



**Unlimit
Health.**
ENDING PARASITIC DISEASE



Annual report

2022/23

Foreword



I am delighted to share this annual report with you, the very first one under our new name: Unlimit Health.

Here, we reflect on our achievements over the last year, notably our support to our ministry of health (MoH) partners to deliver over 50 million treatments for schistosomiasis and soil-transmitted helminthiasis. In this period, we also launched our new strategy together with our new brand. This new strategy sets the scene for our ambitious plans for the next five years.

technical support for multisectoral action; increasing emphasis on health system strengthening; and contributing to health equity. It also means shifting the power balance that currently undermines country ownership and health systems resilience and further embeds inequalities.

We will continue to work with our MoH colleagues, developing authentic partnerships and aligning with national priorities within the broader health sector to support resilient systems that can respond to rising threats to health and wellbeing, globally. Together with our new brand, the new strategy will allow us to support country-owned solutions that eliminate parasitic infections for good.

The past year has been a busy one for us. In addition to developing our new strategy and our organisational rebrand, I'm pleased to share that in the reporting period for the year ending 31 March 2023, we have supported our MoH partners to deliver over 50 million treatments for SCH and soil-transmitted

helminthiasis (STH). In addition, we generated data on the quality and performance of programmes through our support of four country partners to conduct coverage evaluations surveys. We also conducted two epidemiological surveys with MoH partners in Ethiopia and Madagascar with planning underway for three additional ones.

I would like to thank Lord Sandy Trees, who completed his term as Board Chair in mid-2022, and Peter Dranfield who stepped down as a trustee earlier this year. Both have made very significant contributions to our organisation. I am thrilled to welcome our new trustees who have already provided input into our new direction.

Please read on to find out in more detail all that has been achieved through our partnerships with MoHs, donors and supporters. Thank you for your continued support on our journey towards healthy lives, free from limiting disease.

Dr Wendy Harrison
Chief Executive Officer

Our new name and strategy have at their core the ambition to end preventable parasitic infections, like schistosomiasis (SCH), and to improve health equity. They are driven by the desire to contribute to resilient systems that sustain good health, so everyone everywhere can reach their full potential.

This new direction fully aligns with the paradigm shifts and elimination targets outlined in the recent World Health Organization (WHO) neglected tropical diseases (NTDs) road map 2021-30*. Over the next five years, while we will continue to build on our existing legacy by supporting the delivery and monitoring of national treatment programmes, we will broaden our work to include other crucial aspects. These include: developing a comprehensive set of targeted interventions to reach elimination of parasitic disease; focusing on

*referred throughout this report as latest road map

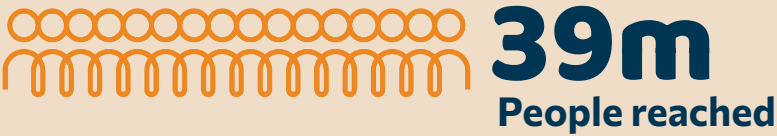
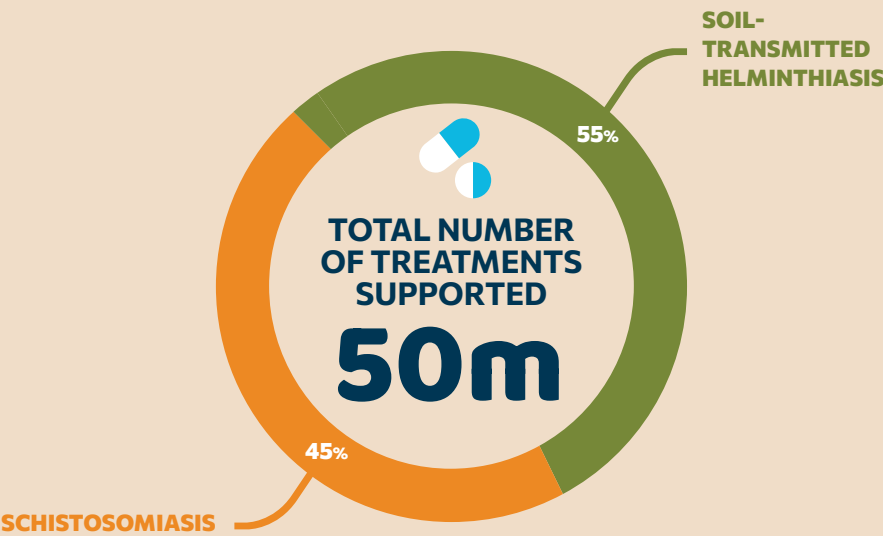
Front cover image: Birke Shambel and her children.
Her family took part in a survey supported by Unlimit Health in partnership with the Ethiopian Federal Ministry of Health.

Unlimit Health/Indrias Getachew

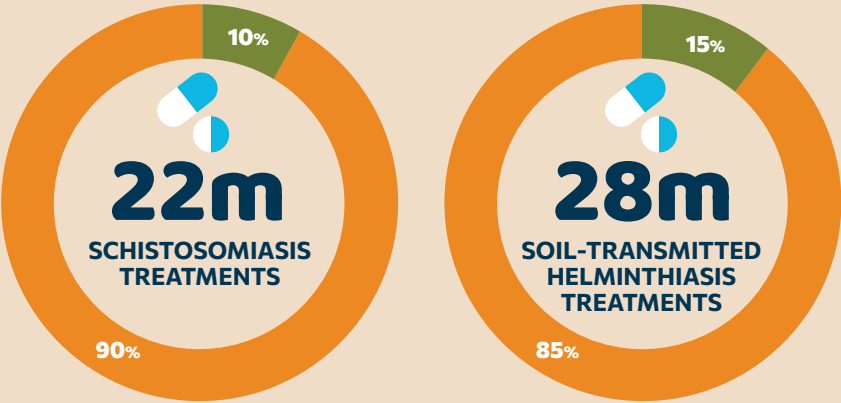
List of acronyms

- AFGH Action for Global Health
- BC Behaviour change
- CES Coverage evaluation survey
- FGS Female genital schistosomiasis
- FIG FGS Integration Group
- GIS Geographic information system mapping
- LMIC Low/middle income countries
- LSHTM London School of Hygiene and Tropical Medicine
- M&E Monitoring and evaluation
- MDA Mass drug administration
- MoH Ministry/ies of health
- NGO Non-governmental organisation
- NTDs Neglected tropical diseases
- PZQ Praziquantel
- SAC School-aged children
- SCH Schistosomiasis
- SOS Schistosomiasis Oversampling Study
- SSA sub-Saharan Africa
- STH Soil-transmitted helminthiasis
- TZG Tripartite Zoonoses Guidance
- WHO World Health Organization

Key highlights 2022/23



SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS TREATMENTS PROVIDED



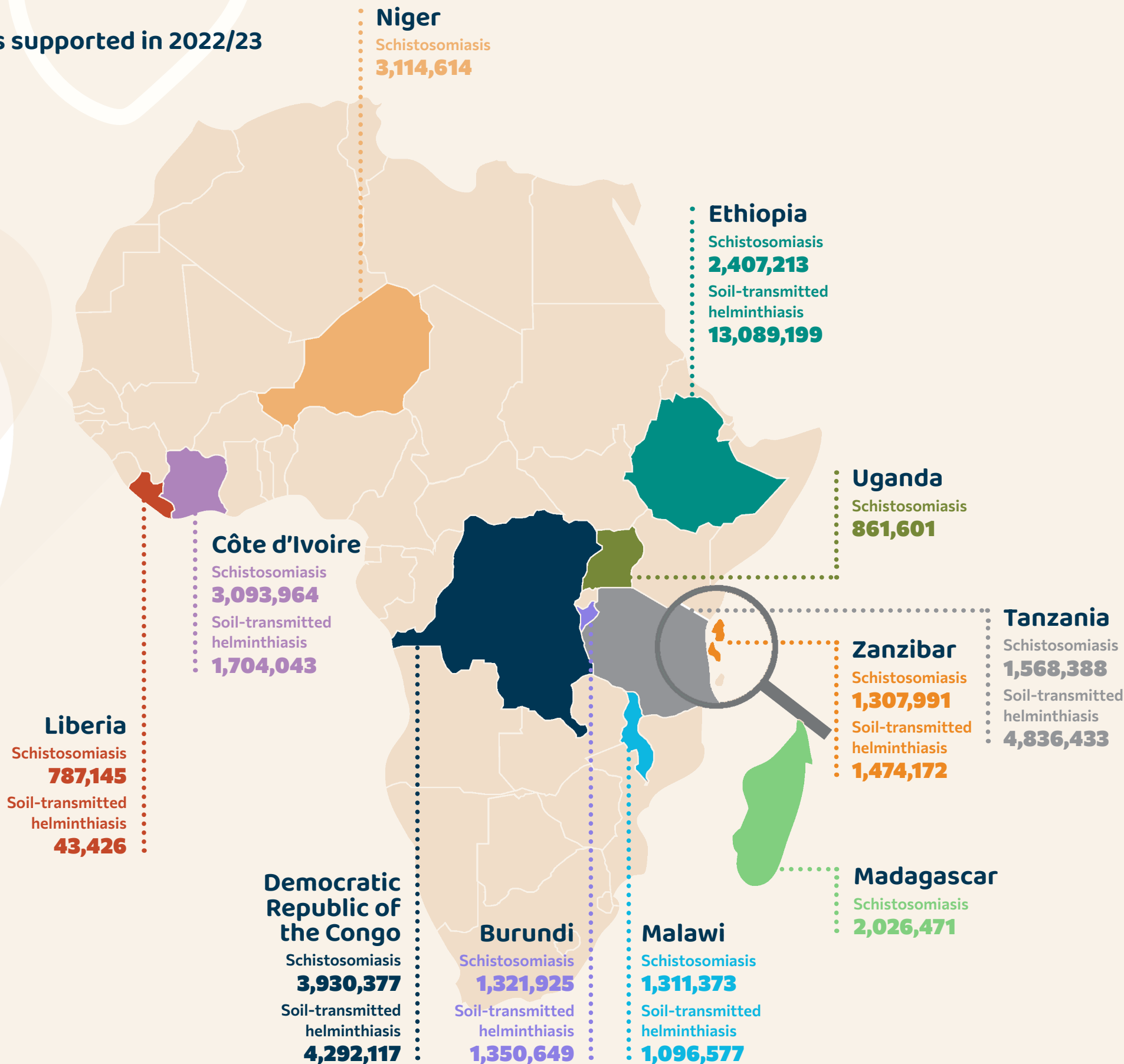
SCHOOL-AGED CHILDREN (5-14 YEARS) ADULTS AND ADOLESCENTS (≥15 YEARS)

Supporting treatment and care for people affected by parasitic infections

Treatment and surveys supported in 2022/23

Together with our MoH, implementation, and research partners, we have provided critical support for treatment delivery, monitoring and evaluation activities, and cutting-edge research.

We have supported the delivery of over **50m treatments**, conducted **seven programmatic** surveys, and led or contributed to **research in ten countries**. These activities reinforce each other by ensuring that treatments are delivered effectively, resources are used wisely, and interventions contribute to disease elimination. Details of our research initiatives are outlined on pages 5–8.



Over 81,000 people took part in programmatic surveys

Monitoring, evaluation, and research¹

Coverage evaluation surveys

Malawi	
Participants:	6,200
Zanzibar	
Participants:	2,663
Côte d'Ivoire	
Participants:	7,509
Ethiopia	
Participants:	16,619

Reassessment (impact) surveys

Madagascar	
Participants:	7,830
Côte d'Ivoire	
Participants:	19,596
Ethiopia	
Participants:	21,138
Zimbabwe*	

¹ Estimated participants by survey

* Unlimit Health provided technical support for the Zimbabwe survey but did not provide direct oversight of data collection; for this reason, participant totals for Zimbabwe have not been included

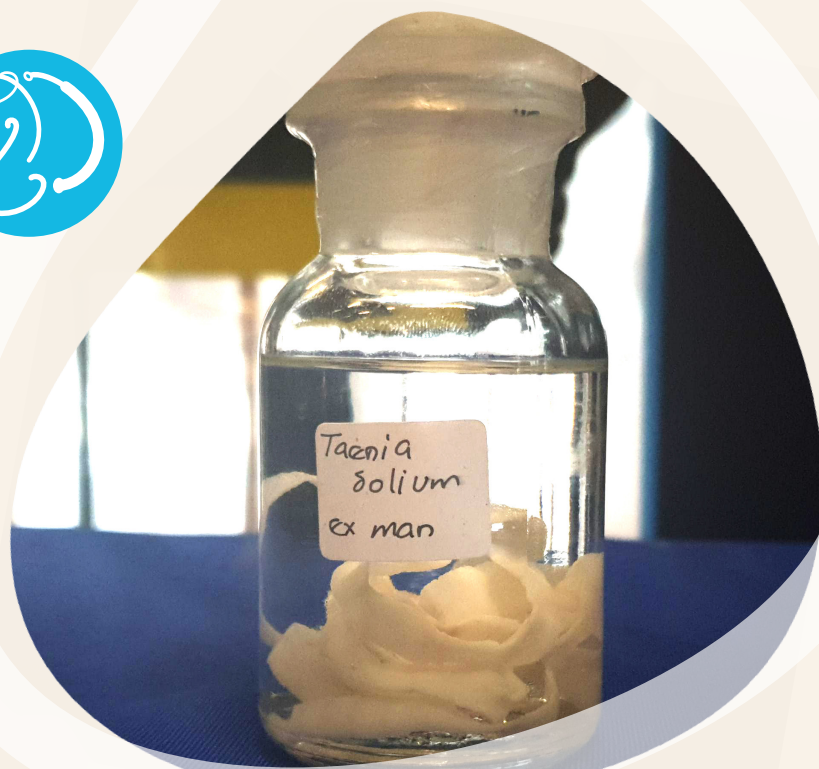
Research support

- Côte d'Ivoire
- Ethiopia
- Kenya
- Madagascar
- Malawi
- Mali
- Niger
- Togo
- Uganda
- Zimbabwe

More effective targeting of people most at risk

Coverage evaluation surveys

Coverage evaluation surveys (CES) are interview-based surveys that answer critical questions about who received treatment and how activities can be optimised, allowing programmes to fine-tune operations in response to promote equity and deliver impact. In order to generate data on the quality and performance of treatment programmes against parasitic worms, we supported our MoH partners to complete four CES in Côte d'Ivoire, Ethiopia, Malawi, and Zanzibar. These surveys included roughly 32,991 participants across 423 sites. See map pages 3-4.



***T. solium* or pork tapeworm sample found in a human from the Schistosome Snail Resource Laboratory collection at the Natural History Museum.**

Image by: Unlimit Health/Paula Plaza

Identifying target areas for pork tapeworm treatment

Pork tapeworm (*Taenia solium*) is the leading cause of acquired epilepsy globally. However, the lack of subnational mapping of *T. solium* in endemic countries presents a major challenge to achieving intensified control milestones, as outlined in the latest [road map](#). We conducted a secondary analysis of existing data in Uganda to identify subnational high-risk areas. The analysis revealed marked variation in *T. solium* prevalence across Uganda and, in combination with the porcine cysticercosis risk maps, highlighted geographic areas of potential risk, where limited research has been undertaken to date. This study evidenced the need for further research and the urgent implementation of *T. solium* control efforts in Uganda.

Addressing data gaps in sub-Saharan Africa (SSA)

The [Schistosomiasis Oversampling Survey \(SOS\)](#) project is a multi-country collaboration between various MoHs to address the significant data gap across SSA for supporting SCH intervention strategies and progress towards global goals. The project supported epidemiological surveys in Côte d'Ivoire, Mali and Togo.

Geostatistical modelling was used to create fine-scale SCH prevalence surfaces using country data and simulated optimal sampling strategies for SCH impact

assessments, which would enable sub-implementation unit decision-making. The outcomes were shared with programme managers in SSA and international experts during a [meeting](#) at the Bill and Melinda Gates Foundation office in Seattle, USA highlighting the key findings and further critical analyses that were required under the SOS project.

This project is a collaboration between multiple MoHs, Unlimit Health, the [NTD Support Centre](#), [LSHTM](#), [Swiss TPH](#) and the [Kenya Medical Research Institute](#).

Optimising treatment delivery to reach those at-risk

Data generated by epidemiological surveys support MoH decision-making on optimising their intervention strategy. The resulting data are also used to demonstrate whether impact goals aligned with the [the latest road map](#) are being met.

We designed and conducted nationwide or phased impact assessments with MoH partners and the [LSHTM](#) in Ethiopia (phase two), Zimbabwe and Madagascar using geostatistical modelling. The Ethiopia and Zimbabwe surveys were in collaboration

with [The END Fund's Deworming Innovation Fund](#) and for the latter, the [Higher Life Foundation](#). A spotlight on the Madagascar survey is included below.

Geostatistical mapping in Madagascar

Madagascar is divided into 114 districts, of these, 107 are endemic for SCH and 112 for STH. Around 92% of Madagascar's 27.2 million inhabitants are at risk of SCH, and over 95% at risk of STH.


In 2022, the Programme Against Schistosomiasis and Soil-transmitted Helminthiasis began conducting a national reassessment mapping survey to determine the prevalence of SCH and STH after six rounds of treatment.

Using traditional epidemiological approaches to assess disease prevalence at the sub-district (commune) level requires visiting hundreds of schools and is costly. Since the MoH's aim is to shift the treatment strategy to the commune level, in line with the new WHO guidance for SCH, the MoH decided to use a novel geostatistical approach, which uses a spatially regulated selection of sites to produce a model, allowing for fewer sites to be visited.

Unlimit Health provided funding and survey design support in collaboration with our partners at GiveWell and LSHTM, respectively. We also supported training activities and data collection. Using the robust results from the geostatistical model will allow for efficiently refined programmatic treatment decisions in each commune.

'It [the reassessment] constitutes a great opportunity and a historical turn in the fight against schistosomiasis, because the results will give us the opportunity to orient the fight against the illness, and alongside other behavioural and environmental measures, gives us hope for its elimination.'

Dr Clara Rasoamananjahaja, Director of the Programme Against Schistosomiasis and Soil Transmitted Helminths.

Watch Dr Clara speaking here: 



Enumerators travel to a rural school in Madagascar to collect data for the national reassessment mapping, which includes collecting epidemiological data on SCH and STH among children aged 10-14 years.

Image by: Ihasina Wilhelm Joyance

Communities change their behaviours to reduce the risk of infection

Participatory hot-spot mapping in Côte d'Ivoire

Achieving long-term reduction in SCH prevalence remains a challenge. Health programmes' capacity to achieve this objective is often hampered by conditions such as lack of sanitation and water infrastructure, and risk practices, like open urination or defecation, observed in endemic areas. Persistent reinfection has been observed in Côte d'Ivoire despite

the successful implementation and high coverage of treatment activities among SAC in the country since 2012.

We are piloting a participatory community assessment approach to estimate and map out prevalent risk-behaviours in communities endemic for SCH in western Côte d'Ivoire. This approach integrates

participatory scoring exercises and GIS mapping activities. The latter will produce geo-referenced information concerning local risk activities. Community planning sessions will be held subsequently. We have developed a protocol for this study which has been reviewed and approved by the MoH. This pilot approach was tested between September and October 2023.

Barriers and enablers of treatment uptake across Niger, Malawi and Madagascar

Between 2018 and 2020, we conducted a series of social assessments in Malawi, Niger and Madagascar. Comparable villages were selected in each country, all characterised by being endemic for SCH, reporting irregular treatment coverage during mass treatment activities, high poverty rates, and location next to freshwater sources. Data collection included focus group discussions with adults and children as well as interviews with key informants (e.g., village chiefs and drug distributors).

17 villages were visited by local research teams, with supervision by the respective MoH.

The results of these studies have already been completed and shared with country programmes to develop recommendations for communication and awareness raising activities.

Drawing on the data collected previously, we are now developing a multi-country analysis to identify persistent barriers to treatment uptake, potential participation enhancers, and outline recommendations across programmes at different stages.

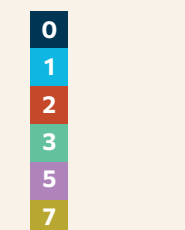
A young boy receives a tablet of mebendazole from a community health worker during a deworming campaign under the supervision of Dr Louissette in the district of Vatamandry, Madagascar.

Image by:
The END Fund/
Viviane Rakotoarivony



A systematic review of behaviour change interventions

Mass drug administration (MDA) has been the strategy of choice to control SCH in endemic countries over the last two decades. Despite ongoing efforts, the disease still affects over 200 million people worldwide. Behaviour change (BC) interventions have the potential to strengthen control activities by disrupting the transmission cycle through modifying exposure behaviour (water contact) and other risk practices, or through fostering treatment seeking or acceptance.



Number of publications included in study

Geographical distribution of selected BC studies in LMIC countries.

In collaboration with the [Global Schistosomiasis Alliance](#), we led the development of a [systematic review](#) of behaviour change interventions for SCH control and elimination in low/middle-income countries

(LMIC). This review examines different intervention approaches to assess their effectiveness in modifying risk practices and affecting epidemiological trends. Read the full paper [here](#).

Monitoring and evaluating behaviour change

Monitoring and evaluation (M&E) play a fundamental role in the design and delivery of behaviour change interventions, enabling continuous learning and adaptation and improving the chances of success.

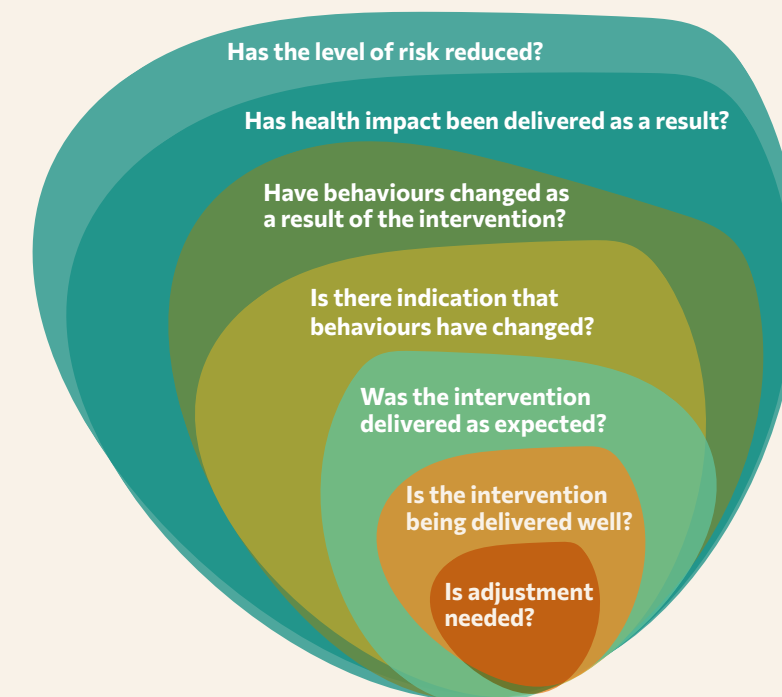
However, M&E of behaviour change is challenging in programme settings. People's reasons for their daily behaviours may be abstract or hard to measure due to privacy. They can vary by settings and target groups. Behavioural monitoring can also be costly, not least due to the complex nature of behaviour and behaviour change interventions.

At the request of our partner The END Fund, we developed a practical framework to help select appropriate M&E approaches, listing recommended approaches for ongoing monitoring of programme delivery, and for process and outcome evaluation.

Deciding which approach should be applied is guided by

the purpose of the M&E activity, and by resource and time considerations, as well as by the desired level of quality and reliability of the data gathered.

The framework also proposes a menu of potential indicators to include in a monitoring plan for each of the proposed approaches.



Guiding questions for selection of M&E approach. Each question corresponds with a proposed approach.

Reducing transmission of infection: a special focus on One Health

Strengthening One Health with the UK Government

As an active member of the [Action for Global Health \(AfGH\)](#) network, we chaired two 'policy deep dive' roundtables with the UK Government on [One Health](#). These were held in response to growing interest in this holistic approach to global health, which looks to understand and utilise all health systems to achieve sustainable health for people, animals and ecosystems.

Our roundtables invited an international panel of One Health speakers from a range of backgrounds to speak to a cross-departmental group from the UK Government, with space for an open discussion between AfGH members, speakers and policy makers. We covered questions on what works, lessons learned, measuring impact and demonstrating the added value of a One Health approach. Following these events, One Health was successfully included in the most recent cross-government [Global Health Framework](#).

Developing One Health workforces

The [Tripartite Zoonoses Guidance \(TZG\)](#) is a United Nations initiative that supports countries in taking a One Health approach to zoonotic diseases. This approach encourages countries to make the best use of limited resources and to reduce any indirect societal losses that can arise, such as impacts on farmer livelihoods, poor nutrition or food safety, and any potential restrictions on trade and tourism.

The guide includes several operational tools on how to use One Health for prevention, detection, and in response to zoonotic diseases. We performed the initial research and analysis for the workforce development operational tool and now sit as the only non-Tripartite member on the expert consultation group as it starts to be piloted. The tool will assist national governments in assessing their entire One Health workforce and building a road map for how best to maximise efficiency and effectiveness in their work across human, animal, plant and environmental health sectors.



One Health considers the interconnections between human, animal and environmental health.

Diagram by: Unlimit Health



Upskilling to embrace the One Health approach

As the demand for cross-sectoral ways of working continues to be recognised, it is essential that the workforce has the right skills to embrace this new approach. For this reason, as part of our membership of the [European Network for Ecohealth and One Health](#), we co-lead a publication proposing nine updated [core competencies](#) that could be taught across disciplines as complimentary to their area of expertise.

These competencies set out to equip people with skills for working with others to understand systems-based approaches and how to address the complexities that surround them. The WHO has included the competences in the TZG Workforce toolkit, and they have featured in several international seminars, including the UN General Assembly's Science Summit.

Members of the Selam Sand Producers Association extract sand from the Bedessa river bed in Damot Weydie Woreda, Ethiopia. Their work requires them to enter the river, exposing them to *Schistosoma* parasites. The water is also frequented by animals, including cattle.

Image by:
Unlimit Health/
Indrias G. Kassaye

Ensuring access to treatment for neglected populations

Raising awareness of female genital schistosomiasis (FGS) in the UK Parliament

To mark International Women's Day, as part of the [FGS Integration Group \(FIG\)](#), we co-organised a roundtable for UK Parliamentarians working on NTDs, HIV and reproductive health to discuss the challenges of FGS.

FGS is a disease manifestation of schistosomiasis caused by the *Schistosoma haematobium*, a waterborne parasite that affects both the urinary and genital tract of infected individuals.

The infection greatly increases the risk of HIV and cervical cancer, and can cause infertility, miscarriage and stillbirth.

FGS is therefore synonymous with inadequate quality and equity of access to health services, as well as broader social and development inequity. Hence, FGS is a useful entry point for identifying gaps in access to healthcare services for women and girls.

Chaired by Baroness Barker, the discussion brought together experts including our CEO Dr Wendy Harrison, Amaya Bustinduy and Helen Kelly of LSHTM, Pamela Mbabazi of WHO, Robinson Karuga of [LVCT Health Kenya](#), and Felicia Wong, FIG co-chair.

The roundtable concluded that collaboration across parliamentary groups and across the issues of HIV, cervical cancer and reproductive health can amplify progress for these issues while improving women's health and the quality of health services overall.

A treatment option for infants

We continue to work closely with our partners, including the MoHs in Kenya, Côte d'Ivoire and Uganda, to pave the way for access to a potential new paediatric treatment for SCH through our work as part of the [Paediatric Praziquantel Consortium](#). Currently there is no suitable paediatric medication for children aged 3 months to 6 years.

In the last year, the consortium's work has mainly focused on preparing for small-scale pilots that are expected to take place in 2024. These will involve trialling and evaluating distribution of the new medication to pre-school aged children through different approaches, including community-based MDA and child health days.

To date, partners have successfully collaborated on the development of implementation guidelines and context-specific awareness-raising strategies to encourage uptake of the new treatment option. We look forward to our continued partnership with all three countries as they prepare to target paediatric populations as part of pilot distribution in 2024.



Pohole Lessenon Alida, a midwife at the urban health centre of Grand Zattri in Côte d'Ivoire raises awareness of FGS. Many of the women in the area are farmers in regular contact with parasite-infested water.

Image by: Unlimit Health/Aka Aboubakhr Thierry Kouamé



Managing resources effectively and sustainably

Donations - some big, some small, all important

Unlimit Health was able to support our MoH partners with over £6m in 2022/23. A significant proportion of our funding doesn't come from multi-million-pound grants from big funding institutions, but from a large number of smaller donations made by individuals who understand the need to end parasitic disease.

Our BBC Radio 4 Appeal, presented in September 2022 by the award-winning broadcaster [Claudia Hammond](#) was a fantastic example of the power of smaller donations to add-up to something truly significant. It enabled us to reach a large audience who may not have

been previously aware of our work, and it raised over £29,000.

An equally impressive example of a community of supporters coming together to make a major difference to our work, was last December's [Big Give Christmas Challenge](#). The appeal sought to raise funds for the next phase of our community-led action against disease [project in Uganda](#). The appeal raised over £100,000 and has enabled the next phase of the [#SchistoSafeWater](#) programme to go ahead. We thank all our supporters for making our work possible, especially GiveWell for their support over the years.



Prossy Nabirye featured in our Big Give Christmas campaign.

Watch her here:

Image by:
Unlimit Health/
Malaika media



A global network of people committed to impactful giving

In 2022/23 we received support from 11 organisations who, like Giving What We Can, are part of the broader [Effective Altruism](#) movement, a global network of thousands of individuals who explicitly look for the giving opportunities that will do the most good. These include [Ayuda Efectiva](#) (Spain), [Effective Altruism Australia](#), [Effective Altruism New Zealand/Aotearoa](#), [Founders Pledge](#), [GiveWell Clear Fund](#), [GWWC](#), [RC Forward](#) (Canada), and [The Life You Can Save](#).

The Life You Can Save, for example, recommends Unlimit Health as 'highly cost-effective and impactful.' We are proud to be one of their 20 'best charities'. This fantastic level of support from

the Effective Altruism movement reflects a much-valued confidence that Unlimit Health is one of the most effective ways to have a lasting impact on global health.

'...an unnecessary cause of suffering and debilitation that can be cheaply eradicated - I feel my money makes a real difference to a lot of people and their lives'

Anonymous Unlimit Health supporter.

Where can my donations do the most good?



The answer, according to [Giving What We Can](#) (GWWC), is Unlimit Health.

[GWWC](#) is a non-pro it that helps people decide where their donations will be most effective. Unlimit Health is one of a small number of its 'top-rated charities'. This means that, according to GWWC's trusted evaluators, a donation to Unlimit Health is capable of having 'an astonishing impact'.

Abdallah featured in BBC Radio 4 Appeal. He was affected by schistosomiasis.

"I used to spend a long time in the toilet during lessons. We got medicines in the school and I am better."

Watch Abdallah here:

Image by:
Unlimit Health/
William Mgobela



Financial review 2022/23

Total income | Total expenditure
£10m | **£9m**

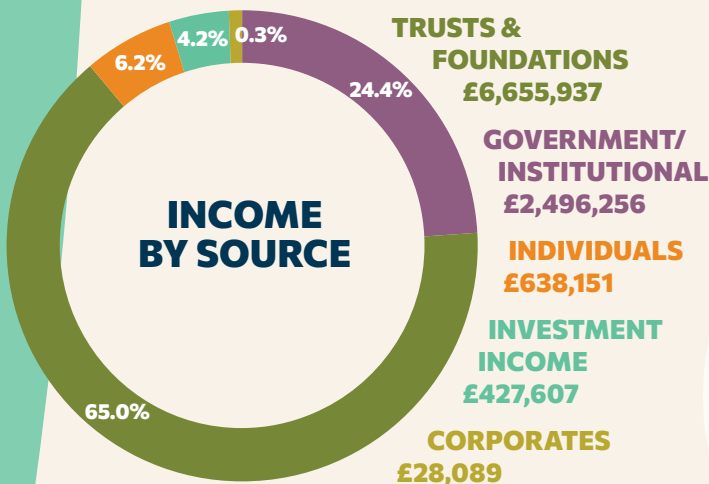
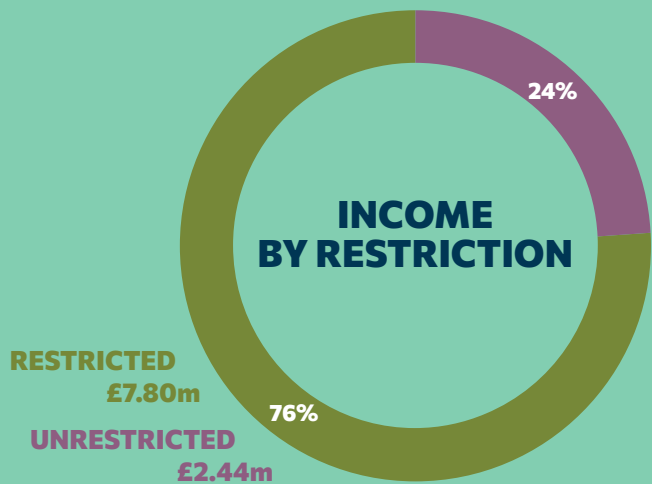
We have realised an operational surplus of £1.62m (2022, deficit £4.53m), which was in line with our Operational Plan. Trustees have earmarked designated funds to draw down over the next two years to fund specific programme charitable activities.

Unlimit Health received a 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. Unlimit Health has supported the delivery of 41 million treatments reported to date (2022, there was 41m treatments). Several treatment campaigns are still ongoing or delayed.

The financial year ended with a strong balance sheet. At the year-end, general reserves were £9.33m (2022, £8.08m), designated reserves £7.82m (2022, £7.97m) and restricted reserves £0.11m (2022, £0.14m).

Income



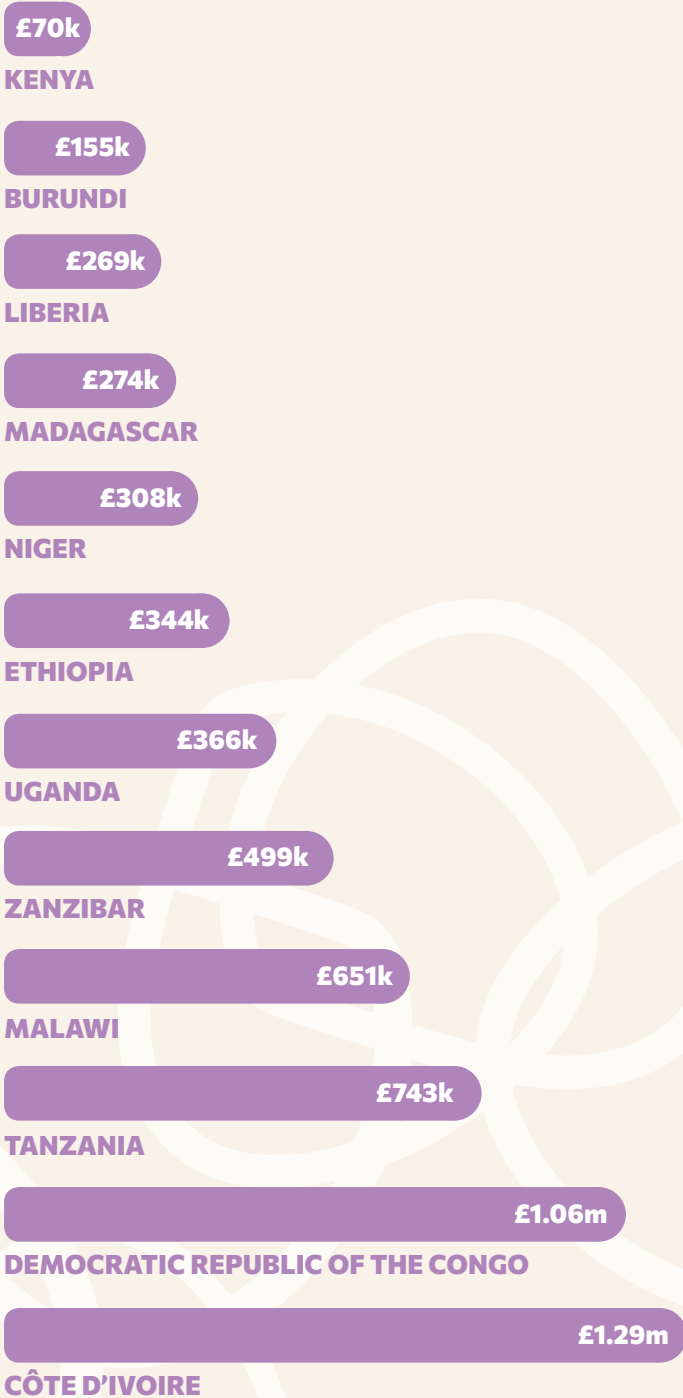
These figures have been extracted from the Unlimit Health Annual Report and Financial Statements for the year 2022/23 audited by Haysmacintyre LLP and receiving clean audit. Please refer to the Audited Accounts for a full picture of the Unlimit Health Financial Performance for 2022/23.

Expenditure



CHARITABLE ACTIVITIES £7.23m
SUPPORT COSTS FACILITIES, FINANCE, HR, IT £1.39m

Transfer to partners





Sharifa Abdala washes dishes in a dam in Zanzibar. Women like her are exposed to schistosomiasis infection through contact with contaminated water.

Unlimit Health
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