



**Annual report
2023/2024**

A message from our CEO

Our values



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.



Transparency:

We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role of transparency in engendering trust, collaboration, and accountability.



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.



Dr Wendy Harrison
Chief Executive Officer

Goal 1

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

Goal 2

Intensify cross cutting approaches to elimination and health systems strengthening.

Goal 3

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

Goal 4

Ensure a strong, sustainable and flexible organisation that provides an excellent working environment for staff with efficient and adaptive policies and systems, and provides strong accountability to the supporters, partners, and funders.

This report sets out our work and achievements over the first full year of our new five-year strategy. I am excited to have the opportunity to share the progress we have made towards delivering our vision of resilient systems that sustain good health, so everyone everywhere can reach their full potential.

Our new strategy sets out a more ambitious agenda than ever before, going beyond our ongoing support to the delivery of treatment programmes, and working to strengthen health systems towards disease elimination and health equity – outcomes that require sustained, long-term efforts. To fully embed these changes in our work, our new strategic goals have been aligned with the pillars of **the World Health Organization (WHO) neglected tropical diseases (NTDs) road map 2021-30***.

This strategic change requires a shift not only in activities, but also in partnerships and resources. We know that achieving disease elimination for health equity will require addressing many systemic challenges, some of which are deeply rooted in global and regional power structures; nonetheless, organisations such as ours have an important role to play in addressing these imbalances. Our new strategic goals, support increasing in-country knowledge sharing and multi-directional learning to further support ownership of programmes.

*referred throughout this report as latest road map.

We will also use this approach to accelerate health systems strengthening, domestic resource mobilisation (DRM) and cross-sectoral collaboration through a One Health approach. These approaches will also be supported through developing additional innovative partnerships across a range of sectors.

We have continued to support our partner countries in delivering treatment as a key pillar of their parasitic disease elimination programmes. This year, our technical support to the ministries of health (MoH) in **eight countries** has resulted in over **28 million treatments** for schistosomiasis (SCH) and soil-transmitted helminthiasis (STH), whilst generating data to guide MoH decision-making on optimising the delivery of treatments and other interventions towards elimination.

The fast-changing landscape of global health and development, which is itself affected by growing global instability and insecurity, requires all of us working towards health equity to continually adapt and innovate. Through our work, we hope to affect broader positive change beyond our own organisation by holding ourselves to account on our ambition.

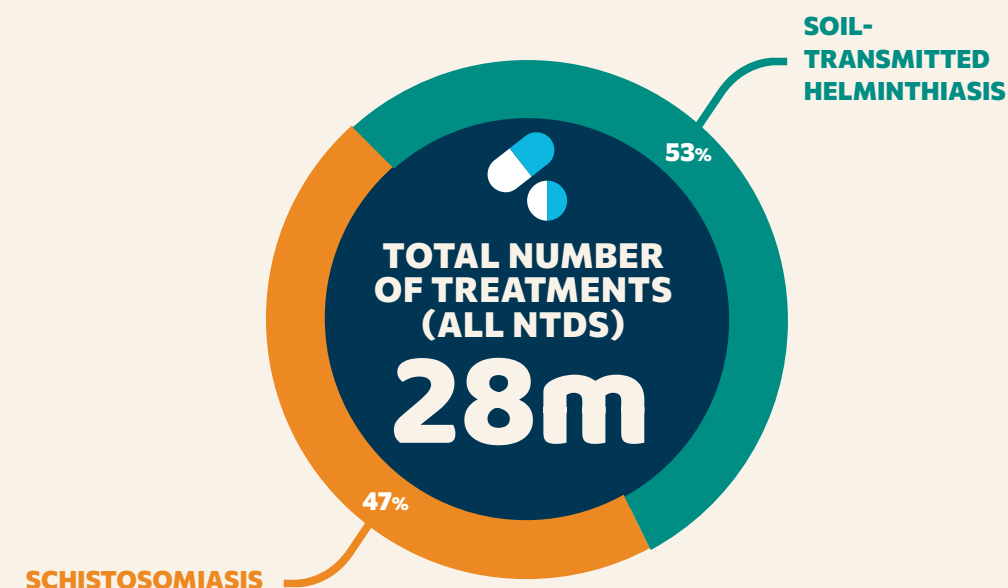
I look forward to continuing to share our progress with our partners and supporters over the coming five years.

KEY

 **External links**

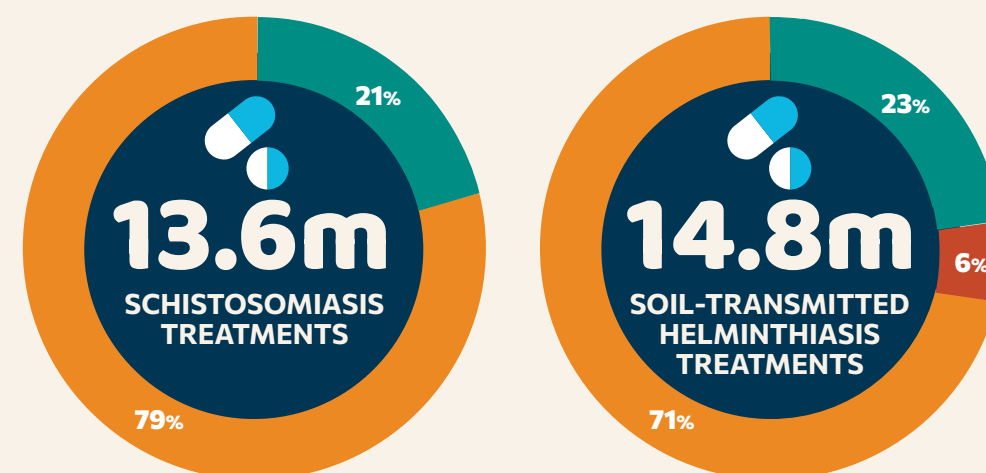
Our reach

Key highlights in 2023/24



 **19m** People reached

SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHIASIS TREATMENTS PROVIDED



SCHOOL-AGED CHILDREN (5-14 YEARS)

ADULTS AND ADOLESCENTS (≥15 YEARS)

PRESCHOOL-AGED CHILDREN (<5 YEARS OLD)

List of Acronyms

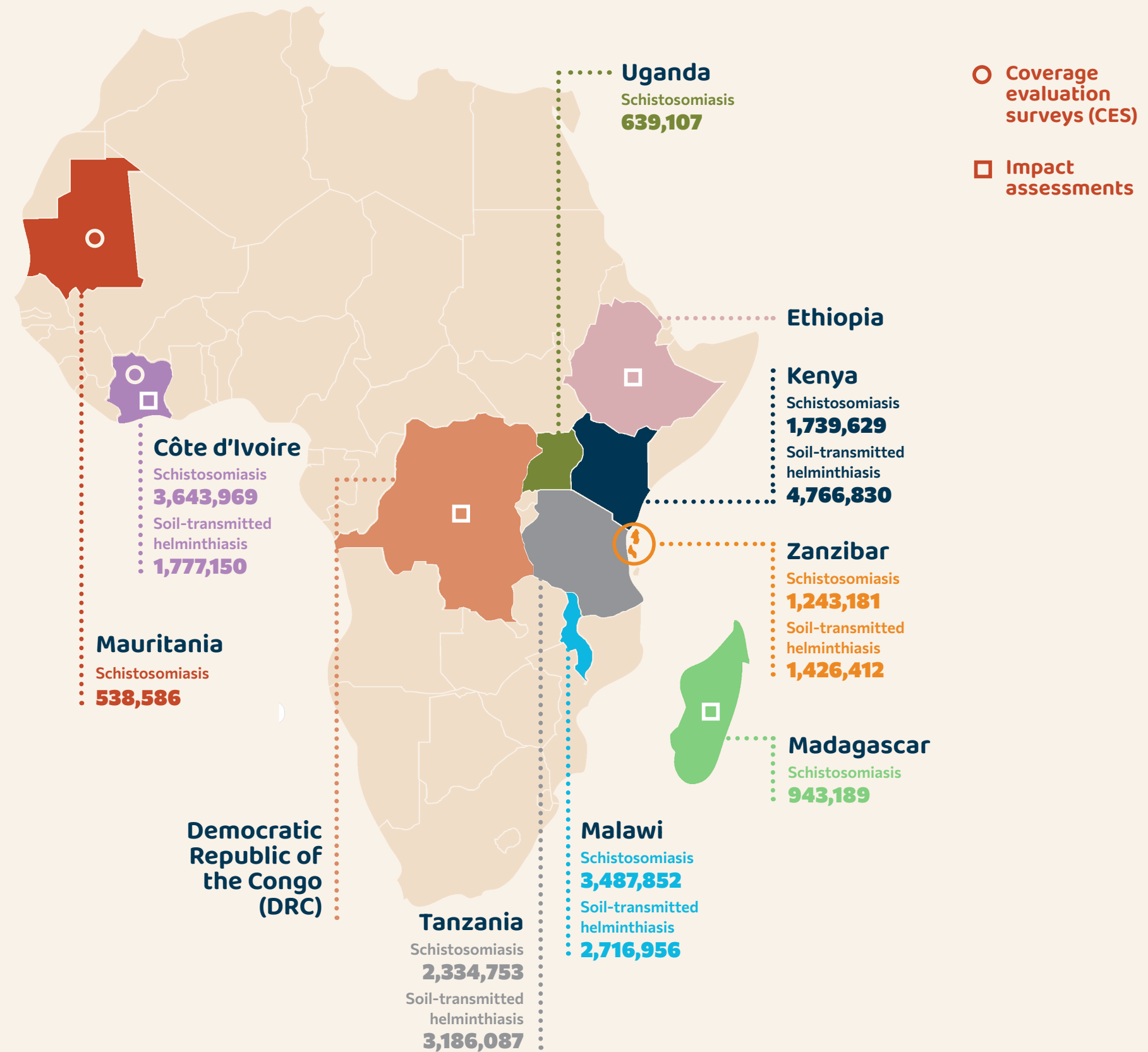
AMR	Anti-microbial resistance
BCC	Behaviour change communications
CDW	Community data workbook
CES	Coverage evaluation surveys
DRM	Domestic resource mobilisation
EA	Effective Altruism
EMA	European Medicines Agency
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FGS	Female genital schistosomiasis
FIG	FGS Integration Group
FRAC	Finance Risk and Audit Committee
GAT	Gap Assessment Tool
GSA	Global Schistosomiasis Alliance
LASER	London Applied and Spatial Epidemiology Research Group
MDA	Mass drug administration
MoH	Ministry/ies of Health
NEOH	Network for Ecohealth and One Health
NNN	Neglected Tropical Disease NGO Network
NTDs	Neglected tropical diseases
PSAC	Preschool-aged children
PZQ	Praziquantel
SAC	School-aged children
SAE	Serious Adverse Event
SOS	Schistosomiasis Oversampling Study
SPPA	Schistosomiasis practical and precision assessments
SCH	Schistosomiasis
SDGs	Sustainable development goals
LT	Leadership Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
STI	Sexually transmitted infection
SRHR	Sexual and reproductive, health and rights
UHC	Universal health coverage
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Supporting treatment and care for people affected by parasitic infections

Unlimit Health supported treatments in 2023-24

In line with our strategy, we have utilised our technical expertise to support our MoH and implementation partners across eight countries to reach over 19 million people with 28 million treatments for SCH and STH.

As we work towards the the latest road map targets, the measurement of programmatic impact and reach is essential to understand and monitor each country's progress towards disease elimination. To that end, we have collaborated closely with our MoH and research partners to conduct both impact assessment and coverage evaluation surveys (CES) to generate quality data to inform these key metrics across five countries. These data will guide the optimisation of treatment targeting to ensure effective implementation, a critical component in reaching elimination goals.





Monitoring and evaluating performance

In 2023/2024 we continued our efforts to support country partners to generate data on quality and performance of their treatment programmes.

We assisted the MoH of Côte d'Ivoire and Mauritania to conduct interview-based **CES**.

The aim of a CES is to assess whether treatment reached the target population in adequate numbers and to make suggestions on how treatment activities may be optimised. They serve as an independent mechanism to complement the routinely reported drug coverage of the national programmes.

Of note, both surveys indicated a coverage of above 75% in all sampled districts, which exceeds the threshold set by the WHO to indicate effective treatment campaigns.

As part of a broader effort to innovate precision public health, we collaborated with our MoH partners and the London Applied and Spatial Epidemiology Research Group (LASER) at London School of Hygiene and Tropical Medicine to conduct four epidemiological, model-based geostatistical impact assessments in Côte d'Ivoire, the Democratic Republic of Congo (Part 1), Ethiopia (Part 3), and Madagascar (Part 2), with planning underway for four epidemiological surveys in the

Democratic Republic of Congo (Part 2), Madagascar (Part 3), Mauritania, and Zanzibar.

The 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 **recent road map** and the **WHO Guideline** on control and elimination of SCH. Impact assessment results are provided at smaller administrative levels (i.e. sub-district) than previously used to support more precise public health planning.

Surveys conducted in 2023/2024

Coverage evaluation surveys (CES)

Mauritania:

3 districts covered

64 villages and **5,038** participants visited

Côte d'Ivoire:

7 districts covered

174 villages and **7,997** participants visited

Impact assesments

Democratic Republic of the Congo:

45 districts covered

826 villages and **20,239** participants visited

Côte d'Ivoire:

101 districts covered

575 villages and **18,853** participants visited

Madagascar:

39 districts covered

132 villages and **3,933** participants visited

Ethiopia:

355 districts covered

1,543 villages and **61,754** participants visited

An enumerator shows a pill to a child as reference, as part of the interviews he conducts during the CES in Rosso ville, Mauritania.

Image by: Unlimit Health/ Sophie Welsche



The WHO recommends countries to regularly treat at least 75% of all school-aged children (SAC) who are at risk of morbidity from SCH and STH. To determine if these global goals are being reached, each national programme routinely reports drug coverage. This metric is calculated using the number of treatments distributed and recorded in treatment registers and/or tally sheets for the numerator, and population figures (often obtained from routine census figures) as the denominator. CES are independent surveys carried out to monitor and support the performance of NTD programmes.

They also provide data to assess mass drug administration (MDA) delivery strategies, biases in treatment coverage for example by gender, school enrolment, and examination of possible reasons for coverage failure. This information assists in the identification for recommended actions to improve programme delivery.

Generating evidence to tackle gaps in data

In May 2023, the results of the **Schistosomiasis Oversampling Study (SOS)** were presented to SCH experts from the African region including academics and national programme managers at a meeting in Nairobi, Kenya. The results were discussed during group work and then consensus was built on the final two-stage design for impact assessments. This two-stage design is the **Schistosomiasis Practical and Precision Assessments (SPPA)**. ➔

This protocol helps to plan and conduct surveys that are more efficient and effective than what is done currently, leading to more cost-efficient use of resources for MDA. SPPA includes a manual and training materials available to national programmes in multiple languages through the **WHO AFRO Expanded Special Project for Elimination of NTDs (ESPEN) website**. ➔ A web-based tool to further support national programme managers is currently under development.

SOS is a multi-country collaboration between various ministries of health to address the significant data gaps across sub-Saharan Africa for supporting SCH intervention strategies and progress towards global goals.

Impact Assessments provide a detailed epidemiological understanding of the distribution of schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) in SAC after multiple rounds of preventive chemotherapy (PC) across the entire country or large areas.

Solid steps toward elimination of parasitic disease in Ethiopia

END Fund's Deworming and Innovation Fund ➔ saw continued support to the **national impact assessment** in Ethiopia and an evaluation of how the data from this survey can be used to inform optimal locations for testing approaches for stopping MDA and progressing towards interruption of transmission.

A further achievement was the development of a Monitoring and Evaluation (M&E) Job Aid and input into a framework for the interruption of transmission. These were key outputs in guiding national programmes on how to continue beyond the global goal of elimination as a public health problem as well as what, when and how to measure success.



Unlimit Health team with central and regional representatives from Ethiopia's Federal MoH and the Ethiopia Public Health Institute during an impact assessment results dissemination meeting in June 2023.

Image by: Unlimit Health



Praziquantel's potential to tackle pork tapeworm

In Uganda, in collaboration with Bayer AG and Merck, we have been studying the impact of large-scale distribution of the drug praziquantel (PZQ) on infections caused by the parasitic worm *Taenia solium*, commonly known as pork tapeworm.

Uganda has the highest pork consumption per capita in East Africa, and smallholder pig farming is common across much of the country. Rates of taeniasis and cysticercosis, conditions caused by ingesting *T. solium* or its eggs, are high in Uganda among both humans and pigs.

PZQ is already widely used as a treatment for SCH, but little research has been conducted on its effectiveness against other parasitic worms such as *T. solium*. It is possible that MDA with PZQ for SCH could also help reduce *T. solium* infections.

To establish whether this is the case, our research applied a mathematical model of the spread of *T. solium*, adapted to Uganda's country profile, to assess the impact of PZQ distribution.

Our research has resulted in an application to the Medical Research Council in collaboration with the University of Edinburgh, the International Livestock Research Institute, the Ugandan MoH, and Imperial College London.

The application has received a favourable review, and the group has been asked to submit a Phase two application with the result being announced in October 2024.

Neurocysticercosis occurs due to ingestion of pork tapeworm eggs, resulting in cysts in the brain. These cysts can lead to seizures and cognitive impairment.

Image by: Rob Steward





A new tool to identify people in need of treatment ➤

Working with our partners, we supported ESPEN in the review and further enhancement of the Community Data Workbook (CDW) and contributed to its implementation with our MoH partners. This **updated tool** ➤, released by ESPEN, marks a critical step towards enhanced data management and refining preventive treatment strategies in sub-Saharan Africa. By incorporating a refined methodology and additional criteria, it provides accurate forecasting on treatment populations and drug requirements to smaller targeted areas as part of the WHO annual drug donation programme.

Our technical advisors were invited to three ESPEN WHO meetings associated with enhancing and implementing the CDW. We also supported various countries by collating existing data and managing its implementation post-impact assessment to ensure the best possible data is available for decision-making. For example, in **Ethiopia**, ➤ we facilitated a national meeting to adapt and verify impact assessment data for utilisation in the CDW by ESPEN, which was crucial for better targeting treatments across the country.

Generating evidence for tackling parasitic diseases

Our staff led or co-authored eight published papers in journals such as *The Lancet* and *BMJ* relevant to the control and elimination of SCH.

Find out all the publications here: ➤



Unlimit Health Technical Director, Dr Lynsey Blair speaks at the ESPEN meeting in December 2023.

Image by: Unlimit Health/
Alexandra Carlin

Conferences and events

During 2023/2024, Unlimit Health actively participated in and led task teams and working groups (WHO Technical Advisory Group on SCH, STH, and NTD informatic tools sub-groups, iChords, NTDs NGO Network (NNN)) to contribute to the global health agenda and provide additional guidance documents for the control and elimination of SCH and STH.

We also participated in the national Expert Advisory Committees for SCH and STH in Tanzania, Uganda and Ethiopia to further advance programmatic adaptation and goal setting aligned to the latest road map.



A tool for measuring progress towards elimination of NTDs

In collaboration with the WHO Global NTDs Programme and the Task Force for Global Health, we have led the implementation of the Gap Assessment Tool (GAT). The GAT assesses programmatic progress and provides recommendations to address existing challenges affecting the achievement of the targets established in the latest road map. Unlimit Health is leading a global qualitative consultation

with disease experts, national programme managers, and WHO officials for all NTDs and disease groups identified in the road map concerning diagnostics, monitoring and evaluation, advocacy and funding as well as access and logistics. Disease-specific and cross-cutting (sector-level) measures will be developed to help programmes achieve the eradication, elimination, and control targets for 2030.

Dr Mohamed Nyati, Programme Officer of NTDs under the MoH in Tanzania delivers the PZQ during the school MDA campaign in December 2023.

Image by: Unlimit Health/
Abdul Said





Key milestone for SCH treatment for preschool-aged children

Unlimit Health continues to play a leadership role in the **Pediatric Praziquantel Consortium** ➡ which aims to develop, register and provide access to a suitable pediatric treatment option for preschool-aged children (PSAC) affected by SCH. In December 2023, the **European Medicines Agency (EMA)** ➡ adopted a **positive scientific opinion** ➡ of the Consortium's new pediatric treatment option- arpraziquantel, paving the way for inclusion into the WHO's lists of **prequalified medicines** ➡ delivered in 2024.

During the year, we continued to co-lead the Access Team of the Consortium alongside the **Swiss Tropical and Public Health Institute**, ➡ working to identify approaches to ensure wide acceptance and equitable access to treatment for PSAC. With funding from **EDCTP** ➡ and **GHIT** ➡, we jointly lead the Consortium's implementation research program (**ADOPT**) ➡, as well as coordinating and providing technical assistance focused on the development of advocacy and social mobilisation strategies and country-specific implementation protocols for the small-scale pilots in Kenya, Côte d'Ivoire, and Uganda. It is expected that the findings



from ADOPT will support preparations for the introduction of arpraziquantel for large-scale delivery across other countries.

Additionally, we represented the Consortium at international fora, including a technical consultation on pediatric PZQ access convened by the UNDP Access & Delivery Partnership in February 2024.



Plans for the next year

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

A child receives albendazole, the recommended treatment for STH. Currently, there has historically been no paediatric treatment for SCH in infants. As members of the Consortium we are working to provide access to a suitable pediatric treatment option for PSAC.

Image by: Unlimit Health/
Paula Plaza



Provide programmes with high quality technical support to implement activities designed to accelerate progress towards the latest road map goals of elimination for SCH and STH and aligned to the needs of communities.

Continually generate robust data to refine intervention strategies through an evidence-based approach to ensure that programme delivery is optimised.

Advocate for and implement expanded access for treatment to all age groups as guided by WHO, including the new paediatric treatment option for PSAC.

In alignment with WHO critical priorities in the latest road map support the definition of epidemiological thresholds for elimination as a public health problem and interruption of transmission by undertaking systematic reviews with external partners and the WHO's Diagnostic Technical Advisory Group for schistosomiasis. ➡

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



Building sustainable approaches to end parasitic disease

Financing in response to population needs

The sustainable impact of health interventions can only be achieved when health system priorities are locally led and respond to population needs. This means supporting practical approaches to domestic resourcing that target NTDs more effectively and reduce reliance on increasingly uncertain external resources.

The **latest roadmap** ➔ highlights that growing domestic financing for NTD programmes is essential for transitioning toward more sustainable and efficient systems and meeting the goals of UHC. It is also fundamental to facilitating country ownership, one of the three central pillars in the road map.

Having successfully secured grant funding for domestic resource mobilisation (DRM) in Burundi and Mauritania, we aim to support their health systems in responding to the needs of individuals affected by NTDs more effectively and addressing the disease burden.

Building technical expertise

Over the past year, we led and facilitated multiple remote and in-person training sessions designed to support MoH and partners to effectively implement impact assessments and coverage surveys.

Training for CES was held in Côte d'Ivoire and Mauritania, and impact assessment training was conducted in Madagascar, Côte d'Ivoire, DRC, and Zanzibar. Trainings were conducted over 2-3 days and included background information on SCH and STH, an in-depth discussion of survey methodologies including practicalities of data collection, fieldwork and laboratory practices as well as safeguarding training. At the end of the sessions, a pilot was conducted in which the survey team directly applied the learned knowledge in a test run in a nearby community. For the impact assessments in Côte d'Ivoire and the DRC, a cascade training approach was used, in which experienced team members received training first at the central



“The financial model will change once countries' priorities are taken into consideration. If that can be achieved that means there will be full ownership and a change of the structure because now the financing will be prioritised to country needs, which of course can lead us to reach where we really want as countries. ”

Florence Wakesho
Schistosomiasis and soil-transmitted helminths focal person, Kenyan Ministry of Health

level and in turn provided training to the remaining team members at the regional level. Training activities were conducted in close collaboration with the MoHs and adapted to each country's specific context.


“Thanks to training, we now know that this disease exists. Women in the region work a lot in rice and vegetable plantations, which makes them particularly vulnerable. Thanks to awareness today women come when they have symptoms of female genital schistosomiasis (FGS)”

Poholé Lessenon Alida, midwife at the Urban Health Centre of Grand-Zattry in Cote d'Ivoire.

Image by: Unlimit Health/
Aka Aboubakhr Thierry Kouamé

Championing One Health to prevent parasitic disease

Collaborating through a One Health approach

One Health is an approach to designing and implementing programmes, policies, legislation, and research so that multiple sectors can communicate and work together to achieve better public health outcomes. Throughout 2023, we supported the development of new and ongoing cross-sectoral collaborations on One Health. Notably, following on from our **publication**  with the Network for Ecohealth and One Health (NEOH), we served as expert advisers on the World Organisation for Animal Health's curriculum for animal health professionals, designing their One Health competency package. We also continued to support implementation of One Health approaches through contribution to the UN Tripartite's workforce development tool led by the WHO.

Playing our part for global health security

The COVID-19 pandemic has highlighted the critical importance of everyday health systems in pandemic prevention, preparedness, and response. We're playing our part by participating in consultations with the UK Government for the global pandemic accord, focusing on articles addressing issues around One Health, surveillance, prevention of pandemics at source (e.g. in wildlife or livestock) and health system resilience emphasising principles of equity, and cooperation to achieve global health security. We provided input on briefings and chaired a roundtable with the UK Government's pandemic accord negotiating team, discussing One Health, antimicrobial resistance (AMR), and climate, in collaboration with Médecins Sans Frontières. Additionally, we have been helping to evaluate the Global Health Security Agenda at the Food and Agricultural Organisation of the UN.

Anithun Ali washes clothes in Zanzibar as cattle drink from the water. A One Health approach highlights the connection between animals, humans, and their shared environment.

Image by: Unlimit Health/
William Mgobela




Contributing to global guidelines

Unlimit Health's active participation in shaping global guidelines ensures that our research expertise directly influences international strategies, amplifying our impact and advancing evidence-based approaches to NTDs worldwide.

Over the past year, this has included:

Providing programmes with high quality technical support to implement activities designed to accelerate progress towards the latest road map goals of elimination for SCH and STH and aligned to the needs of communities.

Building on the success of the updated core competencies for One Health , we served as expert advisers for One Health on the World Organisation for Animal Health's curriculum for animal health professionals.

Continuing to support the implementation of One Health approaches through technical advice on developing the UN Tripartite workforce development tool led by WHO.

Undertaking, in collaboration with the US Centers for Disease Control and Prevention and the London School of Hygiene and Tropical Medicine, an extensive evidence review on WASH , and elimination of SCH and STH, to inform a WHO position paper on this subject.

Invited to support the Indonesian MoH's review of SCH elimination efforts and determine a national strategy and development of policies for achieving interruption of transmission alongside the WHO's Indonesian Country Office and Regional Office for South-East Asia.

As part of the WHO's Technical Advisory group on SCH and STH, contributed to the development of the Monitoring and Evaluation Framework (which includes the SPPA) and review of other draft guidance on achieving elimination as a public health problem for STH.

From rhetoric to practice: advancing WASH for NTD elimination

In 2023, we continued collaborating to increase awareness of approaches to tackling NTDs through (WASH) initiatives.

Working through the NNN and in collaboration with organisations such as UNICEF and WHO, we:

Co-led submissions and presentations at key conferences, including the UNC Water and Health, All Systems Connect, and the NNN Conferences.

Contributed to the Open WHO online learning platform by helping develop the WASH and NTDs course.

Began an initiative to gather and communicate case studies of real-life examples of WASH-NTD collaboration.

Commenced development of resources for NTD behaviour change programming.


Sharifa Abdala from Zanzibar washes dishes in a pond contaminated by snails carrying schistosoma parasites. Integrating WASH into NTD programmes is crucial to eliminating SCH.

Image by: Unlimit Health/
William Mgobela

Shaping the dialogue: Policy advocacy contributions and collaborations

2023-24 offered crucial opportunities to influence UK political priorities in global health and development. We strategically engaged decision-makers to reposition the UK as a development leader and champion.

Our key actions included:

Submitting evidence to the UK government's Foreign and Commonwealth Development Office (FCDO) International Development white paper , advocating for adherence to international aid effectiveness principles and promoting a holistic, One Health approach, encompassing climate change, food security, infectious diseases, AMR, pandemic preparedness, and social justice.




Collaborating with prominent UK civil society networks including the UK Coalition against NTDs, BOND, Action for Global Health, and the International Coalition for Advocacy on Nutrition, to shape political party manifestos for the 2024 general election.

Sharing evidence and perspectives to shape BOND's civil society manifesto for a new UK government in 2024.



Putting female genital schistosomiasis (FGS) on the UK Parliamentary agenda

FGS is a gynaecological condition resulting from untreated SCH. Affecting an estimated **56 million women and girls across Africa**, FGS can lead to severe reproductive health outcomes, including pain and infertility. It can be misdiagnosed as a sexually transmitted infection (STI), resulting in ineffective treatments, stigma, and exclusion.

Between April and July 2023, working through the **FGS Integration Group (FIG)**,  we submitted **written evidence**  to the Parliamentary International Development Committee's inquiry into the FCDO's approach to sexual and reproductive health, followed by providing **oral evidence**  in Parliament. The evidence focused on the urgent need to integrate FGS into sexual and reproductive health, HIV, cervical cancer and other health programmes, to respond to the needs of at-risk women and girls as well as to improve the overall quality and equity of health services. Consequently, the committee's report recommended that the UK should integrate FGS into its sexual and reproductive health and rights (SRHR) programming. We continue to work with FIG and others to ensure the recommendation is implemented.

A young girl washes clothes in a swamp in Côte d'Ivoire. This water may be contaminated with the *Schistosoma haematobium* parasite, putting her at risk of infection and potentially FGS.

Image by: Aka Aboubakhr/
Thierry Kouamé/Unlimit Health

Parasitic disease and nutrition – increasing awareness of a neglected issue

Parasitic infections can affect the nutritional status of individuals by reducing nutrient intake due to abdominal pain, appetite loss, and diarrhoea, and by impairing the absorption and utilisation of nutrients. This impact, especially on nutritional outcomes such as stunting (low height-for-age) and anaemia, highlights the need for integrating interventions against parasitic infections into nutrition programmes and initiatives.

In 2023, we worked alongside ICAN UK, a coalition of organisations advocating for the prioritisation and resourcing of nutrition within the UK’s international development efforts. This was in order to raise awareness of the links between parasitic infections and nutrition while also supporting the prioritisation of nutrition within

the global health and development agenda. Additionally, we participated in a parliamentary event, **“Building Momentum in the Fight Against Global Malnutrition”** ➡, organised by the APPG on Nutrition for Development and United Against Malnutrition and Hunger, which aimed to profile the work of key hunger and malnutrition actors and build collaboration.

Our work on this subject will continue, focusing on improving evidence of the links between parasitic infections and nutrition through research collaboration, developing programme and funding integration approaches, and advancing policy and advocacy collaboration through ICAN.



David Mundel MP (left) and Jonathan Oates, CEO, United Against Malnutrition at the parliamentary event that highlighted the importance of nutrition in development.

Image by: Unlimit Health/ Paula Plaza



Left to right: Dr Ibrahima Socé Fall, Director, WHO Department for Neglected Tropical Diseases; Tijana Williams, Director, Albendazole Donation Program, GSK; Dr Wendy Harrison, CEO Unlimit Health; Lord Alexander Trees, UK Parliament; Dr Dinu Guruge, Dengue Global Program/Drugs for Neglected Diseases initiative (DNDi); Fidel Strub, Noma advocate and survivor, Director and Co-Founder, Elysium Noma Survivors Association.

Image by: Unlimit Health/ Paula Plaza

Calls for continued collaboration and investment in NTDs in the UK Parliament

On 30 January, we co-organised a high-impact World NTD Day event at the Houses of Parliament, together with the **UK Coalition Against NTDs** ➡, of which we are members, and the **APPG on Malaria and NTDs**. ➡ This strategic event united over 120 stakeholders, including Members of Parliament, researchers, civil society, and journalists, to amplify the need for UK leadership in NTD elimination.

We showcased compelling testimonies from those with lived experiences of NTDs, alongside insights from WHO and industry experts, to advocate for renewed UK support for cross-sectoral collaborations and research. The event successfully positioned NTDs as a critical component of UK aid and global health policies, setting the stage for increased funding and comprehensive, partnership-driven strategies.

Innovative solutions now and for the future

Deworming has had a huge impact on reducing health burdens, but the disease remains present in many countries in sub-Saharan Africa. To protect the gains of years of investment in deworming – and to guard against the uncertainty of future funding for mass deworming programmes – the need now is to move towards the elimination of SCH (elimination is not the same as interruption of transmission). This will protect all future generations from the debilitating effects of SCH and negate the need for mass deworming of people in the future.

The lack of adequate or precise data may result in missing out on treating the populations in need. Furthermore, lacking data at the sub-IU level may lead to overtreatment and unnecessary spending which could be allocated to the populations who need it most.

To address this issue Unlimit Health's precision public health strategy SPPA focuses on creating an enabling environment for health ministries to determine (i) which populations to target for interventions to control and eliminate parasitic worm infections, (ii) the strategies which best reach all the at-risk population, (iii) what interventions are required to have a positive impact for the populations' health and wellbeing and (iv) how to optimally monitor achieving impact

and progress towards national and global goals. The intended outcomes of this strategy are high-quality evidence to support programmatic decision-making at the sub-IU level; developing context-specific combinations of interventions, such as treatment, WASH, behaviour change and One Health, delivered to at-risk communities and; demonstration of progress towards reaching elimination goals and understanding facilitators and barriers to achieving them.



To address gaps in data availability and quality at the adequate level to determine the correct target population, we have led work with multi-country partners and projects to develop two solutions. The first is the aforementioned SPPA for countries with limited external support, this is a cost-effective and feasible impact assessment for health ministries to use and easily interpret for identifying and prioritising at-risk populations. The approach has been co-developed with experts and practitioners based

in sub-Saharan Africa and tested across multiple transmission archetypes for schistosomiasis. SPPA can also be used to collect data for STH and Taeniasis.

The second solution uses innovative model-based geostatistics (MBG) for impact assessments. The MBG approach allows for a reduced number of sites and therefore significantly less cost while delivering results of high quality and precision. As mentioned earlier in this report, we have used this approach in four countries and with our partners at LASER we continue to refine and standardise the methods. We are working closely with our MoH partners to validate the results and to tailor the dissemination activities to each country's needs to optimally support their decision-making for future treatment strategies.



During impact assessments, participants' urine samples are investigated. The standard method to detect *S. haematobium* infections is urine filtration, shown here in the photo. To determine the prevalence in a specific area, samples of inhabitants are examined. The geostatistical method uses the data from all participants of assessed sites to determine the prevalence across the entire country or implementation unit.

Image by: Unlimit Health/
Sophie Welsche

Fundraising

A message from our Head of Funding and Partnerships, Duncan Millar

At a time when global funding for control and elimination of parasitic disease is more uncertain than ever, it is essential that ministries of health can continue to rely on us for technical and financial support.

To do this, we need a supporter base that is broad and deep, that we can rely on. That's exactly what we have.

Your support is broad:

This year we received donations from individuals in at least 21 countries.

Your support is deep:

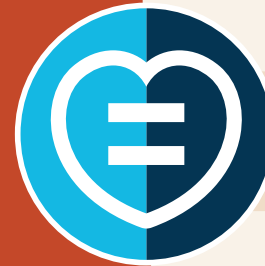
This year donations from individuals, many of them via the Effective Altruism movement, totalled well over £1 million.

A large chunk of these donations came in response to our Big Give Christmas Challenge Campaign *She is Seen* (watch campaign film above) which raised an astonishing £123,399 to ensure that 140,000 women in Côte d'Ivoire can get access to crucial services for parasitic disease.

This is a fantastic level of support, and if we can maintain it, we can do an enormous amount to help our partner countries end parasitic disease for good.



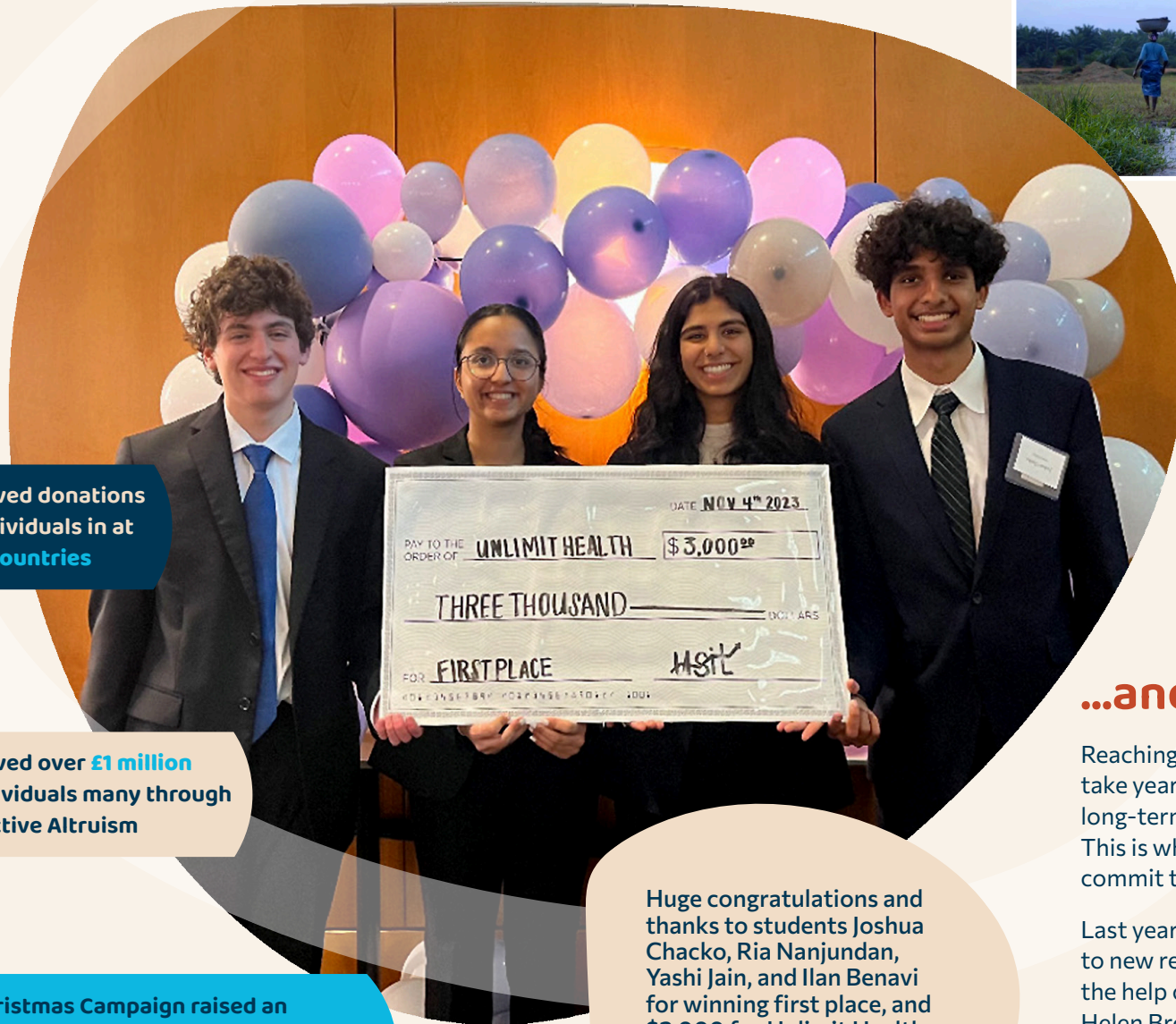
We received donations from individuals in at least **21 countries**



We received over **£1 million** from individuals many through the Effective Altruism



Our Christmas Campaign raised an astonishing **£123,399** to ensure that **140,000** women in Côte d'Ivoire can get access to crucial services for parasitic disease



Huge congratulations and thanks to students Joshua Chacko, Ria Nanjundan, Yashi Jain, and Ilan Benavi for winning first place, and \$3,000 for Unlimit Health, in the McCombs School of Business, University of Texas, Texas Charity Pitch, November 2023.

Image by: Unlimit Health/



...and long-term

Reaching elimination of parasitic disease will take years, and endemic communities need long-term backing if they are to get there. This is why it is so valuable when supporters commit to regular gifts that we can rely on.

Last year, the number of people committing to new regular gifts began to decline. With the help of long-term supporters Mike and Helen Brown, we were able to promise to double the value of any new gift for the first six months of regular payments.

This has stopped the decline in new gifts and we're delighted to have over 330 supporters who have committed to regular giving.

Financial review: 2023-24

Total income **Total expenditure**
£4.43m **£8m**

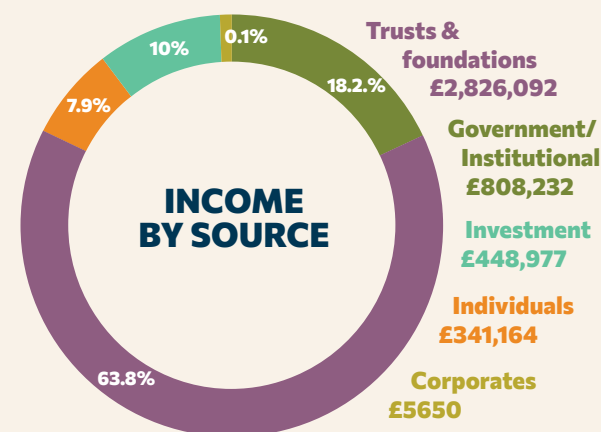
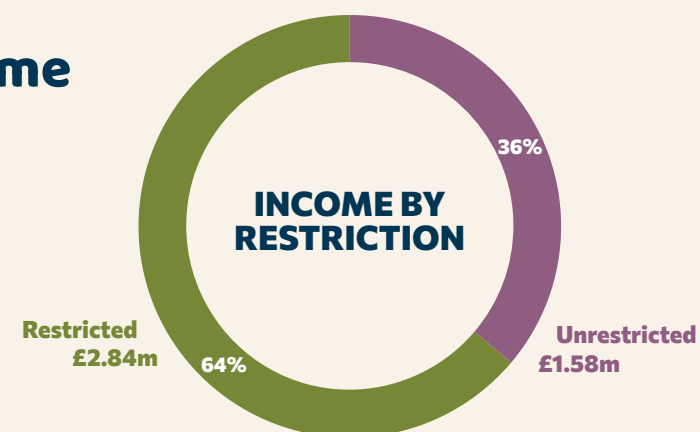
We have realised an operational deficit of £3.84m (2023, surplus £1.62m), which was in line with our Operational Plan.

Unlimit Health received a total income of £4.43m (2023, £10.25m). The decrease is mainly due to the recognition of income on some grants received in advance. This income can only be recognised upon spending them in accordance with the donor's wishes. Some of our MoH partners experienced delays with the arrival of donated drugs which prevented MDAs from proceeding as planned, and so Unlimit Heath could not spend in the country and recognise the corresponding income. These delayed activities will be carried out in the next financial year and therefore the corresponding income recognised also in the next financial year.

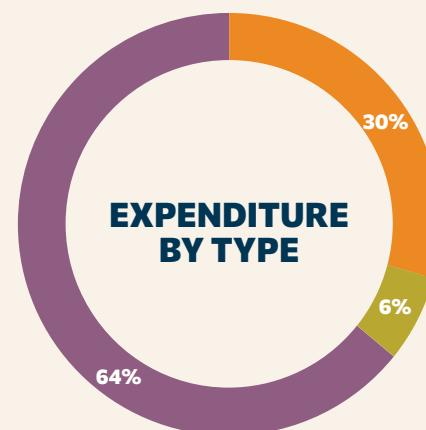
Unlimit Health spent £8.27m over the year (2023, £8.63m). There was a slight decrease in expenditure, but we would have spent more in 2024 in line with the structured drawdown of the designated funds had the various MoH partners received their drug donations from WHO on time. Unlimit Health has supported the delivery of 27 million treatments reported to date (2023, 41 million treatments). Several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. We would have reported higher expenditures by partners had MDA campaigns been implemented as planned.

The financial year ended with a strong balance sheet. At the year-end, general reserves were £8.03m (2023, £9.33m), designated reserves £5.82m (2023, £7.82m) and restricted reserves of £0.21m (2023, £0.11m). Trustees have earmarked designated reserves to draw down over the next two years to fund specific programme charitable activities.

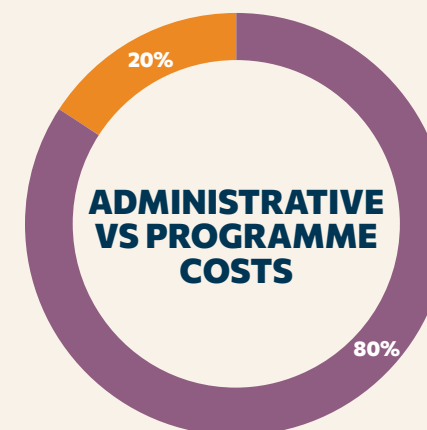
Income



Expenditure

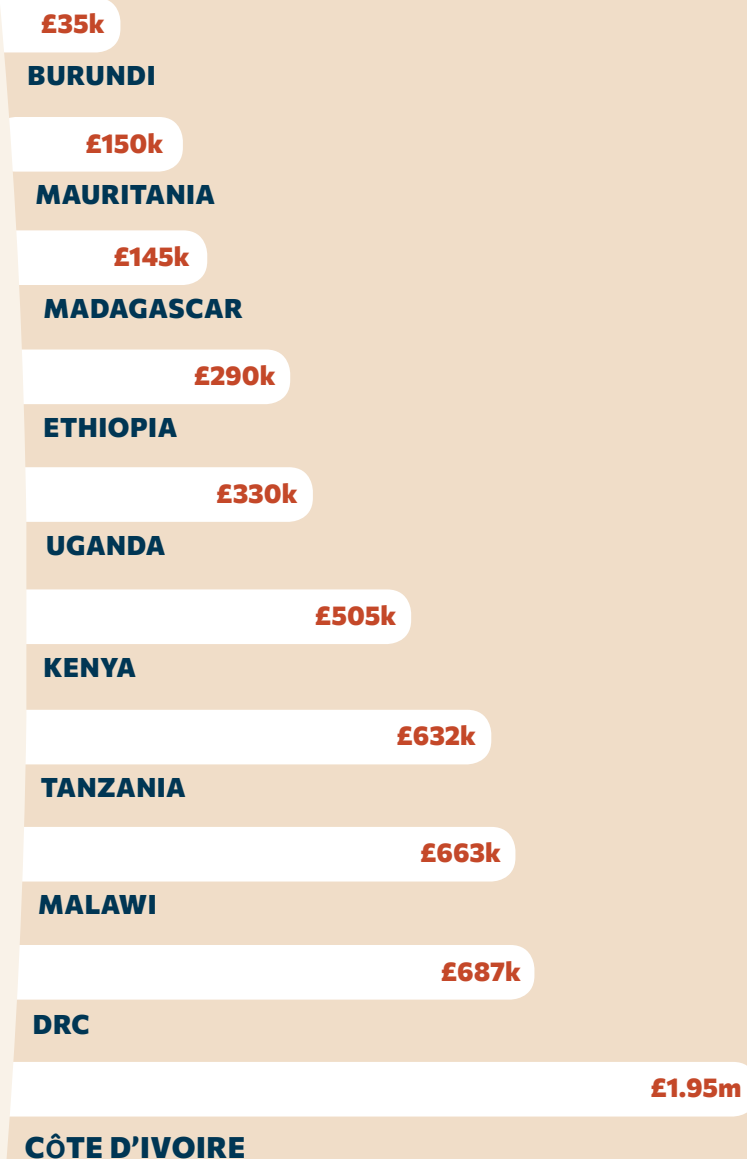


Transfers to partners £5.3m
Other £2.45m
Fundraising & publicity £521k



Programme costs £6.60m
Support costs £1.67m

Transfer to partners



These figures have been extracted from the Unlimit Health Annual Report and Financial Statements for the year 2023/24 audited by Haysmacintyre LLP and receiving clean audit. Please refer to the Audited Accounts for a full picture of the Unlimit Health Financial Performance for 2023/24.



Image by:
Unlimit Health/
Aka Aboubakhr
Thierry Kouamé