Unlimit Health.
ENDING PARASITIC DISEASE

Annual report 2025/2026

Foreword

The past year has brought both significant achievement and considerable challenge for global health. Across many endemic countries, communities continue to face the burden of preventable parasitic infections while also navigating wider pressures on health systems, economic uncertainty, conflict, climate-related threats and a rapidly changing international development landscape. At the same time, shifts in global financing have reinforced the importance of resilient, country-owned health systems capable of sustaining progress for the long term.

Against this backdrop, Unlimit Health has remained firmly focused on its mission: sharing evidence and expertise to end preventable parasitic infections in affected communities. We are particularly encouraged that the organisation has continued not only to deliver impact, but to do so with countries, communities and partnerships at the heart of decision-making.

This report demonstrates the scale and significance of that work. During the year, Unlimit Health supported Ministries of Health to deliver more than 29 million treatments for neglected tropical diseases and helped over 18 million people access interventions that protect health, improve wellbeing and expand future opportunities. These achievements matter not simply because of the numbers reached, but because they represent children better able to attend school, women better able to participate fully in society, and communities moving closer to a future free from diseases that have constrained development for generations.

We are especially proud of the organisation's continued commitment to generating and applying high-quality evidence. Through impact assessments, surveillance, operational research and technical partnerships, Unlimit Health is helping countries make informed decisions about where resources should be directed and how interventions can be delivered most effectively. This "precision public health" approach is increasingly important as countries move from disease control towards elimination and need more targeted, data-driven strategies.

The year also highlighted the growing importance of integration. The challenges facing communities do not occur in isolation, and neither should the solutions. Unlimit Health has continued to strengthen links between parasite elimination programmes and wider health system priorities, including water, sanitation and hygiene, nutrition, women's health, animal health and primary healthcare services.

During this year, the Board extended the organisation's strategic plan to 2030, ensuring alignment with global health targets while maintaining flexibility to adapt to future opportunities and challenges.

None of this progress would be possible without the dedication and professionalism of Unlimit Health's staff, the commitment of our partners, the leadership of Ministries of Health, the support of our funders and,above all, the trust and engagement of the communities with whom we work. We extend our sincere thanks to every one of them.

We commend this report to you and thank all those who continue to share and support Unlimit Health's vision of resilient systems that sustain good health, so that everyone, everywhere, can reach their full potential.



Dr. Camilla Ducker and
Professor Samba Ousmane Sow
Co-Chairs of the
Board of Trustees

Key highlights 25/26

29m treatments delivered

18m people reached

17.4m schistosomiasis

11.6m soil transmitted helminths

170, 458 lymphatic filariasis

84% average coverage
SCH: 90%
STH: 77%

6 Countries reached

Côte d'Ivoire · Liberia · Madagascar · Mauritania · Niger · Zanzibar

List of acronyms

CES	Coverage evaluation surveys
DRC	Democratic Republic of Congo
EDCTP	European & Developing Countries Clinical Trials Partnership
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FCDO	Foreign and Commonwealth Development Office
FGS	Female genital schistosomiasis
FIG	FGS Integration Group
GAT	Gap Assessment Tool
IA	Impact assessment
iCHD	Integrated Child Health Days
MAP-FGS	Multi-country Assessment of Prevalence for Female Genital Schistosomiasis
MDA	Mass drug administration
MoH	Ministry/ies of Health
NNN	NTDs Non-Governmental Organisation Network
NTDs	Neglected tropical diseases
PPC	Pediatric Praziquantel Consortium
PSAC	Preschool-aged children
PZQ	Praziquantel
SAC	School-aged children
SCH	Schistosomiasis
SPPA	Schistosomiasis Practical and Precision Assessment
STI	Sexually transmitted infection
SNAPS	Strengthening subnational decision-making for schistosomiasis control
SWISS TPH	Swiss Tropical and Public Health Institute
TAG	Technical Advisory Group
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Our goal: To eliminate parasitic disease

Delivering treatment to people in need

Over the last year, we used our technical expertise to support our ministry of health (MoH) partners in six countries reaching over 18 million people with 29 million treatments against schistosomiasis (SCH) and soil-transmitted helminthiasis (STH).

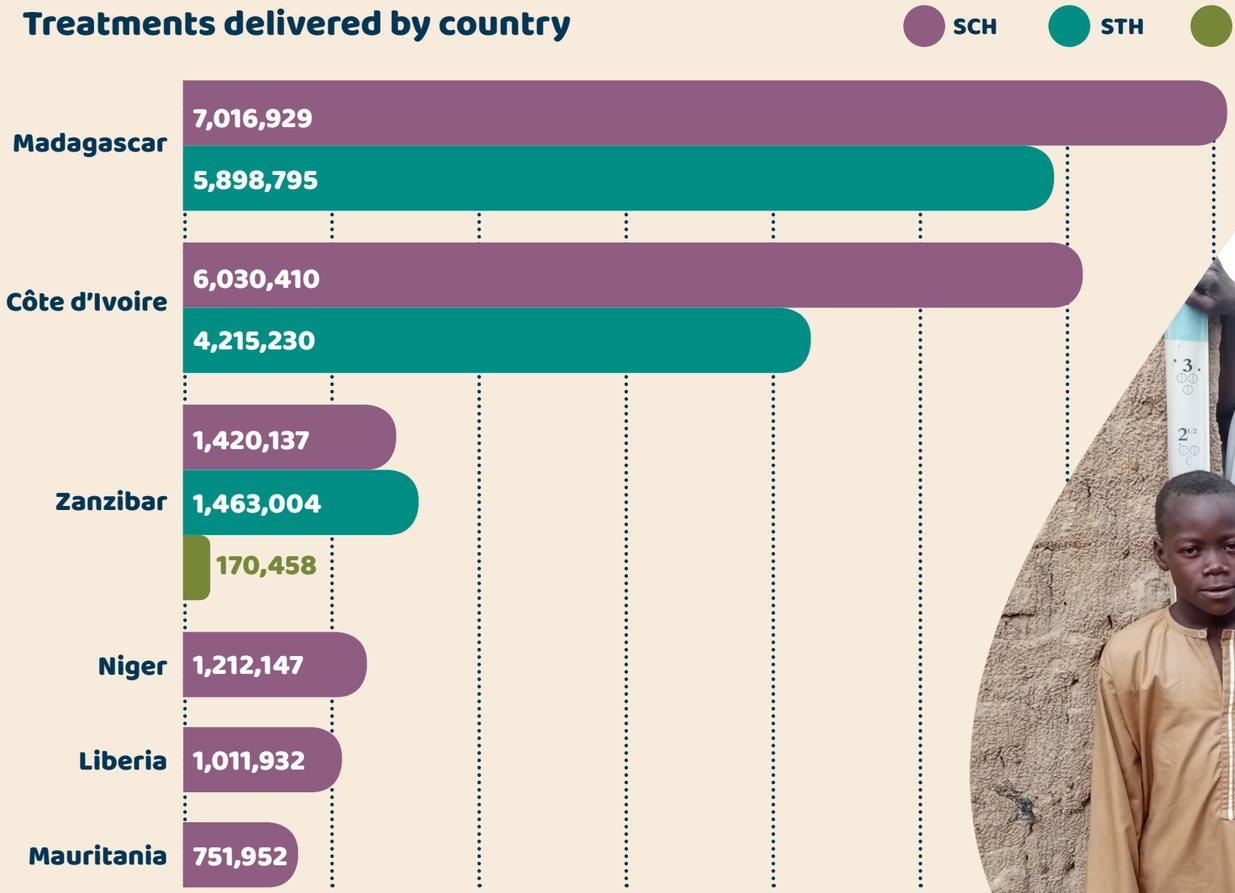
As a direct result of USAID funding withdrawal, several neglected tropical disease (NTD) programmes in endemic countries had stocks of donated drugs at risk of expiry.

With support from **The Life You Can Save**, we were able to provide financing for an emergency drug distribution in Niger, ensuring that over one million children received treatment using valuable stock of medicines, that would have otherwise expired.

Unfortunately, for several successive years, the ongoing conflict in Sudan has prevented SCH services being delivered and this has continued to be the case through FY25/26.

Measuring quality and performance of treatment campaigns

To generate data on quality and performance of our programmes, we supported Côte d'Ivoire, Madagascar, and Mauritania to conduct coverage evaluation surveys (CES). Data analysis is currently underway, with results expected to be used to inform programme refinement in FY26/27. The findings support ministries to identify efficiencies, understand barriers for underserved groups, and consider where system level changes may be needed.





A child receives deworming treatment in Niger as part of the mass drug administration campaign supported by Unlimit Health and the MoH.

Image by:
Amadou Saddatou

Reaching pre-schoolers with a suitable treatment against schistosomiasis

This year, we continued to support the delivery of SCH treatment to preschool-aged children (PSAC) through the ADOPT project, part of the **Pediatric Praziquantel Consortium's** efforts to introduce a child-friendly treatment for this previously underserved age group.

In May 2025, Uganda built on its earlier progress to pilot the integration of the new paediatric treatment through integrated Child Health Days (iCHD). Kenya followed in August 2025, testing delivery through its community-based mass drug administration (MDA) campaign.

Treatment efforts were substantially scaled up in January and February 2026, when Côte d'Ivoire implemented a large-scale pilot through its national (NTD) and nutrition programmes.

The initiative delivered SCH treatment to 45,041 PSAC across two districts.

The ADOPT project, co-funded by the European & Developing Countries Clinical Trials Partnership (EDCTP) and the Global Health Innovative Technology Fund, and jointly led by Unlimit Health and the Swiss Tropical and Public Health Institute (Swiss TPH), concluded in March 2026.

During the final year of the project, we:

– Led coordination and provided technical support to the governments of Côte d'Ivoire, Kenya and Uganda to implement advocacy and social mobilisation strategies that increased awareness, acceptance and uptake of the new treatment, helping to create an enabling environment for roll-out as part of the pilots.

– Worked jointly with Swiss TPH to support planning, preparation and treatment delivery in Uganda, Kenya and Côte d'Ivoire. This involved in-country support for training, social mobilisation and supervision of activities. Upon project completion, we collaborated with partners to finalise reporting and submit all required deliverables.

– Led the development of an implementation guide to support the integration of the new paediatric SCH treatment into health service delivery in endemic countries. The guide was submitted to EDCTP as a key project deliverable and will be disseminated to MoHs and implementing partners seeking to integrate the new treatment into child health and/or NTD services.



Triplets aged four years were among the first pre-schoolers to receive the newly developed paediatric treatment for SCH, a dispersible tablet designed specifically for children aged three months to six years.

Image by:
Kibuuka Mukisa / Candid Local

Tackling female genital schistosomiasis

This year, our work on female genital schistosomiasis (FGS) spanned research, national planning and policy influencing.

We participated in the **Multi-country Assessment of Prevalence for Female Genital SCH** (MAP-FGS) study funded by the Gates Foundation. Our contribution included ongoing technical support and monitoring, planning and implementation of data analysis and dissemination, and support for in-person and online training.

In Côte d'Ivoire, we worked with the MoH NTD team to host a **planning workshop** on FGS in February 2026. The **workshop** included participants from HIV, cancer, vaccination and mother and child health programmes across the MoH, and other partners, to review plans for 2026 and identify opportunities for integrating FGS into health services.

Alongside Effect Hope, we also provided financial input to a national planning workshop, and technical input to the development of a **national FGS strategy** in Liberia.

Advocating on FGS

We continued to increase awareness and prioritisation of FGS within the SCH and broader global health community by:

Co-chairing the **FGS Integration Group (FIG)** coalition alongside Frontline AIDS, doubling the size of the group since its foundation. Key work included development of models for praziquantel (PZQ) treatment access in healthcare facilities, communications, advocacy, programmatic tool development, and continued engagement with World Health Organization (WHO) led processes. Exchanges with the UK and German government take place on a quarterly basis to secure continued technical assistance on FGS to endemic countries.



Women walking in a swamp between Soubré and Okrouyo where Unlimit Health is working on a project with the MoH to scale up FGS prevention services.

Image by:
Nuits Balnéaires / Unlimit Health

In July 2025, jointly with WHO we co-delivered a workshop on FGS at the sexually transmitted infection (STI) & HIV World Congress in Montreal. Featuring researchers from Ghana and Kenya sponsored by Unlimit Health, as well as other health experts, the workshop aimed to engage STI and HIV clinicians in discussions on the integration of FGS into essential health services.



From left to right: Victoria Gamba (Kenya Obstetric and Gynaecological Society), Marc Steben (HPV Global Action), Alison Krentel (University of Ottawa, Bruyere Research Institute), Olimpia Lamberti (London School of Hygiene and Tropical Medicine), Remco Peters (WHO), Margaret Gyapong (University of Health and Allied Sciences in Ghana), Yael Velleman (Unlimit Health), Amadou Garba (WHO).

Image by:
Elizabeth Long

Preventing disease through the delivery of water and sanitation

Officials formally open the new community water system in Buwaiswa, Kamuli District, Uganda.

Image by:
Unlimit Health / Kibuuka Mukisa/Candid Local

Water project delivers for communities in Uganda

We completed the first phase of implementation of community-led action plans on water, sanitation and hygiene (WASH) aimed at reducing the risk of SCH transmission in eastern Uganda. This included the installation of an improved water supply system in a community in Kamuli District, using innovative and locally appropriate technology to provide safer access to water.

The provision of the water supply system was delivered through a strong partnership between the MoH and the Ministry of Water and Environment and was underpinned by extensive community engagement.

To support sustainability, local maintenance teams and water management structures were established and trained to oversee the operation and upkeep of the new system, helping to ensure long-term community ownership and access to safe water.

Translating evidence into action on WASH and parasitic infections

Through our leadership of the WHO Technical Advisory Group (TAG) on SCH and STH WASH Sub-group, we led efforts to review evidence on the role of WASH in preventing parasitic infections, identify priorities for future research, and summarize best practices for cross-sector collaboration, data-driven decision-making and planning, and programme design. As part of this work, and in collaboration with researchers from the London School of Hygiene and Tropical Medicine, the US Centers for Disease Control and Prevention, and the Kirby Institute, we finalized and submitted two manuscripts for publication:

- **Water, sanitation and hygiene in SCH control: A scoping review of evidence gaps across transmission pathways** .
- **WASH-related risk factors for soil-transmitted helminth infections: A scoping review and evidence gap analysis**

Through engagement with the NTD Non-Governmental Organisation (NGO) Network (NNN) WASH Working Group, we led collaboration with the WHO, NTD and WASH teams to publish “Delivering a shared vision: Lessons and gaps following a decade of joint action on WASH and NTDs”, a report on progress since 2015 in implementing the Global Strategy on WASH and NTDs .



A member of the Buwaiswa community collects water from the newly installed water system supported by Unlimit health in collaboration with ministries and with input from the community.

Image by:
Unlimit Health / Kibuuka Mukisa / Candid Local

Innovating through monitoring and evaluation tools

Khamis, a laboratory technician in Zanzibar, performs urine filtration to screen for *Schistosoma* eggs associated with SCH.

Image by:
Unlimit Health / Sophie Welsche

Using data to optimise treatment delivery

This year, we conducted three epidemiological, geostatistical impact assessment (IA) surveys with MoH partners in the Democratic Republic of Congo, Malawi and Mauritania collecting data from more than 57,000 individuals.

To date, interpretation and dissemination of preliminary results have been conducted with initial virtual meetings and subsequent country workshops with MoH partners in Malawi.

Granular data generated by these surveys have identified areas where treatment reduced infection of STH and SCH, in addition to areas of sustained transmission, particularly for SCH.

These results support the MoH in making decisions to optimise the planning and delivery of treatments and other interventions at sub-national level.

During FY25/26 we supported impact assessments and coverage evaluation surveys

Survey highlights

95,769 Participants

1,634 Communities

168 Districts

5 Countries

CES

Côte d'Ivoire	Madagascar	Mauritania
13 districts	**10** districts	**4** districts
22,250 participants	**11,800** participants	**3,876** participants

IA

DRC	Malawi	Mauritania
83 districts	**32** districts	**26** districts
24,907 participants	**24,976** participants	**7,940** participants

Improving tools for decision-making

Following IAs, we have supported MoH partners to share historical and current data in the required formats for WHO platforms for reporting and open access **WHO Global Observatory** and the **Expanded Special Project for Elimination of NTDs** (ESPEN) Portal. This has helped strengthen collaboration with ESPEN on the improvement of treatment planning tools such as the **Community Data Workbooks** alongside supporting their data work on administrative units.

In December 2025, we joined the Regional Workshop on Data Systems, Tools and Processes for preventive chemotherapy-NTDs convened by ESPEN which was critical for the alignment of data capture, interpretation and decision-making to better target resources for SCH control and elimination.

Generating evidence across research and implementation

Laboratory technician looks at samples as part of our support to the MoH in Zanzibar.

Image by:
Unlimit Health / Paula Plaza

Strengthening local decision-making for control of schistosomiasis

The Subnational Strategy and Action Plan for SCH and **STH (SNAPS) project** is a strategic initiative designed to enhance subnational monitoring, evaluation, and targeting of interventions for SCH and STH across endemic regions in sub-Saharan Africa.

Funded by the **Gates Foundation** Unlimit Health leads a consortium of global partners under the SNAPS programme. During the past 12 months, SNAPS convened three TAG meetings. These meetings reviewed and prioritised key evidence and guidance gaps related to SCH that had been identified through consultations with MoH programme managers.

The selected priority questions addressed how best to reduce treatment once transmission falls, when to trigger an impact assessment, and how to define when SCH is no longer a public health problem.

Existing data sources have been used and secondary analysis and systematic reviews conducted.

Additional outputs of this project will be delivered by Q1 26/27 include an investment case for IAs which determines the return on investment; the development of a Monitoring, Evaluation and Learning Resource Hub; case-study country summaries describing impact of treatment over time in partnership with the Global Geostats Hub at the University of Birmingham; and a systematic review on the impact of interventions for the control and elimination of SCH.

Advancing progress towards elimination of parasitic disease

We continued collaboration on the END Fund's **Deworming and Innovation Fund (DIF)** which included the development, writing, and submission of both Unlimit Health and country-led publications related to the project as well as providing academic expertise to DIF's development of a Stop MDA Survey design.

Here is the list of manuscripts that were submitted and accepted or are under review.

(i) Burden of SCH in Ethiopia following ten years of preventive chemotherapy: a national cross-sectional geostatistical survey at The Lancet Global Health .

(ii) A national geostatistical survey for SCH and soil-transmitted helminths in Zimbabwe following interruption of preventive chemotherapy at BMC Public and Global Health) .

(iii) Applying geostatistical approaches to programmatic decision-making in SCH and soil-transmitted helminthiasis at International Health .

(iv) From district to community: fine-scale data and revised WHO guidance expand SCH treatment needs in Ethiopia and Zimbabwe at PLoS NTDs .

Understanding the persistence of schistosomiasis

The **DRIVERS research project**, funded by the Wellcome Trust, launched in September 2025, aims to uncover why the disease persists in some areas of Africa, despite decades of treatment. Led by the University of Glasgow this international consortium brings together experts in epidemiology, immunology, genetics, and mathematical modelling, alongside national SCH control programme managers and health ministries. Dr Fiona Fleming, Unlimit Health's Director of Research and Innovation, serves as co-investigator providing scientific oversight. Our strong partnerships with health ministries in Côte d'Ivoire and Malawi, and experience in national IAs, have supported site selection and will ensure that findings translate into policy and practice.



Members of the DRIVERS team in Mangochi District, Malawi, marking the official in-country launch of the project.

Image by: Donald Ross /University of Glasgow

Measuring progress on the WHO elimination goals

This year we led the implementation of the **Gap Assessment Tool (GAT)** for the WHO's Malaria and NTD's Department, with technical guidance from the GAT Steering Committee and funding from the Gates Foundation.

The GAT project aims to assess progress towards the goals outlined in the WHO 2021-2030 roadmap for NTDs concerning seven dimensions: scientific understanding; effective interventions; operational and normative guidance; planning, governance and programme implementation; healthcare infrastructure and workforce; advocacy and funding; and capacity and awareness building.

This consultation follows up on a similar project conducted in 2023-2024, which focused on four different themes: diagnostics, M&E, access and logistics, and advocacy and funding.

The final GAT results will be reviewed by the Strategic and TAG for NTDs and will contribute to the mid-term review being conducted by the Department of Malaria and NTDs, informing strategic planning towards 2030.



"The Gap Assessment Tool is an innovative framework for monitoring and evaluation.

It combines experiential insights from multiple stakeholders to understand why progress may stall and what actions are needed to move towards WHO's 2030 disease elimination goals.

Dr Carlos A Torres Vitolas
Deputy Director of Research & Innovation, Unlimit Health

Our academic expertise:

Our staff published in nine academic papers relevant to the control and elimination of SCH serving as lead or co-authors in 25/26:

Monitoring, Evaluation & Programme Performance

Tracking Progress Along the WHO Neglected Tropical Diseases Road Map to 2030:
A Guide to the Gap Assessment Tool (GAT) and Results From the 2023-2024 Assessment

PLOS Neglected Tropical Diseases

Achieving Elimination of Soil-Transmitted Helminthiasis as a Public Health Problem in Mali

BMJ Global Health

Disease Surveillance, Epidemiology & Risk Mapping

Spatial Distribution of Urogenital SCH in School-Aged Children in Togo: An Oversampling Survey in Three Districts in 2022

Parasites & Vectors

Spatial and Temporal Risk Mapping of Human and Porcine Taenia solium Infections in Malawi: A Systematic Review and Geostatistical Approach

One Health Outlook

Community Engagement, Behaviour Change & Health Literacy

Socio-Cultural and Structural Barriers Influencing Parents Knowledge and Access to Information on SCH in Children Around Ugandan Lakes

PLOS Neglected Tropical Diseases

Gender Equity, Advocacy & Health Systems Integration

Now, More Than Ever, It's Time to Address the Neglect of Female Genital SCH

Parasitology

Modelling, Clinical Outcomes & Elimination Science

A Model Predicting Piloting the SCH Practical and Precision Assessment approach in five health districts of the N'zérékoré region, Republic of Guinea

PLOS Neglected Tropical Diseases

Modelling of Onchocerciasis-Associated Skin and Ocular Disease and the Impact of Interventions

Communications Medicine

Data Systems, Open Science & Research Infrastructure

HISTONCHO:
A Dataset of Intervention Histories for Onchocerciasis Control and Elimination in Sub-Saharan Africa

Scientific Data

One Health to support a healthy parasite-free environment

Tackling pork tapeworm transmission in Uganda

Taenia solium (the pork tapeworm) is a zoonotic parasite that poses a significant health and economic burden across sub-Saharan Africa, with several highly endemic hotspots identified in Uganda.

Achieving the WHO goals for the control and elimination of *T. solium* requires interventions that align closely with existing SCH control, including MDA using PZQ.

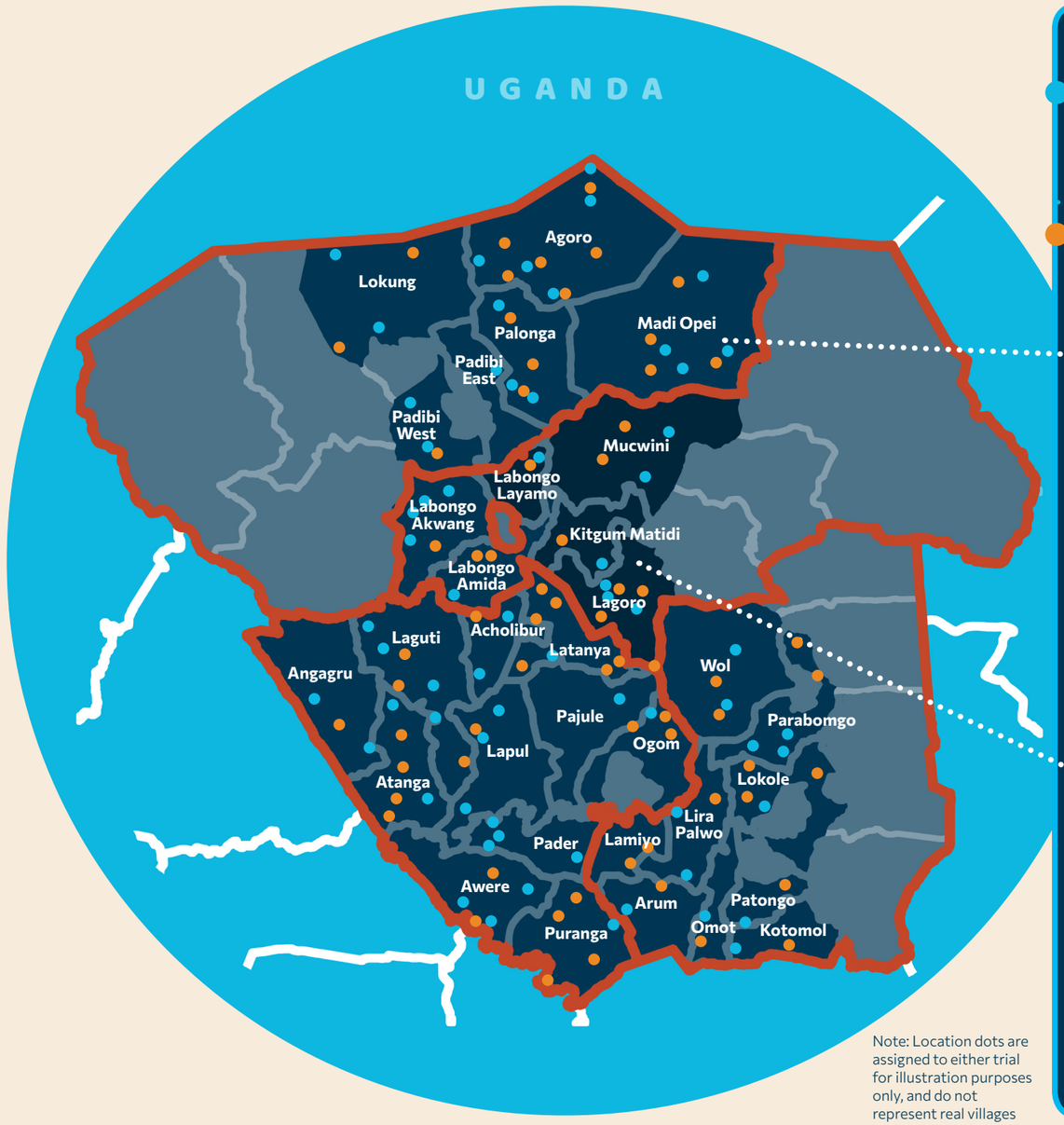
To tackle this, we continued implementation of the five-year **SUSTAIN** *(SUstainable STrategies for TAenia solium INterventions)* project, a £2.13 million initiative funded by the UK Medical Research Council and the Foreign, Commonwealth and Development Office (FCDO).

The project is delivered through a consortium of partners including the University of Edinburgh, Unlimit Health, Gulu University, Makerere University, Imperial College London and the International Livestock Research Institute.

Over the five-year project, we are supporting the Ugandan MoH to deliver the human MDA component across 136 villages in four districts. One round of MDA will be integrated with existing SCH treatment activities, providing an opportunity to evaluate a more sustainable and operationally feasible approach to *T. solium* control that could be adopted at scale.

The project will also assess the additional benefits of a One Health approach by incorporating pig treatment in half of the study villages. By targeting transmission in both human and animal populations, the study aims to generate evidence on the effectiveness, feasibility and scalability of integrated strategies for controlling the parasite in Uganda.

The first round of MDA is scheduled to take place in April 2027.



Note: Location dots are assigned to either trial for illustration purposes only, and do not represent real villages

Trial arm 1
3 rounds
6 month interval between rounds

Human Treatment (with PZQ)

Trial arm 2
3 rounds
6 month interval between rounds

Human Treatment (with PZQ)

Pig Treatment (with oxfendazole 30 mg/kg)

Treatment protocol 1

In those sub-counties where SCH is co-endemic & on-going SCH control (28 sub-counties)

Round 1 and 3: 10 mg/kg) PZQ to all eligible individuals (≥ 5 years)

Round 2: 40 mg/kg PZQ to eligible 5 - 15 yrs (through SCH control programme) & 10 mg/kg PZQ to > 15 years

Treatment protocol 2

In those sub-counties without SCH (4 sub-counties)

All rounds: 10 mg/kg PZQ to all eligible individuals (≥ 5 years)

Furthering Global Health

We continued to provide thought leadership on collaboration for parasitic disease elimination, leading and actively participating in task teams and working groups, including the WHO TAG on SCH and STH, the WHO NTD informatic tools sub-groups, iChords, the NNN, and the Network for Ecohealth and One Health to contribute to the global health agenda and provide additional guidance documents for the control and elimination of SCH and STH.

Additionally, we were invited to review the Food and Agriculture Organisation's animal surveillance for **endemic zoonotic diseases guidance chapter** on SCH.



Unlimit Health staff including our Senior Policy Advisor, Aparna Adams (front), Vice-Chair of the NNN at the NNN conference in Uganda.

Image by:
Unlimit Health

Fundraising in 25/26

Improving health cost-effectively

Despite a challenging global political and economic climate, this was a strong year for fundraising at Unlimit Health. Many of our supporters ask a simple question:

Where will my donation to charity do the most to improve the health and prosperity of people living in poverty?

For thousands of people around the world, their answer is Unlimit Health.

Independent charity evaluator, **The Life You Can Save**, rates Unlimit Health-supported SCH treatment programmes as **"highly cost-effective".**

In Madagascar, for example, it costs just $36 to prevent a year of poor health caused by the disease. In Ethiopia, the figure is $87, well below what is typically considered good value in global health.

Income from donors who give via the **Effective Altruism** community, including The Life You Can Save, **Giving What We Can** and **Founders Pledge**, increased by 9% this year. This is a vote of confidence helping us and our partner governments bring closer the end of parasitic disease.

Down to zero in Côte d'Ivoire

In July 2025, our **Down to Zero** appeal invited supporters to help keep up momentum towards elimination of all parasitic worm disease in Côte d'Ivoire. You responded magnificently, donating almost **£94,000** in a matched funding campaign.

This enabled treatment for over 390,000 children for both STH and SCH in seven of the most severely affected health districts, including the last remaining district highly infected* with STH.

With this support, you have helped Côte d'Ivoire make a huge stride towards its eventual goal - getting the number of new cases of parasitic worm disease down to zero.

*More than 1 in 5 people are infected with the parasite.

First treatment, at last, in Zanzibar

To eliminate SCH as a public health problem, everyone at risk must have access to treatment. Until recently, though, there was no suitable treatment for PSAC, despite them often carrying the heaviest burden of infection.

In December 2025, we launched our **Treated like a child** appeal to ensure 20,000 young children in Zanzibar can access a newly available treatment. The treatment protects children from the risk of pain, organ damage and impaired physical and cognitive development that parasitic disease poses.

Once again, our supporters responded generously, helping us raise **£117,000**.

The power of regular giving

Parasitic disease cannot be eliminated overnight. In this report you will find examples showing how we are helping governments across sub-Saharan Africa drive down the prevalence of parasitic disease, but to reach elimination requires a sustained effort.

That is why our supporters who commit to a regular donation are so valuable to us. This steady stream of predictable income makes it easier for us to give our partner governments the confidence that we can support them all the way to the elimination of SCH.

To make a regular gift even more cost-effective, the **Michael and Helen Brown Charitable Trust** have pledged to double any new regular gift for the first six months, however small. There is no more effective way to end parasitic disease so, if you are not already a regular donor, please sign up **here**.

To everyone who supported us this year, in these and other ways, thank you.



Mwanakombo Mohammed stands with her five-year-old son in Zanzibar who has experienced SCH. He is one of many young children in Zanzibar who would benefit from a child-friendly treatment against the disease.

Image by:
Unlimit Health / Sam Vox

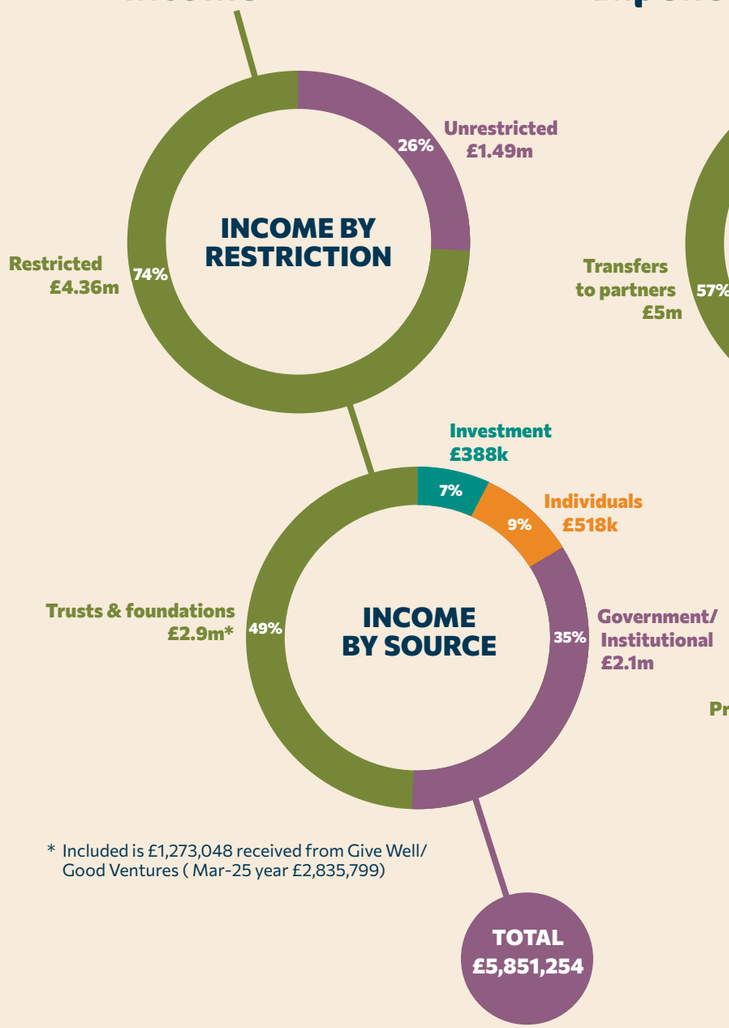
Financial review

Despite a challenging operating environment, Unlimit Health remains in a strong financial position and well placed to deliver its mission over the coming years.

In 2026, we reported a planned deficit of £3.12 million (2025: £1.95 million deficit), reflecting our strategy of drawing on funds previously set aside by the Trustees to support programme delivery. As a result, total funds at year end were £8.98 million (2025: £12.11 million). These funds include £3.92 million of designated reserves, which have been earmarked to support specific programme activities over the next two years in line with our Operational Plan.

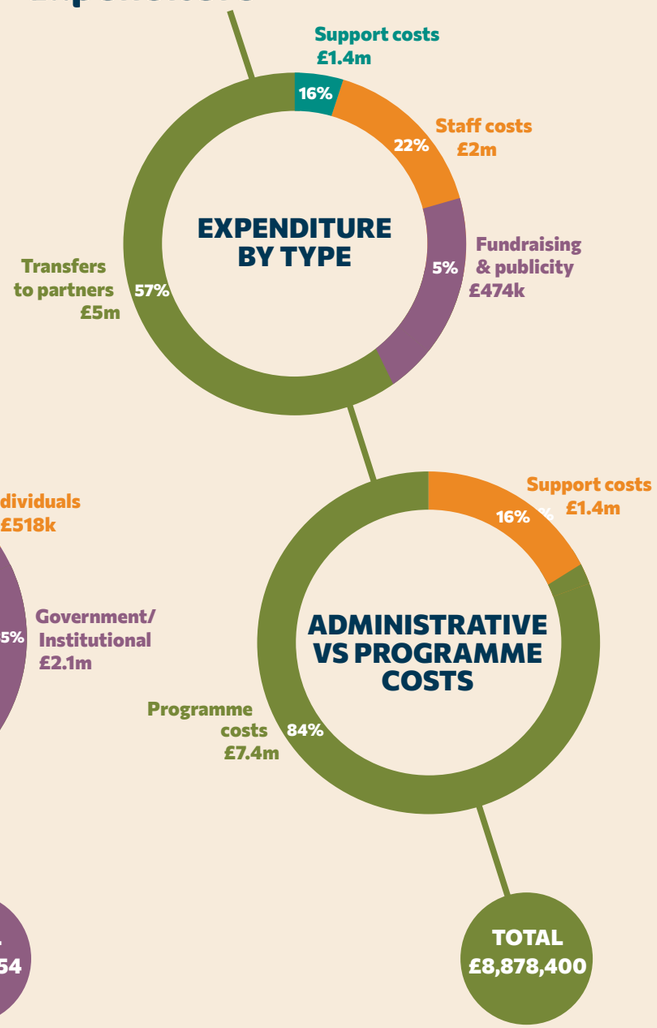
These figures have been extracted from the Unlimit Health Annual Report and Financial Statements for the year 2025/26 audited by HaysMac LLP and receiving clean audit. Please refer to the Audited Accounts for a full picture of the Unlimit Health Financial Performance for 2025/26.

Income

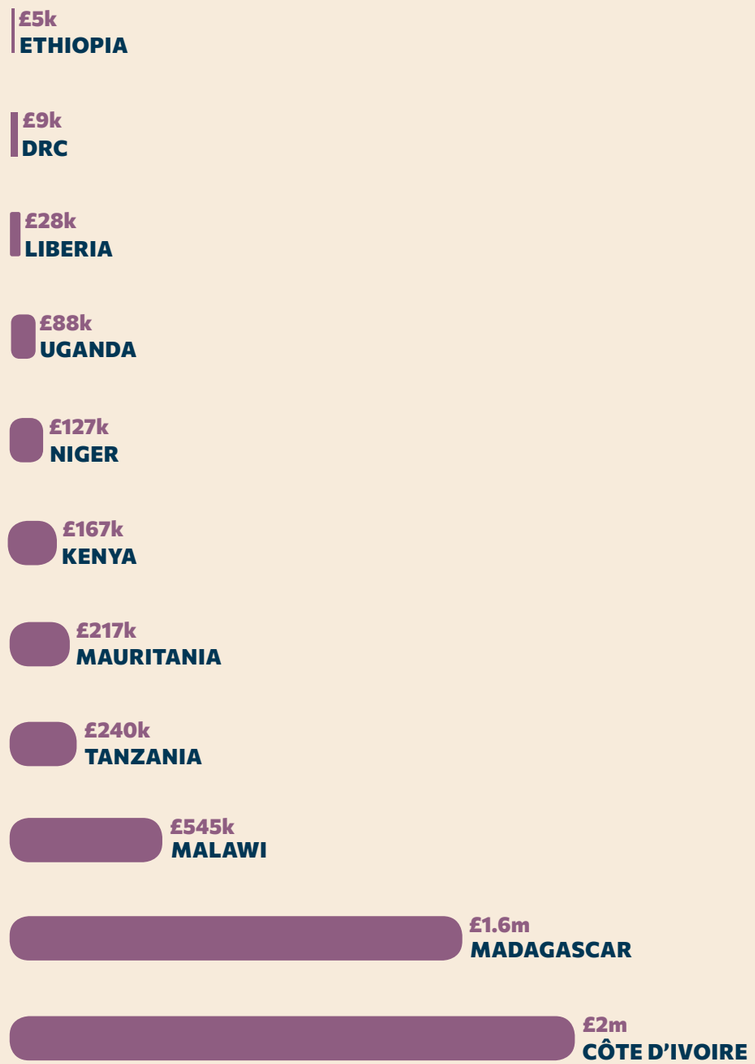


* Included is £1,273,048 received from Give Well/ Good Ventures (Mar-25 year £2,835,799)

Expenditure



Transfer to partners



Unlimit Health.
ENDING PARASITIC DISEASE



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