end, free reserves were £5,582,941 (2020, £3,152,728) and designated funds were £14,871,379 (2020, £17,367,179). There were no restricted funds balances (2020, Nil).

Fundraising

SCIF actively raises funds from the public, trusts and foundations, corporates, and bilateral and multilateral funding institutions.

GiveWell and the Effective Altruism Movement

In our second year of existence as an independent foundation, we are delighted to have maintained high levels of support from the international charity evaluator GiveWell who continue to recognise that we offer donors “an outstanding opportunity to accomplish good with their donations”³. We retain significant support from many other organisations affiliated to the Effective Altruism movement and are enormously appreciative of all the individuals and organisations whose donations they channel. We estimate that approximately 70% of our donations is influenced by the endorsement we receive from GiveWell and the wider Effective Altruism movement.

Individual donors

We continue to benefit from the generosity of many individual donors, many of whom give regularly and for the long-term.

UK government support

Our grant from the UK FCDO represented a 48% of our income this year. Regrettably, due to cuts in the Foreign, Commonwealth and Development Office Overseas Development Assistance budget, we anticipate a significant cut to our FCDO grant in 21/22 (size of cut unspecified at time of writing). Although SCIF had anticipated this funding stream ending in March 2022, it is clearly a significant loss to the ongoing fight against NTDs in the immediate term.

Trusts, Foundations and Corporate donors

We receive substantial donations from several trusts and corporate donors and remain extremely grateful for their support.

Fundraising plans

As COVID-19 confronts us with the unavoidable fact that disease control and access to healthcare is a global issue that concerns us all, we believe it is our responsibility to provide as many people as possible with the opportunity to act effectively upon this realisation.

Our overall fundraising objective is to diversify our sources of funding while maintaining and growing our relationship with GiveWell and the Effective Altruism movement.

Over the coming year, we aim to:

³ <https://www.givewell.org/charities/sci-foundation>

- Significantly expand our trusts fundraising programme.
- Engage our individual supporters more actively, becoming more responsive to their giving preferences and providing new ways in which they can support our work, via digital and other channels.
- Pursue collaboration across the NTD and other sectors in joint bids for funding from bilateral and multilateral funding agencies and institutions.

Disclosure under The Charities (Protection and Social Investment) Act 2016

- SCI Foundation does not use external commercial participators for its fundraising function.
- SCI Foundation is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2020/21, there were no breaches of fundraising standards or law, and no complaints were received (2020, none).
- SCI Foundation implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- SCI Foundation does not make persistent approaches, nor does it carry out direct marketing in fundraising.
- SCI Foundation does not undertake telephone or street fundraising.
- Donations from individuals and community groups are generally proactive (not solicited by SCI Foundation), and other donors are asked on an ad-hoc basis, broadly only after it has been ascertained they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- SCI Foundation does not put undue pressure on any person to give money or other property.

Reserves Policy

SCI Foundation's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment. Therefore, the SCI Foundation aims to support Ministries of Health in the countries where we work for a minimum of 5 years, and this is reflected in our sustainable income generation approach and is a key factor in determining the appropriate level of reserves that SCI strives to achieve.

SCI Foundation maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. SCI Foundation normally has two types of reserves:

- **Restricted funds** –These arise where funds have been given to SCI to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. SCI did not have Restricted Funds as at 31 March 2021 (2020, Nil).
- **Unrestricted funds** – The Charity has £20,454,321 (2020, £20,807,908) of unrestricted funds. £14,871,380 (2020, £17,671,180) of these are designated funds from Imperial college at their request for our charitable work and will be spent over the next two years. The balance of General Funds is £5,582,941 (2020, £3,152,728) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:

- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of free General

Funds should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and six-months' worth of unrestricted expenditure budget for the following financial year. The reserve level should therefore fall between **£2,898,296** and **£5,796,592**. The free General Funds as of 31 March 2021 was **£5,582,941** and which is **£213,651** below the higher reserve policy level. The Trustees are confident that this provides an appropriate level of comfort more than the minimum.

Investment Policy

The SCI Foundation Board of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of SCIF investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

SCIF has adopted an ethical investment policy to ensure that its investments do not conflict with its aims.

The COIF Charity Funds (Ethical Investments) that CCLA Fund Managers manage for us performed well in the year and realised +0.9% total return performance after fees and expenses. The funds were placed under the management of CCLA Fund Managers in December 2020.

The Ethical Investment funds total return performance over 12 months to 31 March 2021 was +23.87% against +22.90% for the Fund Comparator.

Principal Risks and Uncertainties

Risk management is central to the ability of SCI Foundation to deliver its objectives. We use multiple ways of managing risks through the senior management team (SMT), Programmes Team, the Finance Risk & Audit Committee (FRAC), and the Board. Central to this is rigorous budget control through which only secured funds are spent, and programmes are planned to optimise cash flow and control. Key funding and expenditure ratios are reviewed periodically.

The SMT meets weekly and monitors and reviews key risks. The Programmes Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with SCIF's financial performance targets.

The FRAC reviews risks, challenges and key financial management policies and assumptions. It ensures that the annual budget is adequately funded and makes recommendations to the Board for adoption. The SMT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps SCIF to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of beneficiaries continue to be met.

SCI Foundation has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
1. Financial sustainability and income diversification	
a. Following the UK government's cuts to Overseas Development Assistance, the FCDO-supported Ascend programme was at risk and it has been confirmed that the programme will close early (expected September 2021). b. SCIF has for the last nine years been recommended by the charity evaluator GiveWell as one of the most cost-effective charities globally. This recommendation has driven a significant proportion of SCIF's restricted funding. Reliance on this recommendation represents a limited funding stream, increases the risk to financial sustainability, and undermines SCIF's ability to fund all its strategic goals.	a. SCIF, in collaboration with Ministries of Health in the countries where it has partnerships, has been in discussion with other funders and has contributed to WHO-led discussions at the global level on filling the potential gaps in country-led NTD programmes. b. In recognition of the importance of the GiveWell recommendation, SCIF have identified a senior team member to act as a focal point for GiveWell – this has significantly increased the quality of communications and strengthened the relationship. SCIF has engaged a full-time fundraiser reporting to the CEO to lead on fundraising diversification, and a fundraising strategy and pipeline are being finalised. SCIF is also developing an organisational level programme prioritisation criterion in the event that resources are not available to support all programmes.

2.	Compliance with Global Guidance	
	In April 2020, WHO issued guidance to suspend all Mass Drug Administration activities, including against NTDs, due to the COVID-19 pandemic.	During the suspension of activities SCIF were able to work with partners to develop a comprehensive Risk Assessment and Mitigation Action tool for the safe start of MDAs in the outbreak response context and supported countries to develop appropriate mitigation strategies to allow them to resume activities once the suspension was lifted in July 2020. Consequently, SCIF is better equipped to respond to any future changes needed due to COVID-19 restrictions.
3	Long term impact of the COVID-19 Pandemic	
	Like many organisations, SCIF did not specifically identify the risk posed by the global COVID-19 pandemic and the long-term impacts that continue to affect its operating environment 12 months after a global pandemic was announced.	SCIF has been in constant discussion with endemic country governments donors and other stakeholders to adapt to the changing environment and worked with specific donors to 'flex' funding to support MoH COVID-19 control efforts in selected countries⁴. SCIF also worked with MoH to ensure provision of appropriate PPE for the delivery of SCIF-supported programmes. From an organisational perspective, SCIF staff have continued to fully comply with the official advice issued by Public Health England. Many staff members worked remotely prior to the initiation of lockdown and were therefore not significantly impacted.

⁴ SCIF flexed its activities in response to the COVID-19 pandemic, as follows:

- Developed proposals for the utilisation of NTD funds already allocated by the Ascend programme to support ministries of health with their COVID-19 response efforts. This was primarily focused on support for mass behaviour change communication activities and utilising existing NTD platforms for community outreach.
- Worked with a range of partners and stakeholders to develop effective strategies for mitigating the impact of delayed or missed round(s) of treatment on NTD programmes.
- Developed effective approaches to NTD programming following the lifting of the restrictions advised under WHO guidance on the suspension of MDAs to minimise the risk of ongoing COVID-19 transmission.

Structure, Governance and Management

The SCI Foundation was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. SCI Foundation is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission.

SCI Foundation has a Board of Trustees committed to maintaining a high standard of governance. Four of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed by other trustees based on the assessments on the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of four years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency.

With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions.

The Board of Trustees delegates the responsibility for the day-to-day management of the SCI Foundation to the Senior Management Team (SMT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees. The SMT is comprised of the Directors of the four main functions:

- **Policy and Communications**, which includes development of key policy positions, advocacy and communications.
- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Programme Strategy**, which advises and supports country partners on implementation of highest quality NTD programmes.
- **Monitoring, Evaluation and Research**, which supports country programmes to perform high effective monitoring and evaluation strategies and generates policy relevant research.

Remuneration

SCIF's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, SCIF also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

As of March 2021, the total salary of the KMP was £408,398 (2020, £245,048). The pension cost for the KMP was £18,243 (2020, £5,642). The 2021 KMP salary costs are higher than those for 2020 mainly because the 2021 salaries cover full year costs compared to 2020 which only covered costs from July 2019 to March 2020. In addition to the pension costs covering a full year in 2020/21, the Pension costs also increased due to some KMP members voluntarily increasing their pension contributions which is matched by SCIF by up to 12%. There is no bonus scheme or car allowance for any members of staff and the KMP have the same pension rights as other staff.

All UK staff are paid at least the London living wage.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of SCI Foundation 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, which 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 or 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 (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- 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 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.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Signed on behalf of the Trustees



Professor the Lord Trees

Chairman and Trustee

Approved on 21 July 2021

Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and Principal Office: Edinburgh House, 170 Kennington Lane, London SE11 5DP

Trustees: Professor the Lord Trees - Chair (Appointed 14 April 2019)

Mr Jonathan C. Gorrie - Treasurer (Appointed 14 Apr 2019)

Dr Justine M Frain (Appointed 18 Jan 2019)

Mr Peter Dranfield (Appointed 18 Jan 2019)

Dr Mwele Malacela –Observer (Appointed Jul 2020)

Chief Executive: Dr Wendy Harrison

Key Management Personnel: Dr Wendy Harrison

Dr Fiona Fleming – Director of Monitoring, Evaluation and Operational Research

Dr Lynsey Blair – Director of Programmes

Ms Yael Velleman - Director of Policy and Communications

Mr Joshua Oliech – Director of Finance and Operations

Auditors: Haysmacintyre LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG

Bankers: Barclays Bank, 1 Churchill Place, London E14 5HP

Solicitors: Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB

Independent Auditor's Report to the members of SCI Foundation

Opinion

We have audited the financial statements of SCI Foundation for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees and the Foreword by the Chair. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Report of the Trustees have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 33, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered

material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, fundraising regulations and the Charities Act 2011.

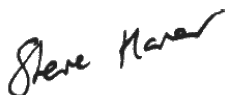
We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to income and grant recognition. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Reviewing the controls and procedures of the group relevant to the preparation of the financial statements to ensure these were in place throughout the year, including during the Covid-19 remote working period;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates, in particular donation recognition, recognition of grant income and the recognition of partner payments/awards and provisions for bad and/or doubtful debts.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink, appearing to read "Steven Harper".

Steven Harper (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London EC4R 1AG

Date: 13 August 2021

Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2021

	Note	Unrestricted Funds	2021 Restricted Funds	Total Funds Year ended 31-Mar-21	Unrestricted Funds	2020 Restricted Funds	Total Funds Period ended 31-Mar-20
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	4,139,610	-	4,139,610	3,141,704	-	3,141,704
Charitable activities	3	-	4,464,742	4,464,742	-	3,582,804	3,582,804
Investment income	4	46,921	-	46,921	11,024	-	11,024
TOTAL INCOME		<u>4,186,531</u>	<u>4,464,742</u>	<u>8,651,273</u>	<u>3,152,728</u>	<u>3,582,804</u>	<u>6,735,532</u>
EXPENDITURE ON:							
Fundraising and publicity	6	206,580	23,900	230,480	110,069	33,202	143,271
Charitable activities							
Partner awards	6	3,342,050	3,236,589	6,578,639	3,032,164	2,375,114	5,407,278
Other	6	1,304,306	888,373	2,192,679	817,464	861,911	1,679,375
TOTAL EXPENDITURE	6	<u>4,852,936</u>	<u>4,148,862</u>	<u>9,001,798</u>	<u>3,959,697</u>	<u>3,270,227</u>	<u>7,229,924</u>
NET (EXPENDITURE)/INCOME BEFORE TRANSFER FROM IMPERIAL COLLEGE AND INVESTMENT MOVEMENTS		<u>(666,405)</u>	<u>315,880</u>	<u>(350,525)</u>	<u>(806,969)</u>	<u>312,577</u>	<u>(494,392)</u>
Transfer from Imperial College	2	-	-	-	21,318,300	-	21,318,300
Gains/(losses) on investments		(19,062)	-	(19,062)	-	-	-
NET (EXPENDITURE)/INCOME		<u>(685,467)</u>	<u>315,880</u>	<u>(369,587)</u>	<u>20,511,331</u>	<u>312,577</u>	<u>20,823,908</u>
Transfer between funds		315,880	(315,880)	-	312,577	(312,577)	-
NET MOVEMENT IN FUNDS		<u>(369,587)</u>	<u>-</u>	<u>(369,587)</u>	<u>20,823,908</u>	<u>-</u>	<u>20,823,908</u>
Reconciliation of funds:							
Total funds brought forward		20,823,908	-	20,823,908	-	-	-
TOTAL FUNDS CARRIED FORWARD		<u>20,454,321</u>	<u>-</u>	<u>20,454,321</u>	<u>20,823,908</u>	<u>-</u>	<u>20,823,908</u>

All transactions are derived from activities that commenced during the period.

All recognised gains and losses are included in the Statement of Financial Activities.

Balance Sheet

AT 31 MARCH 2021

		2021		2020	
	Note	£	£	£	£
FIXED ASSETS					
Investments	9		2,980,938		-
CURRENT ASSETS					
Debtors	12	2,291,984		7,298,056	
Cash at bank and in hand		<u>15,582,752</u>		<u>13,887,204</u>	
		17,874,736		21,185,260	
CREDITORS: amounts falling due within one year	13	<u>(401,353)</u>		<u>(361,352)</u>	
NET CURRENT ASSETS			<u>17,473,383</u>		<u>20,823,908</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			20,454,321		20,823,908
NET ASSETS			<u>20,454,321</u>		<u>20,823,908</u>
FUNDS	14				
Restricted funds			-		-
Unrestricted funds:					
Designated funds			14,871,380		17,671,180
General funds			<u>5,582,941</u>		<u>3,152,728</u>
			<u>20,454,321</u>		<u>20,823,908</u>
			<u>20,454,321</u>		<u>20,823,908</u>

The financial statements were approved and authorised for issue by the Trustees on 21 July 2021 and were signed below on its behalf by:



Professor The Lord Trees
Chair of the Board of Trustees



Mr Jon Gorrie
Treasurer

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2021

	Note	2021	2020
		£	£
Cash Flow from operating activities	20	4,746,572	13,891,070
Cash flows from investing activities			
Income from listed investments		45,748	-
Other interest receivable		1,172	11,024
Purchase of investments		<u>(3,000,000)</u>	<u>-</u>
Cash used in investing activities		<u>(2,953,079)</u>	<u>11,024</u>
Increase/(Decrease) in cash and cash equivalents in the year		<u>1,793,493</u>	<u>13,902,094</u>
Cash and cash equivalents at the beginning of the year		<u>13,887,204</u>	<u>-</u>
		15,680,697	13,902,094
Change due to exchange rate movements		(97,946)	(14,890)
Total cash and cash equivalents at the end of the year		<u><u>15,582,752</u></u>	<u><u>13,887,204</u></u>
Cash and cash equivalents			
Cash at bank and in hand		15,582,752	13,887,204
Cash at bank and in hand at the end of the reporting period		<u><u>15,582,752</u></u>	<u><u>13,887,204</u></u>

Notes to the financial statements

1 Accounting policies: The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

- a) **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The current year figures are for the year ended 31 March 2021, and the prior year figures are for the period of 15 months ended 31 March 2020.

The subsidiary was dormant in this financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

- b) **Preparation of the accounts as a going concern:** The financial statements are approved during a period where there are still some uncertainties due to the ongoing international spread of a coronavirus (COVID-19). There has been a cut of more than £5m to one of our projects that was funded by the Foreign, Commonwealth and Development Office (FCDO) Overseas Development Assistance. SCIF has a contract with FCDO for the ASCEND project that was meant to run until 31 March 2022, but which will now only run until August 2021. The Board of Trustees have therefore revised the 2021/22 budget in view of the FCDO Overseas Development Assistance budget cuts. Having revised the budgets, we are still confident that we will still deliver the planned work, and so we believe it is appropriate to prepare the accounts on a going concern basis.

However, having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.

- c) **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled. Gift Aid receivable on donations is recognised as unrestricted income.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

- d) **Donated services and facilities:** Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably, and the charity has control over the item. Fair value is determined based on the value of the gift to the charity. For example, the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

Gifts in kind donated for resale are included at fair value, being the expected proceeds from sale less the expected costs of sale. Where estimating the fair value is practicable upon receipt it is recognised in stock and 'Income from other trading activities'. Upon sale, the value of the stock is charged against 'Income from other trading activities' and the proceeds are recognised as 'Income from other trading activities'. Where it is impracticable to fair value the items due to the volume of low value items they are not recognised in the financial statements until they are sold. This income is recognised within 'Income from other trading activities'.

- e) **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity 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 or which have been raised by the charity for particular purposes. The cost 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.

- f) **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes of direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income; and

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- g) **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T, general office and premises and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 9.
- h) **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- i) **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- j) **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- k) **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.
- Investments in subsidiaries are measured at cost less impairment.
- l) **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.
- m) **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- n) **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- o) **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.
- p) **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

2. DONATIONS AND LEGACIES	2021			2020		
	Unrestricted	Restricted	Year ended 31-Mar-21	Unrestricted	Restricted	Period ended 31-Mar-20
	£	£	£	£	£	£
Donations	4,139,610	-	4,139,610	3,141,704	-	3,141,704

SCIF received £4,139,610 in general donations directly from individuals, trusts and corporations for the general charitable work of the charity (2020: £3,141,704). In addition, in the period ended 31 March 2020 £14.5 million was transferred as part of the establishment of the SCI Foundation from Imperial College London. A further £6.9m was accrued at 31 March 2020 and received this year. These monies related to SCI Foundation activities under the Imperial College umbrella as explained in the Financial Review section of the Strategic Report.

3. CHARITABLE ACTIVITIES	Unrestricted	Restricted	Year ended 31-Mar-21	Unrestricted	Restricted	Period ended 31-Mar-20
	£	£	£	£	£	£
Grants	-	4,285,305	4,285,305	-	2,949,600	2,949,600
Consultancy income	-	179,437	179,437	-	633,204	633,204
	-	4,464,742	4,464,742	-	3,582,804	3,582,804

4. INVESTMENT INCOME	Unrestricted	Restricted	Year ended 31-Mar-21	Unrestricted	Restricted	Period ended 31-Mar-20
	£	£	£	£	£	£
Income from investments	45,749	-	45,749	-	-	-
Other interest receivable	1,172	-	1,172	11,024	-	11,024
	46,921	-	46,921	11,024	-	11,024

5. NET INCOME FOR THE YEAR	Year ended 31-Mar-21	Period ended 31-Mar-20
	£	£
This is stated after charging the following:		
- Auditors remuneration		
Audit	18,540	18,000
Other services	4,014	6,660
- Operating lease rentals	118,102	116,692

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2021

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	-	153,552	76,928	230,480
Expenditure on charitable activities:	332,904	1,487,786	371,989	2,192,679
TOTAL EXPENDITURE	332,904	1,641,338	448,917	2,423,159

FOR THE PERIOD ENDED 31 MARCH 2020

	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£
Fundraising and publicity	-	51,361	91,910	143,271
Expenditure on charitable activities:	471,837	935,131	272,407	1,679,375
TOTAL EXPENDITURE	471,837	986,492	364,317	1,822,646

Total expenditure above excludes Partner Awards

b) ANALYSIS OF SUPPORT COSTS

FOR THE YEAR ENDED 31 MARCH 2021

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	30,860	128,713	126,897	46,434	332,904
TOTAL SUPPORT COSTS:	30,860	128,713	126,897	46,434	332,904

FOR THE PERIOD ENDED 31 MARCH 2020

	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	67,806	126,813	195,352	81,866	471,837
TOTAL SUPPORT COSTS:	67,806	126,813	195,352	81,866	471,837

c) GOVERNANCE COSTS

	Year ended 31-Mar-21	Period ended 31-Mar-20
	£	£
Legal and professional, including audit	46,434	81,866
	46,434	81,866

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

6. EXPENDITURE (cont)

	2021			2020		
	<i>Unrestricted</i>	<i>Restricted</i>	Year ended	<i>Unrestricted</i>	<i>Restricted</i>	Period ended
Partner awards	£	£	31-Mar-21	£	£	31-Mar-20
			£			£
Burundi						
Ministry of Public Health and Fight against Aids	242,000	-	242,000	-	95,000	95,000
All Consulting and Logistics	25,645	-	25,645	-	-	-
BRESDE Consulting	-	-	-	-	13,308	13,308
Cote d'Ivoire						
Programme National de Lutte contre les						
Maladies Tropicales Négligées à						
Chimiothérapie Préventive	-	1,205,700	1,205,700	37,644	-	37,644
Unité de Coordination des Programmes à						
Financements Extérieurs, Direction Générale de						
la Santé	-	295,165	295,165	-	-	-
Democratic Republic of Congo						
Ministère de la Santé Publique de la République						
Démocratique du Congo	-	1,500,654	1,500,654	-	-	-
United Front Against River Blindness	-	137,703	137,703	-	-	-
Ethiopia						
Federal Ministry of Health of the Federal						
Democratic Republic of Ethiopia	90,256	73,075	163,331	965,094	422,725	1,387,819
Madagascar						
Ministere de la Sante Publique	192,359	-92,359	100,000	8,432	759,888	768,320
Réseau International Schistosomoses						
Environnement Aménagement et Lutte	14,746	29,491	44,237	4,920	14,746	19,666
Malawi						
The Government of the Republic of Malawi,						
Ministry of Health and Population	1,373,837	-	1,373,837		1,029,847	1,029,847
Centre for Health, Agriculture, Development						
Research and Consulting	58,606	-	58,606	-	39,600	39,600
Mauritania						
The Government of the Islamic Republic of						
Mauritania, Minister of Health, Programme						
National de Lutte contre les Schistosomiasés et						
Geo-Helminthiasés	-	-	-	71,855	-	71,855
Niger						
Ministère de la Santé Publique de la République						
du Niger	-	48,119	48,119	-	-	-
Institut de Santé Publique du Niger	-	39,041	39,041	-	-	-
Tanzania						
IMA World Health	1,033,150	-	1,033,150	892,035	-	892,035
Ministry of Public Health of the United Republic						
of Tanzania-Zanzibar	51,996	-	51,996	91,993	-	91,993
Public Health Laboratory Ivo de Carneri	65,365	-	65,365	84,647	-	84,647
Uganda						
Vector Control Division, Biharia and Worm						
Control						
Programme, Ministry of Health	194,090	-	194,090	875,544	-	875,544
	<u>3,342,050</u>	<u>3,236,589</u>	<u>6,578,639</u>	<u>3,032,164</u>	<u>2,375,114</u>	<u>5,407,278</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

7. STAFF NUMBERS AND COSTS

	2021 No.	2020 No.
The average number of persons employed during the year were as follows		
Raising funds	2	1
Charitable activities	18	18
Support	6	4
Other	-	-
	<u>26</u>	<u>23</u>
The aggregate payroll costs of these persons were as follows	£	£
Salaries and wages	1,373,023	785,292
Social security costs	132,868	79,184
Pension scheme contributions	<u>75,257</u>	<u>28,313</u>
	<u>1,581,148</u>	<u>892,789</u>

There were five employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2020: Nil).

	2021 No.	2020 No.
£60,000 - £69,999	4	-
£70,000 - £79,999	<u>1</u>	<u>-</u>
	<u>5</u>	<u>-</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £408,398 (2020: £245,048).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any Trustee. Reimbursements of travelling expenses totalling £92 were paid to certain Trustees for attendance at Trustee meetings (2020: £1,206).

9. INVESTMENTS

	2021 £	2020 £
Market value at 31 March 2020	-	-
Additions	3,000,000	-
Unrealised profit/(loss) on revaluation	<u>(19,062)</u>	<u>-</u>
Market value at 31 March 2021	<u>2,980,938</u>	<u>-</u>
Historical cost at 31 March 2021	<u>3,000,000</u>	<u>-</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund managed by CCLA Fund Managers Limited. Distributions from the fund of £45,749 were received during the year.

10. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £2 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous period.

11. Taxation

SCI Foundation is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

12. DEBTORS	2021	2020
	£	£
Trade debtors	96,093	118,381
Other debtors	32,500	6,889,338
Prepayments and accrued income	2,163,391	290,336
	<u>2,291,984</u>	<u>7,298,056</u>
13. CREDITORS: Amounts falling due within one year	Charity 2021	Charity 2020
	£	£
Trade creditors	46,381	44,499
Other creditors including taxation and social security	68,185	146,020
Accruals and deferred income	286,787	170,833
	<u>401,353</u>	<u>361,352</u>

14. FUNDS	At 31 March 2020	Income	Expenditure	Transfer from Imperial College and investment movements	Transfers	At 31 March 2021
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	17,671,180		(2,799,800)	-	-	14,871,380
General Funds	3,152,728	4,186,531	(2,053,136)	(19,062)	315,880	5,582,941
	<u>20,823,908</u>	<u>4,186,531</u>	<u>(4,852,936)</u>	<u>(19,062)</u>	<u>315,880</u>	<u>20,454,321</u>
Restricted Funds						
Grants	-	4,464,742	(4,148,862)	-	(315,880)	-
	<u>20,823,908</u>	<u>8,651,273</u>	<u>(9,001,798)</u>	<u>(19,062)</u>	<u>-</u>	<u>20,454,321</u>
	At 18 January 2019	Income	Expenditure	Transfer from Imperial College and investment movements	Transfers	At 31 March 2020
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds			(3,647,120)	21,318,300	-	17,671,180
General Funds		3,152,728	(312,577)	-	312,577	3,152,728
	-	3,152,728	(3,959,697)	21,318,300	312,577	20,823,908
Restricted Funds						
Grants		3,582,804	(3,270,227)	-	(312,577)	-
	-	<u>6,735,532</u>	<u>(7,229,924)</u>	<u>21,318,300</u>	<u>-</u>	<u>20,823,908</u>

Designated funds represents balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

15. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Investments	-	2,980,938	-	2,980,938
Net current assets	-	2,602,003	14,871,380	17,473,383
	<u>-</u>	<u>5,582,941</u>	<u>14,871,380</u>	<u>20,454,321</u>
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Investments	-	-	-	-
Net current assets	-	3,152,728	17,671,180	20,823,908
	<u>-</u>	<u>3,152,728</u>	<u>17,671,180</u>	<u>20,823,908</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 31 MARCH 2021

16. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2021 £	2020 £
Authorised and contracted for	-	-

17. OPERATING LEASE COMMITMENTS

	2021		2020	
	Land & Buildings £	Other £	Land & Buildings £	Other £
Leases which expire:				
Within one year	113,773	480	110,460	480
In one to five years	9,504	1,320	123,277	1,800
After five years	-	-	-	-
	<u>123,277</u>	<u>1,800</u>	<u>233,737</u>	<u>2,280</u>

18. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

19. PENSION COMMITMENTS

SCI Foundation operates a Group pension arrangement. The overall pension charge for the year was £75,257 (2020: £28,313). At 31 March 2021, no contributions were outstanding (2020: £ nil).

The Pension costs in 2021 are higher than those for 2020 mainly because the 2021 pension costs cover full year compared to 2020 which only covered costs from October 2019 to March 2020.

20. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW

	2021 £	2020 £
Net movement in funds	(369,587)	20,823,908
Investment income	(46,921)	(11,024)
(Gains)/losses on investments	19,062	-
Exchange rate loss	97,945	14,890
Increase/ (decrease) in creditors	40,001	361,352
(Increase)/ decrease in debtors	5,006,072	(7,298,056)
Net Cash generated by operating activities	<u>4,746,572</u>	<u>13,891,070</u>

21. RELATED PARTY TRANSACTIONS

There were no related party transactions during the current or previous period.