

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.

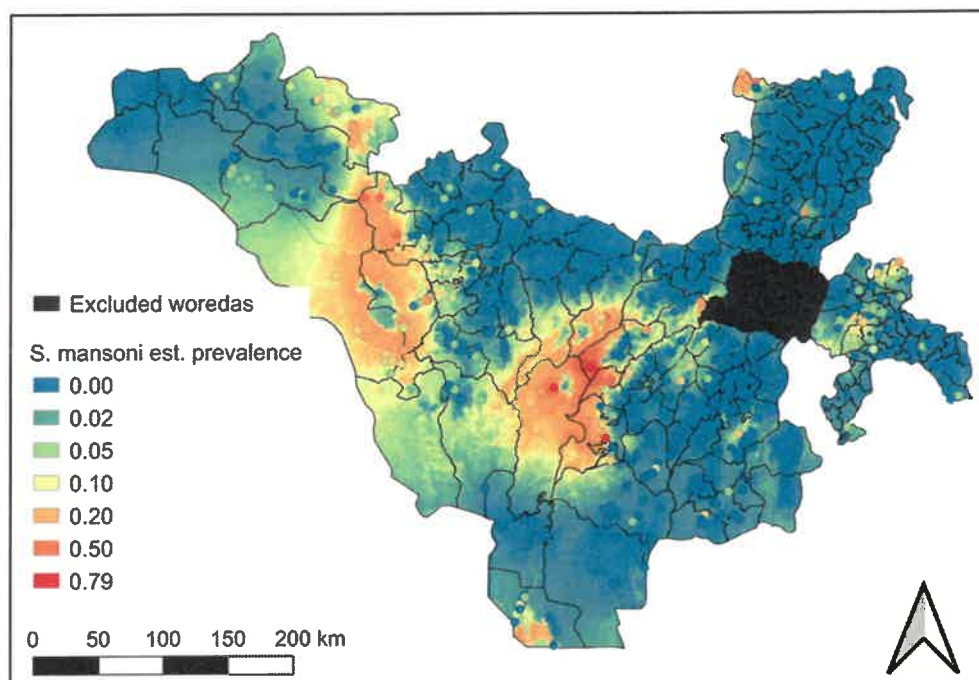


Figure 1. Geospatially modelled predicted prevalence of *S. mansoni* with 1km resolution. Each circle represents a school sampled colour coded by prevalence to align with the predicted prevalence shading.

- 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.	<p>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.</p> <p>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.</p> <p>Unlimit Health has allowed an adequate level of operating reserves to be drawn down while the new funding strategy is operationalised.</p>



2 Resourcing the new strategy and retention and management of staff	
<p>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.</p>	<p>Unlimit Health continues to create a healthy and happy working environment and one where there is a high level of transparency.</p> <p>Accreditation by Investors in People and implementation of their recommendations where feasible, ensures that Unlimit Health is aligning with best practice.</p> <p>Unlimit Health are able to offer agile working conditions including remote working which are attractive to staff.</p> <p>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.</p>
3 Delay in supply chain for Praziquantel and Albendazole	
<p>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.</p>	<p>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.</p> <p>Unlimit Health also aims to communicate to all stakeholders around the anticipated delays and support Ministries of Health with planning to mitigate where possible.</p>



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	16				
Restricted funds			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	185,918
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.