Unlimit Health

Annual Report and Financial Statements for the year ending 31 March 2026

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List of acronyms

AfGH	Action for Global Health
ASTMH	American Society of Tropical Medicine and Hygiene
BCC	Behaviour change communications
CDW	Community Data Workbook
DHSC	UK Department of Health and Social Care
DRM	Domestic Resource Mobilisation
EA	Effective Altruism
EDCTP	European & Developing Countries Clinical Trials Partnership
ELISA	Enzyme-linked immunosorbent assay
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FAO	UN Food and Agriculture Organisation
FCDO	UK Foreign, Commonwealth and Development Office
FGS	Female Genital Schistosomiasis
FIG	FGS Integration Group
FRAC	Finance Risk and Audit Committee
GAT	Gap Assessment Tool
GSA	Global Schistosomiasis Alliance
ICAN	International Coalition for Advocacy on Nutrition
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
MRC	UK Medical Research Council
NNN	NTD non-governmental organisations network
NTDs	Neglected Tropical Diseases
N4G	Nutrition for Growth

PPC	Paediatric 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
STIs	Sexually transmitted infections
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Foreword by the Co-Chairs of the Board of Trustees

As Co-Chairs of Unlimit Health, it is our privilege to introduce this Annual Report for the year ended 31 March 2026.

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 27 million treatments for neglected tropical diseases and helped over 16 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 the year, the Board undertook a comprehensive mid-term review of the organisation's strategy. This process confirmed both the continuing relevance of Unlimit Health's mission and the value of its distinctive role in global health. We were encouraged by the confidence expressed by partners and stakeholders, and by the clear evidence that the organisation is making a meaningful contribution to the goals set out in the WHO Neglected Tropical Diseases Road Map to 2030. Following the review, the Board approved an extension of the strategic timeframe to 2030, ensuring continued alignment with global ambitions while retaining the flexibility to respond to emerging 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 & Professor Samba Sow
Co-Chairs of the Board of Trustees

Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of Unlimit Health for the year ended 31 March 2026. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

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

Our purposes and activities

Unlimit Health purpose

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

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

By:

a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.

b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; and

c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.

Our goals under our strategy 2023-2028

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

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

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

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

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

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

During the year, and based on the outputs for the Mid -term strategy review the Board approved an operational and financial plan covering the period 2026-2030, that extended the 2023-2028 strategy out to 2030. The activities, performance and achievements reported within these financial statements relate to the 2023-2028 strategy, under which they were delivered. References to the 2026-2030 strategy are

included where relevant to reflect the Charity's future strategic direction and priorities, which will guide activities and reporting in subsequent financial periods.

Enablers to reaching our goals

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

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

Our Values

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

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

Priorities set for the Reporting Period 2025-2026

During this reporting period, our priorities remained focused on providing technical expertise to countries across a range of thematic areas, notably generating data to inform decision-making, refining strategies through an evidence-based approach, monitoring progress against global and national goals, and supporting effective cross-sectoral engagement.

Unlimit Health also took the opportunity to undertake a structured mid-term review of it's strategy, recognising that the organisation had reached the halfway point of the strategic cycle and that the external funding and policy landscape had continued to evolve. The review was designed to ensure that Unlimit Health remains well positioned to deliver impact, remains aligned with endemic country priorities, and continues to focus on the areas where it adds the greatest value as an independent research organisation

The process was led by the Co-Chairs and Trustees, working closely with the leadership team. It drew on a wide range of evidence, including progress against strategic goals, operational plans, financial and governance reporting, and reflections on changes in the wider global health ecosystem. Trustees provided both challenge and support, expressing strong confidence in the leadership team and staff, and affirming that Unlimit Health is uniquely positioned to contribute to the elimination of schistosomiasis through its integrated, country-driven and partnership-based approach.

The review confirmed the increasing relevance of the organisation's strategic direction in the current global climate while also identifying areas for sharper focus to ensure that Unlimit Health continues to work collaboratively, responsibly and with clear strategic intent. The Board also approved the extension of the strategic period to 2030 to further align with the WHO Road Map 2021 -2030 suggesting a further review in 2028 in preparation for a new strategy post 2030.

Public Benefit Statement

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

Grant Making Policy

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

Achievements, Performance and Future Plans

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

Objectives:

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

Key Achievements:

- In partnership with Ministries of Health in six countries, we supported the delivery of over 27 million treatments, primarily for schistosomiasis (SCH) (16.1m) and soil-transmitted helminths (STH) (11.6m) and including 170,458 treatments for lymphatic filariasis (LF) provisionally reported for FY25/26. Over 16 million people benefited from these treatments to prevent, control and eliminate these neglected tropical diseases (NTDs). Despite these successes, several factors resulted in certain MoH programmes being unable to deliver their treatment programmes:
    - 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.

- Despite intentions to maintain programme support to Burundi following a pause in activities to allow a programme audit to be undertaken, the subsequent audit findings and lack of engagement with the MoH to seek resolution and mitigation for financial control going forward resulted in withdrawal of support from both Unlimit Health and the programme donor.

- As a direct result of USAID funding withdrawal, several NTD programmes in endemic countries had stocks of donated praziquantel at risk of expiring. With support from The Life You Can Save, Unlimit Health were able to provide financing for an emergency drug distribution in Niger, ensuring that over 1 million children received treatment and valuable PZQ stock were successfully utilised.
- Overall, effective reported coverage remained high at over 75% (SCH: 84.9%, STH: 69.3%). To generate data on quality and performance of their programmes, Unlimit Health supported Côte d'Ivoire, Madagascar and Mauritania to conduct coverage evaluations surveys. 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.
- Contributed directly to key fora designed to escalate and resolve issues related to global NTD supply chains. This included participation in the NTD Supply Chain Forum's annual meeting at WHO Geneva, serving as an advisory member of the Supply Chain Technical Support Mechanism (SCTSM), and contributing to the Global Coordination and Stewardship Committee, which convenes pharmaceutical partners, donors, stakeholders, and governments annually and on an ad hoc basis throughout the year.
- Conducted three epidemiological, model-based geostatistical impact assessment surveys with MoH partners in, the Democratic Republic of Congo (Part 2), 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 Mauritania and Malawi. An online results dissemination meeting will be held with country partners in the Democratic Republic of the Congo in April 2026, with planning underway for a wider stakeholder workshop in country in July-August 2026. In addition, an online results dissemination and consultation meeting is planned with the MoH in Mauritania in June 2026, followed by an in-country workshop in October 2026.
- Granular data generated by these surveys have identified areas of high and sustained transmission, particularly for SCH, thereby supporting MoH decision-making on optimising the planning and delivery of treatments and other interventions at sub-national level, and demonstrating progress toward impact goals aligned to the WHO NTD Roadmap for 2030 and the WHO Guideline for Schistosomiasis and WHO M&E Framework for Schistosomiasis and Soil-Transmitted Helminthiasis.
- Following impact assessments, we have supported MoH to share historical and current data in the required formats for WHO platforms for reporting and open access (WHO Global Observatory and the

ESPEN (Expanded Special Project for Elimination of NTDs) Portal). This has helped strengthen collaboration with ESPEN on the improvement of treatment planning tools such as the Community Data Workbooks (CDW) alongside supporting their data work on administrative units. In December 2025, we joined the Regional Workshop on Data Systems, Tools and Processes for PC-NTDs convened by ESPEN which was critical for the alignment of data capture, interpretation and decision-making to better target resources for schistosomiasis control and elimination.

- Led on the development of evidence generation into practice as part of collaboration projects:
  - The Subnational Strategy and Action Plan for Schistosomiasis and STH (SNAPS) is funded by the Gates Foundation (GF) with Unlimit Health as the main grantee and sub-grants to the London School of Hygiene and Tropical Medicine and the University of Washington, USA (for the Centre for Modelling & Analysis at the University of Nairobi and for the Kenya Medical Research Institute). In last 12 months SNAPS has held three Technical Advisory Group (TAG) meetings – 2 virtual and 1 in-person in Nairobi. Through the TAG, as set of SCH-related priority questions elicited through interviews with MoH Programme Manager and partners, were ranked in terms of feasibility: can we successfully answer this question? and necessity: is it critical to answer this question now? Three Rapid Answer Questions (RAQ) were identified as the priority to address in the 18-month grant period.

    Additional SNAPS outputs that have been developed and will be delivered by Q1 2026/27 include: a systematic review on the impact of interventions for the control and elimination of SCH; an investment case for impact assessment; a Monitoring, Evaluation and Learning Resource Hub; and case-study country summaries describing the impact of treatment over time, developed in partnership with the Global Geostats Hub at the University of Birmingham.
- Unlimit Health continued collaboration on the END Fund's Deworming and Innovation Fund which included supporting writing and submission of both UH and country-led publications related to the project as well as the development of a Stop MDA Survey design. The following manuscripts were submitted and are under review (several have been resubmitted following reviewers' comments)

  (i) Burden of schistosomiasis in Ethiopia following ten years of preventive chemotherapy: a national cross-sectional geostatistical survey at The Lancet Global Health – (preprint https://dx.doi.org/10.2139/ssrn.6134853)

  (ii) A national geostatistical survey for schistosomiasis and soil-transmitted helminths in Zimbabwe following interruption of preventive chemotherapy Short Title: Geostatistical impact assessment of helminth infections in Zimbabwe at BMC Public and Global Health

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

(iv) From district to community: fine-scale data and revised WHO guidance expand schistosomiasis treatment needs in Ethiopia and Zimbabwe at PLoS NTDs (preprint https://doi.org/10.64898/2026.04.07.26350372)

- Led by LSHTM and KEMRI with UH as co-PI an application to the National Institute for Health and Care Research on Urban Schistosomiasis Elimination: Context-Adapted Tools for Integrated Control and Surveillance proposal was successfully awarded and work will commence on the grant in 26/27 following receipt of funds.
- The DRIVERS research project, funded by the Wellcome Trust, aims to uncover why the disease still persists in in some areas of Africa, despite decades of treatment. Led by the University of Glasgow this international consortium bringing together experts in epidemiology, immunology, genetics, and mathematical modelling, alongside national schistosomiasis control programme managers and health ministries. For this project launched in September 2025, Unlimit Health will provides scientific oversight, with Dr Fiona Fleming, Director of Research and Innovation, serving as co-investigator. Our strong partnerships with Ministries of Health in Côte d'Ivoire and Malawi, and experience in national impact assessments, will guide site selection and ensure findings translate into policy and practice.

- Published papers relevant to the control and elimination of schistosomiasis as lead or co-authors:
  - Reigl LS, Anyolitho MK, Neema S, Amuyunzu-Nyamongo M, Buhl A, **Burrill J**, Frese M, Gnahore DA, Hürlimann E, Lavry Épouse Yao LS, Masaku J, Monnier N, Preston A, Sinkeet AS, Steinmann P, Toh A, Okan O, Winkler AS, Lange IL. Socio-cultural and structural barriers influencing parents' knowledge and access to information on schistosomiasis in children around Ugandan Lakes. *PLoS Negl Trop Dis*. 2025 https://doi.org/10.1371/journal.pntd.0013050
  - **Fleming FM, Preston A**, Bettee AK, Dje N, Gamba V, Gouvras A, Gyapong M, Jacobson J, Kalume C, Kollie KKK, Kouamin AC, Krentel A, Long EF, Mazigo HD, Masong MC, Oluwole AS, Pillay L, Rabiu I, Randrianasolo BS, Wakesho F, **Velleman Y**. Now, more than ever, it's time to address the neglect of female genital schistosomiasis. *Parasitology*. 2025 https://doi.org/10.1017/S0031182025101297
  - Donadeu M, Gyorkos TW, Horstick O, Lammie P, Mwingira UJ, Omondi WP, Pritchard JM, Tappero J, Chan YL, Welsche S, Agua JFV, Madjou S, Mbabazi PS, Warusavithana S, **Torres-Vitolas CA.** 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 Negl Trop Dis*. 2025 https://doi.org/10.1371/journal.pntd.0013194
  - Ataba E, Lack FA, Kamassa HE, Alidou S, Yakpa K, **Fleming FM**, Sossou E, Hemou M, Tchalim M, Datagni G, Seim A, Gnossike P, Vounatsou P, Pullan R, Gass K, Dorkenoo AM. Spatial distribution of urogenital schistosomiasis in school-aged children in Togo: an oversampling

survey in three districts in 2022. *Parasit Vectors*. 2026 https://doi.org/10.1186/s13071-026-07357-6

- Traore M, Maiga FK, Keita M, Guindo B, Sacko M, Doumbia SS, Doumbia MN, Dembele B, Coulibaly YI, Stern C, Reid S, Serna A, **Fleming FM**, Weaver AM, Zhang Y. Achieving elimination of soil-transmitted helminthiasis as a public health problem in Mali. *BMJ Glob Health*. 2025 https://doi.org/10.1136/bmjgh-2024-017092
- Keita BM, Diallo M, Diarra M, Traore S, Kamano AT, Keita D, Amento A, Sylla M, Kante N, Dopavogui A, Sylla CM, Berete S, Vounatsou P, Kepha S, Gass K, Pullan RL**, Fleming FM**, Diallo NK, Konde MK. Piloting the Schistosomiasis Practical and Precision Assessment approach in five health districts of the N'zérékoré region, Republic of Guinea. *PLoS Negl Trop Dis*. 2025. https://doi.org/10.1371/journal.pntd.0013413
- **Dixon MA**, Ramani A, Walker M, Stapley JN, Murdoch ME, Murdoch IA, Ozoh GA, Mosser JF, Basáñez MG. Modelling of onchocerciasis-associated skin and ocular disease and the impact of ivermectin treatment. *Commun Med*. 2026; doi: 10.1038/s43856-026-01464-2.
- **Dixon MA**, Walker M, Ramani A, Coalson JE, Griswold E, Noland GS, Tate A, Makata E, Ali AMA, Cano J, Bessell P, Fronterrè C, Browning R, Stolk WA, Basáñez MG. HISTONCHO: A database of intervention histories for onchocerciasis control and elimination in sub-Saharan Africa. *Sci Data.* 2026; doi: 10.1038/s41597-026-06852-w.
- Ngwili N, Kachepa U, Ahimbisibwe S, Korir M, Chavula M, Wood C, Chiphwanya J, Kafanikhale H, Glazer C, Juziwelo L, Munkhondia-Phiri P, Musaya J, Thomas LF, **Dixon MA**. Spatial and temporal risk mapping of human and porcine Taenia solium infections in Malawi: A systematic review and geostatistical approach. *One Health Outlook*. 2026; doi: 10.1186/s42522-026-00199-3

- Actively participated in and led task teams and working groups (WHO Technical Advisory Group on Schistosomiasis and STH (including M&E, WASH, zoonotic schistosomiasis), WHO NTD informatic tools sub-groups, iChords, NTDs NGO Network (NNN), NEOH (Network for Ecohealth and One Health)) to contribute to the global health agenda and provide additional guidance documents for the control and elimination of schistosomiasis and STH. Invited to review UN Food and Agriculture Organisation (FAO) animal surveillance for endemic zoonotic diseases guidance chapter on schistosomiasis.
- UH is leading the implementation of the Gap Assessment Tool (GAT) for the WHO's Malaria and Neglected Tropical Diseases Department, with technical guidance from the GAT Steering Committee and funding from the Gates Foundation. The GAT project aims to update the assessment of programmatic progress reported 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 during 2023-2024, which focused on four different themes: diagnostics, M&E, access and logistics, and advocacy and funding. Final results will finish the updating of the roadmap for all NTDs and dimensions. To this effect, twenty-two disease-specific focus group discussions (FGDs) are planned to take place with disease experts, WHO officials and programme managers across April - June 2026. Subsequently, UH will further conduct dimension-level FGDs, focusing on developing cross-cutting recommendations across multiple NTDs, particularly related to mainstreaming, integration, and inter-sectoral coordination. The latter discussions are expected to be completed by July 2026. A report, with detailed narrative synthesis and programmatic recommendations at disease- and dimension-levels, is expected to be produced by August 2026 and included in a WHO publication reporting on their mid-term review for this decade. A comprehensive final report will be submitted to the Strategic and Technical Advisory Group for Neglected Tropical Diseases for approval and endorsement during August-September 2026.

- This year, we continued our shared leadership role in the Pediatric Praziquantel Consortium (PPC), supporting the continuation of treatment delivery to preschool-aged children through the ADOPT project ('Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries). Uganda tested integration of the new pediatric treatment at small-scale through the integrated child health days platform in May 2025 and Kenya tested integration through its community-based NTD MDA platform in August 2025. In January and February 2026, treatment efforts were substantially scaled-up as Cote d'Ivoire delivered a large-scale pilot via the country's national NTD and Nutrition programs, delivering schistosomiasis treatment to 45,558 preschool-aged children across two districts.
- The ADOPT project, co-funded by EDCTP and GHIT and jointly led by Unlimit Health alongside the Swiss Tropical and Public Health Institute (Swiss TPH), came to an end in March 2026. In the last year of the project, we:
    - Led the coordination and provision of technical support on Work Package 2 of the ADOPT project, working closely with the governments of Cote d'Ivoire, Kenya and Uganda to implement advocacy and social mobilisation strategies to increase awareness, acceptance and uptake of the new treatment and facilitate a supportive environment for roll-out as part of the pilots.
    - Worked jointly with Swiss TPH to support planning, preparation and treatment delivery through Work Packages 3-5 of ADOPT. In Uganda and Côte d'Ivoire, we provided in-country support for the delivery of training, social mobilisation and supervision of activities. Following completion of the project, we have worked closely with project partners to complete project reporting and ensure submission of deliverables.
    - Led the development of an implementation guide to support the integration of the new paediatric schistosomiasis treatment into health service delivery in schistosome-endemic

country contexts. The guide will be submitted to EDCTP as a major project deliverable and subsequently disseminated to Ministries of Health and implementing partners with an interest in integrating the new treatment into child health and/or NTD services.

- Represented the PPC at international meetings and in discussions with external stakeholders.
- Supported the organisation and facilitation of two in-person consortium meetings: one in Abidjan in July 2025 and another in Utrecht in February 2026.
- Contributed to external communication initiatives as part of the PPC Communications Team.
- Continued to provide thought leadership to the Consortium at Board level.

Plans for the Next Period

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

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

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

Objectives:

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

Key Achievements:

- Engaged in the development of evidence on the burden of Female Genital Schistosomiasis (FGS) through participation in the BMGF-funded MAP-FGS study. Technical support provided during weekly project management meetings and in-person training. Coordination of qualitative data analysis and publication planning.
    - Technical support provided during the weekly project management meetings hosted by COR-NTD. Ongoing monitoring of project activities were supported. Contributions were made to the planning and implementation of data analysis and dissemination.
    - Management of the qualitative data analysis by each country team and coordination of cross-country alignment for joint publication. This included organising meetings with the social science leads in each country, monitoring progress, tracking all deliverables and providing technical support for the preparation of a joint publication.
    - One in-person training for the ELISA laboratory technique was supported in Madagascar (August 2025), including translating all materials from English to French, real-time translation of all training sessions, supervision of practical exercises and supporting practical training assessment. Online support following the training to support ongoing laboratory analysis was provided.
- Contributed to the development national planning processes on FGS:
    - Partnering with Effect Hope, Unlimit Health provided financial input to a national planning workshop, and technical input to the development of a national FGS strategy in Liberia.
    - In Cote d'Ivoire, Unlimit Health worked with the Ministry of Health 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.
- Contributed to increased awareness and prioritisation of FGS within the SCH and broader global health and NTDs community. Unlimit Health has:

- Continued to co-chair the FGS Integration Group (FIG) Coalition alongside Frontline AIDS, doubling the size of the group since its. Key work included development of models for PZQ treatment access in healthcare facilities, communications, advocacy and tool development. Exchanges with the UK and German government take place on a quarterly basis to secure continued technical assistance on FGS to endemic countries, and to support engagement of the Global Fund.
- Co-delivered, with the World Health Organization teams working on schistosomiasis and on sexually transmitted infections (STIs), a workshop on FGS at the STI & HIV World Congress, Montreal, July 2025. The workshop, which featured researchers from Ghana and Kenya sponsored by Unlimit Health, as well as NTD and HPV experts, sought to engage STI and HIV clinicians on the importance of integration of FGS into key health services. A remote presentation on the work of FIG was delivered at the ASTMH Conference as part of a symposium on FGS (November 2025).
- Continuously engaged with WHO on the development of normative guidance on FGS, including funding of and participation in a technical consultation on genital schistosomiasis in September 2025 and the development of a policy brief. Additionally, Unlimit Health co-led engagement with ESPEN on FGS, including forming a FGS tools and resources repository, and developing a FGS landscape analysis tool for NTD programme managers.

- Integrated control of *T. solium* in Uganda using a One Health Approach: The five-year project, worth £2.13 million and funded by the UK Medical Research Council (MRC) and The Foreign, Commonwealth and Development Office (FCDO), is a collaboration between University of Edinburgh, Unlimit Health, Gulu University, Makerere University, Imperial College London and the International Livestock Research Institute (ILRI). As a zoonotic tapeworm in pigs, *T. solium* (pork tapeworm) causes a significant health and economic burden in sub-Saharan Africa, with highly endemic hotspots identified in Uganda. Control and elimination of *T. solium* in humans, as outlined in the WHO NTD road map, requires similar interventions to schistosomiasis, including mass drug administration of praziquantel. Over 5-years, the project in Uganda - Sustainable Strategies for *Taenia Solium* Interventions (SUSTAIN) - will see Unlimit Health support the Ministry of Health in delivering the human mass drug administration component of the study, with components integrated with the schistosomiasis MDA platform
- Monitoring and evaluation of PZQ distribution as an additional intervention in the integrated Child Health Days (iCHD) platform in Uganda: Due to a lack of resources to deliver over 10 million tablets of PZQ at risk of expiry, as an emergency measure the Uganda MoH opted to include the delivery of PZQ through their Integrated Child Health Days (iCHD) platform, a biannual campaign that supplements fixed-site routine primary healthcare service delivery with the provision of Vitamin A supplementation, deworming, immunisation, and growth monitoring and promotion at the community level. Unlimit

Health secured funding from Merck, The END Fund and the Gates Foundation to evaluate this approach, comprising monitoring distribution, evaluating the process, as well as assessing coverage and policy aspects of integration.

Results from M&E activities were promising and the process evaluation found that planning, training, sensitisation, and drug delivery activities largely followed established processes and protocols with key challenges identified. The policy assessment also highlighted further areas for ongoing optimisation. UH continues working with the MoH to support integrated treatment initiatives.

- Provided thought leadership and programmatic innovation on the role of water and sanitation in the control and elimination of parasitic infections, including:
    - Completed the first phase of implementation of community-led action plans on WASH for reducing the risk of SCH transmission by providing an improved water supply system using innovative and locally appropriate technology in one community in Kamuli, Eastern Uganda. The provision of the water supply system was delivered through establishment of partnership between the Ministry of Health and Ministry of Water and Environment, extensive community engagement, and training of local maintenance and water supply management structures.
    - As part of chairing of the WHO Technical Advisory Group on SCH and STH WASH sub-group, finalised and submitted for publication two manuscripts:
        - Water, sanitation and hygiene in schistosomiasis 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 NNN WASH Working Group, 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.
- Provided thought leadership and supported the development of new, and ongoing, cross-sectoral collaborations on One Health, including
    - CEO participation in the One Health Summit, hosted by the Government of France to continue to build Unlimit Health profile as a thought leader in One Health system strengthening.
    - Input to UK government processes through the Action for Global Health network, through inclusion of One Health principles in submissions to the Parliamentary International Development Committee and participation in quarterly FCDO Global Health roundtables. Engagement with the UK Government Pandemic Agreement negotiating team (DHSC and

FCDO) through chairing of roundtables pre- and post- international WHO negotiation sessions.

- Attending Quadripartite (FAO) Community of Practice meetings on the Return on Investment from One Health.
- AfGH blog on OH financing of Global Health for OH day and their 'Beyond Aid' campaign.
- Collaboration with GIZ on a policy briefing on Gender aspects of a One Health approach using FGS as an example (in development).

Chaired the NNN One Health working group, including running a conference workshop with a community focus and generating case study videos from NTD endemic countries.

Unlimit Health continued to deepen its advocacy partnership with the nutrition sector to influence advocacy and engagement on parasitic infections and nutrition, including strengthened relationships with the nutrition team at FCDO; Led the development of wider health policy positioning recommendations to FCDO after the N4G Summit which led to a joint CEO meeting with FCDO Minister of State Baroness Chapman in June 2025. Unlimit Health CEO led health integration interventions during the meeting. https://www.actionagainsthunger.org.uk/wp-content/uploads/2025/01/ICAN-UK-recommendations-to-the-FCDO-for-N4G-2025.pdf

Supported the parliamentary reception hosted by the APPG on Nutrition for All in March 2026 and attended by the FCDO Parliamentary Under-Secretary of State, Chris Elmore MP; to strengthened connections and networking opportunities between Unlimit and key stakeholders to build upon to advance Unlimit Health's work on nutrition and health integration.

Plans for the Next Period

In 2026-27, we will

- Continue to promote the integration of FGS into health services by supporting continued FGS burden assessments; support in-country policy, strategy and policy development in Côte D'Ivoire; support WHO to produce and disseminate normative guidance on integration of FGS at through collaboration with WHO HQ and AFRO; explore and advocate for the integration of FGS into relevant funding streams; and continue to conduct advocacy and communications on FGS.
- Contribute to the body of evidence on integration of SCH/STH programmes into appropriate sustainable platforms, and build the policy enabling environment for integrated treatment.
- Support the delivery of One Health interventions against zoonotic NTD (T. Sol) in Uganda.
- Enhance the enabling environment for a One health, systems-based approach to health policy and disease control/elimination (policy, financing, coordination platforms) through in-country support, building on successful work in Zanzibar and Côte d'Ivoire.

- Mobilise resource to continue supporting comprehensive prevention of SCH/STH in high-risk areas in Uganda, through participatory action plans and cross sectoral collaboration and delivery of SCH/STH-sensitive WASH, environmental management and social behaviour change, building on progress made in the first phase of implementation. Share lessons learned with other countries, through international forums and conferences.
- Work to ensure that parasitic infections are included in comprehensive nutrition plans, strategies and funding streams, supported by the publication of a high-quality systematic review on schistosomiasis and nutritional outcomes.

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

Objectives:

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

Key Achievements:

- **Sustainable resourcing**:
  - In July 2025, Unlimit Health supported the Mauritanian Ministry of Health's national NTD programme to host and co-design a two-day domestic resource mobilisation (DRM) workshop, with additional support from a DRM consultant. The workshop brought together 19 stakeholders from government, academic institutions, WHO, the World Bank, civil society and the private sector and resulted in a co-produced, phased DRM roadmap, anchored in the renewal of Mauritania's national NTD Master Plan 2026–2030. Key interventions include integrating NTD indicators into national health information systems, advocating for a dedicated NTD budget line, and establishing a multisectoral coordination platform.
  - Worked to support the Ministry of Health NTD team in Côte D'Ivoire to design a workshop and meetings as the discovery phase of the sustainable financing project. The Ministry of Health NTD team were supported by the Unlimit Health team and a technical expert consultant to co-create a workshop and associated meetings to gather create integration pathways and sustainable resourcing for treatment delivery.
- **One Health Systems Strengthening in Zanzibar:**
  - Three successful workshops have been conducted, during which stakeholders developed a One Health roadmap. The workshops have generated several additional benefits, including strengthened collaboration, increased political engagement, leveraged funding, and enhanced capacity.

- Collaboration has been strengthened through engagement with the tourism sector, with the Zanzibar Association of Tourism Investors (ZATI) now interested in supporting the Ministry of Health with social mobilisation. Political will has been demonstrated through the participation of senior health staff from the District Management Team and the NTD programme. Funding has also been leveraged, with the One Health Society, through USAID funding, set to support the expansion of the online learning platform to Zanzibar.
- The workshops also strengthened capacity through peer-to-peer learning among participants, between mainland Tanzania and Zanzibar, and between Unlimit Health and partners. The third workshop brought together representatives from the Ministries of Health, Agriculture and Environment, as well as WASH, climate change, AMR and animal health teams, to discuss One Health approaches, policy needs and advocacy skills training. The workshop ended in an advocacy pitch session with Social Welfare Committee MPs.

Plans for the Next Period

In 2026-27, we will continue to embed efforts and initiatives in support of country ownership in our own work and in the broader NTD and global health community. This will include, among other activities:

- Supporting ministries of health in endemic countries to put in place processes, structures and mechanisms to enhance health equity and system sustainability, including ensuring that a One Health Systems Strengthening approach is owned and embedded across UH, and developing resource mobilisation plans in support of treatment.
- Developing an organisational level approach to sustainable resourcing, which would combine the work on sustainable resourcing and embed it within integration efforts to enable a holistic and aligned approach to sustainable treatment delivery.
- Work with our partners to generate evidence and resources to enable effective advocacy on behalf of their health programs with a wider more international audience and serve as a resource for peers in other countries.

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

Objectives:

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

Key Achievements:

The strategy continues to be warmly received by stakeholders including funders, Ministry of Health colleagues from endemic countries, and other agencies. Unlimit Health has two Co-Chairs with one Co-chair from an endemic country.

- Continued to work with our ministries of health partners from endemic countries and other agencies to continue to streamline the internal review and monitoring visits made by our Finance team and the retained external Internal Audit firm. This approach has enabled Unlimit Health to have a better understanding on how resources that we provide to our partners are utilised for better transparency, monitoring and reporting.
- We have continued to plan for internal review and assurance visits based on the perceived risk of the projects, size of grant funding, complexity of the programme, experience of the partner with grant funding, concerns raised during due diligence process including progress on implementing previous audit recommendations, political and economic stability, ability to travel to the partner countries and reviewing other publicly available information.
- Continued to evolve and optimise Unlimit Health's processes and tools including improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.

- Fulfilled compliance requirements, including safeguarding training alongside the production of a practical guide to implementing safeguarding for our partners. Maintained the high level of awareness and understanding of all personnel internally through delivering induction, refresher and Trustee trainings, as well as specialist update training for safeguarding focal points through BOND.
- Provided extensive policy and communications support to WHO on delivering the Guideline on control and elimination of human schistosomiasis, the WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach including technical work through the Technical Advisory Group on Schistosomiasis and STH, consultancy to evaluate the UN Food and Agricultural Organisations' Global Health Security Agenda, the FGS Task Team, and joint webinar and conference presentations.
- Continued engagement through the NTD NGO Network (NNN), the leading NTD community of practice bringing together over 100 organisations across 5 continents working in the NTD sector:
  - At the annual conference in Kampala, Uganda, September 2025, Unlimit Health teams delivered workshops on One Health, WASH, integrated treatment and sustainability.
  - Unlimit Health partnered with Kikundi, the NTD Programme Managers Community of Practice, on a workshop at the NNN conference in October 2025 to support knowledge sharing on Domestic Resource Mobilisation, which was well received and has further developed a strong working relationship with Kikundi as well as evidence generation of successful integration efforts.
  - As a key member the NNN Ensuring Sustainable Systems working group, Unlimit Health has been a leader in the developing a more in-depth understanding of integration pathways. The working group is a co-chair of the new UNICEF founded Community of Practice for Integration of NTDs in Primary Health Care. A range of activities is being led by the group including webinars and a special session planned for the 2026 conference. The output will be an Integration Statement to support all NNN members to have a guiding document on integration of NTDs.
  - Unlimit Health's Senior Advocacy Advisor was appointed as NNN Vice Chair (2025 - 2026), having co-chaired and completed the NNN strategic review process in 2025, resulting in a published Blueprint for Action| NNN strategic Plan 2026 – 2030 in November 2025. They will assume the role of Chair in September 2026 continuing to provide strategic leadership to a growing global network and a community of practice for NTD practitioners.
  - Unlimit Health's Senior Policy Advisor (One Health) co-led a NNN-WHO Youth lead webinar on integrated approaches to NTDs.

    Unlimit Health continued work as a key member of the Action for Global Health network, inputting in the network's theory of change and advocacy plans. Unlimit Health's Senior Advocacy Advisor co-leads the Parliamentary Influencing Group.
  - Continued contribution to advocacy efforts by the UK Coalition against NTDs a key mechanism to advance NTD integration advocacy with UK Government and Parliamentary champions:

- Led Coalition submission to the Parliamentary IDC inquiry on the Future of UK aid, with a focus on global health and NTDs, submitted in January 2026.
- Collaborated with European NTD Networks to present at ECTMIH September 2025 conference, Hamburg - Led presentation development for UK Coalition showcasing influencing experience, lessons in pivoting advocacy approaches and messaging in politically hostile environments and impact in the UK policy space
- Collaboration with NTD networks to influence G7 Summit (hosted by Government of Canada) 15-17 June 2025 including meetings with FCDO G7/G20 teams to sensitise to policy asks ahead of summit. FCDO agreed to report on NTD commitments from previous summits.
- World NTD Day Parliamentary reception: In February 2026, the UK Coalition Against NTDs delivered a parliamentary reception under the theme *Leaving No One Behind: Reaching 1 Billion People Affected by NTDs*. The event targeted newly elected MPs and existing parliamentary champions, combining personal testimonies from people living with NTDs, examples of integrated programme implementation, and a showcase of UK research excellence in NTD control and elimination.
- The reception included voices from NTD-affected communities in Ethiopia, Rwanda and South Sudan, alongside representatives from DNDi, researchers from Ethiopia, and pre-recorded remarks from the WHO Director for Malaria and Neglected Tropical Diseases. Unlimit Health's CEO delivered a speech highlighting the successful integration of NTD programmes into broader health initiatives in Uganda and Malawi, where Unlimit Health is supporting ministries of health. The speech underscored the strong alignment between NTD interventions and investments in nutrition, WASH, maternal and child health, and women's health.
- The Coalition used the event to call on the UK Government to reinstate its global leadership on NTDs, integrate NTDs within health systems, and provide dedicated funding for research and implementation. The reception was attended by the FCDO Minister for International Development, the Rt Hon. Baroness Chapman, who announced £3 million in new FCDO operational research funding, including for female genital schistosomiasis through COR-NTD.
- The event also provided a valuable networking opportunity with stakeholders from across the NTD, disability inclusion, SRHR, nutrition and global health sectors, including UK Government officials from FCDO, DHSC and the Cabinet Office, as well as representatives from the Wellcome Trust and the Gates Foundation. Unlimit Health played a significant role in shaping the reception and invitee list.

Plans for the Next Period

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

- Continue to maintain an effective governance structure incorporating recommendations from the governance review carried out in July 2024 and input from Trustees and other stakeholders.
- Continue to demonstrate adherence to a robust financial monitoring system that enables dynamic financial management that effectively stewards resources to deliver on our goals and objectives.
- We further develop and optimise financial management processes incorporating lessons learned from endemic country visits and audits including rolling out and embedding more structured quarterly meetings between the finance teams, budget holders and our ministries of health partners from endemic countries and other agencies.
- Creating values-driven ethical content evidencing the impact of our work, amplifying the voices of our partners wherever possible, so funders and partners understand and feel motivated to contribute to our work.

Support the influencing of global health and development policy and developing strategic partnerships, in support of efforts to eliminate parasitic disease. Including: Ongoing policy and advocacy action and network engagement; Exploring the links between Unlimit Health's One Health system strengthening and gender, climate change, pandemic PPR and AMR agendas; and advocating for sustainable financing at national and international levels, advancing One Health prioritisation and embedding in UKG departments and international agreements or bodies. This will include engaging with the Global Partnerships Conference in London in May 2026 hosted by the UK Government, South Africa, Children's Investment Foundation Fund and British International Investment, as well as preparations to advance policy advocacy efforts targeting the G20 Summit in 2027 under the UK presidency.

Unlimit Health will provide transformative thought leadership as Vice-Chair and Chair of the NNN, guiding the development of a renewed collective identity and forward-looking strategic framework aligned with the 2030 NTD roadmap. This leadership role positions Unlimit Health at the forefront of shaping the future landscape of global NTD collaboration, strengthening our influence in policy development and implementation while establishing innovative governance models that enhance the network's effectiveness and sustainability.

Financial review

We have realised a deficit of £3.12m (2025: £1.95m deficit), which was in line with our Operational Plan. This means that Unlimit Health held total funds of £8.98m (2025: £12.11m) at year-end. These funds are made up of restricted funds of £0.23m (2025: £0.30m), unrestricted general funds of £4.83m (2025: £7.25m), and designated funds of £3.92m (2025: £4.55m) which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities as outlined in the Operational Plan.

Unlimit Health received a total income of £5.85m (2025: £6.80m), the overall decrease relating almost exclusively to a reduction in recognised Grant income. The income on some grants received in advance could only be recognised upon performance in accordance with the donor's wishes. Some of our Ministry of Health partners continued to experience delays with the arrival of donated drugs which prevented MDAs from proceeding as planned, and so Unlimit Health could not spend in the country and recognise the corresponding income. These delayed activities will be carried out in the next financial year and therefore the corresponding income recognised also in the next financial year. We were not able to do any work in Sudan this year, but work is planned for the next financial year.

Donations and legacies increased slightly from £1.32m to £1.33m. The Investment income continued to perform well, although investment valuations reduced significantly at year end due to the crisis in the Gulf. Almost all of these losses were reversed in the first month of the year.

Unlimit Health spent £8.88m over the year (2025: £8.82m). There was a slight increase in expenditure and we would have spent more in the year in line with the structured drawdown of the designated funds had the various Ministry of Health partners received their drug donations from WHO on time, but we could not implement the planned level of activities in Sudan or Burundi. UH has reported supporting the delivery of 27 million treatments in the reporting period. As detailed above (Goal 1 Key Achievements) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. We would have reported higher expenditures by partners had MDA campaigns been implemented as planned.

The financial year has ended with a strong balance sheet. At the year end, cash and cash equivalents were £6.33m (2025: £6.63m). Long- and short-term investments were £6.31m (2025: £11.41m), the reduction being a planned divestment to fund ongoing charitable activities. The total creditors balance at the end of the financial year was £4.17m (2025: £6.37m), the reduction representing the recognition of deferred income in the year which at year end was £3.71m (2025: £5.98m). All of the deferred income (2025: £2.77m) is earmarked by the funders for expenditure in the next financial year.

Income Generation

Overall income from donations was slightly above the previous year whilst institutional income was significantly lower leading to total income of £5.85m (2025: £6.80m). Higher income from Effective Altruism organisations and major donors offset a reduction in individual donors and trusts and foundations.

Individual giving

Income from individuals, including major donors, was 11% higher at £0.59m (£0.53m, 2025). This result is due to the acquisition of new major donors whilst maintaining the interest of established donors with face-to-face meetings and increased opportunities for matched giving.

This year we stabilised the decline in individual donor numbers. Our successful public fundraising including matched funding campaigns in July and December 2025 raised over £200,000.

Effective Altruism

EA income was 9% higher than in 2025. We have deepened our relationships with key EA organisations this year, including The Life You Can Save, R C Forward (Canada) and Founders Pledge, and we secured a crucial emergency grant from the Life You Can Save to ensure continuity in Niger's MDA programme. We have a new donor partnership in EA Hong Kong.

Trusts and Foundations and Institutional funders

Total Institutional income was significantly lower at £2.97m (£5.28m, 2025) reflecting the difficult funding environment, phasing down of the Give Well programme, delays to in country programming with some ministry partners on some existing agreements and significantly lower levels of new approvals across the portfolio. Trusts and Foundations income from small and medium-sized trusts was lower to prior year at £123,500.

Fundraising plans

Our ambition in 2026/2027 is to increase income across all four streams from individuals, major donors, Effective Altruism and trusts and foundations. The strategies we will use include a strong emphasis on engaging existing and new potential donor audiences with our high-impact programmes. We will be investing in identifying and acquiring new individual donors and nurturing our existing fantastic

supporters. We are developing a pipeline of new trust and foundation relationships. We are confident that support for highly cost-effective disease-elimination programmes will continue to attract significant backing from the EA community. We expect to see an increase in income in 26/27 and beyond.

Whilst the recent and ongoing cuts in Official Development Assistance (ODA) budgets in the US, UK, Germany, France, Netherlands, and Sweden are impacting ODA levels significantly, there are opportunities especially in research funding, health integration and health system strengthening. The significantly lower levels of ODA funding for global health is catalysing new thinking around national domestic resource mobilisation and increasing the effectiveness of treatment and prevention programmes. We will continue to engage with multi- and bilateral funding institutions to ensure that, where possible, sufficient resources are available to support the elimination of preventable parasitic disease. Private sources of philanthropy have a key role in catalysing and leveraging new funding and financing as official funding is reduced. We will continue to solicit support for our elimination agenda from all our donors and aim to increase our approaches to sources of sustainable restricted funding.

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

- Unlimit Health does not use external commercial participators for its fundraising function.
- Unlimit Health is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2025/26, 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 £234k as at 31 March 2026 (2025: £305k).
- **Unrestricted funds** – As at 31 March 2026, the Charity had £8.76m (2025: £11.81m) of unrestricted funds. £3.92m (2025: 4.55m) of these is designated and will be spent over the next two years. The balance of General Funds is £4.83m (2025: £7.25m) 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 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 Charity's short-term ability to meet its obligations to its beneficiaries, employees, and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the Charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year (between **£1.2m** and **£1.6m**). The cost for an orderly closure is £1.79m. The costs for an orderly closure is higher than three- and four-months' worth of unrestricted expenditure budget for the following financial year. The free reserve level for 2025/26 should therefore be **£1.79m**.

The **Free Reserves** as of 31 March 2026 totalled **£4.82m** which is **£3.03m** 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 **2026-2030 Strategic Plan**. The reserve level will continue to decrease in the coming years and will be in line our Reserve Policy.

Investment Policy

The Board of Trustees of Unlimit Health has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FCA, 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;
- in relation to the long-term reserves, to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation;
- in relation to the short-term reserves, to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

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

Investment Performance

CCLA Fund Managers manage two COIF Charity Funds' portfolios for Unlimit Health: The Ethical Investments and Short Duration Funds. Over the year, the portfolio realised a Total Return Performance of +2.4% (2024-25: +8.7%) compared to the +3.0% (2024-25: +3.4%) for the Consumer Price Index.

The Ethical Funds significantly underperformed, realising a capital loss of £237,681 (2024-25: £301,830 gain). The Fixed Interest portfolio performed better this year and realised capital growth of £142,898 (2024-25: £337,599 gain).

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 2026 was -6.17% against +13.14% for the Fund Comparator (2024-25: +13.11% against +16.72% for the Fund Comparator). The fund therefore underperformed the fund comparator this year. The Ethical Fund has underperformed the Fund Comparator over both three- and five-year averages.

The Short Duration funds total return performance over 12 months to 31 March 2026 was +4.71% against +5.92% for the Fund Benchmark (2024-25: +6.91% against +6.76% for the Fund Benchmark). The Fixed Interest funds performed worse than the Fund Benchmark this year, as well as the three- and five-year averages. The board have agreed a managed divestment plan for both the Ethical and Short Duration Funds which will continue to be reviewed throughout the 2026-27 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 Leadership Team (LT), Technical Team, the Finance Risk & Audit Committee (FRAC) sub-committee to the Board, and the Board. Central to this is a rigorous budget process with appropriate internal controls including only spending secured funds, with projects planned to optimise cash flow and value for money.

The LT meets regularly and monitors and reviews key risks. The Technical Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then

presented to the Board. These regular reviews ensure that ongoing expenditures align with Unlimit Health's financial performance targets. In addition, actions taken in response to any issues raised during specific partner assessment or other review activities are implemented in other contexts if applicable.

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

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

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

Major Risk Identified	Mitigation
1 International Aid financing	
Closure of USAID (20 January 2025) and significant cuts to UKAid announced (9 April 2025) has impacted the NTD sector significantly. Although Unlimit Health did not receive USAID or UKAID funds directly there are significant impacts in terms of collaborations and dependent partnerships as well as broader impacts on the future of international aid funding.	The Board has continued to convene regularly, with a diverse membership and extensive expertise in fundraising and communications to support the Unlimit Health Team. We engage with a range of networks and stakeholder groups to ensure that we contribute appropriately to the advocacy efforts and identify possible mitigations.
2 Assurances of expenditure by endemic country programmes	
To align with the values of the organisation and for the achievement of the specific objectives of strategic Goal 3, Unlimit Health supports the ministries of health to be accountable for NTD programme expenditure. The need to balance this with the ability to demonstrate appropriate levels of financial oversight to funders and fulfil other regulatory requirements creates challenges and risks to Unlimit Health.	Unlimit Health has worked with the FRAC and third-party audit partners to further develop an internal partnership assessment approach that satisfies compliance requirements and continues to work with Ministry of Health colleagues to further developed the financial management and reporting accountabilities required, alongside regular programme audits.

3 Sustainability of the supply of Praziquantel	
Global crises and financial instability have created uncertainty in global pharmaceutical market making the long-term donation of Praziquantel by Merck KGAa less certain. This in conjunction with demand side issues due to the reduction in distribution funds, reducing the requests received by the WHO from Ministries of Health for Praziquantel has further compounded the challenge.	Unlimit Health has over many years developed strong relationships at all levels within Merck KGAa and is continuing discussions to determine how to advocate most effectively for the continuation of the donation programme in the long term. UH is also engaging with other stakeholders to generate the appropriate data to ensure accurate allocation and utilisation of donated drugs.

Structure, Governance and Management

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

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

Training of Trustees

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

1. Trustees Induction: Each Trustee, following appointment, has an induction meeting with the Chair and the Chief Executive.
2. Safeguarding training: All Trustees are given induction on safeguarding, and one Trustee is nominated as a Safeguarding Trustee. The Safeguarding Trustee has oversight of and ultimate responsibility for a comprehensive set of policies, reporting processes and the organisation's training plans that are led

through the Finance and Operations Team. The Safeguarding Trustee works with the organisation's Co-Lead Safeguarding Officers on both the ongoing Safeguarding processes and any incidents as they arise.

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

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

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

The Board of Trustees also has separate committees:

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

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

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

Remuneration

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

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

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

As of March 2026, the total employment cost of the KMP was £644k (2025: £604k). The pension cost for the KMP was £32k (2025: £33k). The employment cost increase was due to cost-of-living awards.

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

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of Unlimit Health for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income or expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the

financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Signed on behalf of the Trustees



Dr Camilla L Ducker

Co- Chair of the Board of Trustees

Approved on 2nd September 2026

Reference and Administration Details

Charity Registration Number:	1182166
Company Registration Number:	11775313
Registered Address and Principal Office:	Edinburgh House, 170 Kennington Lane, London, SE11 5DP
Trustees:	Dr Camilla L. Ducker - Co-Chair Professor Samba O. Sow - Co-Chair Mr Jonathan C. Gorrie - Treasurer Kathryn E. Ager (resigned 20/11/2025) Arielle Dolegui Maxmillian P. Seunik Abena Y. Afari Carolynne M. Wheeler Emily C. Wainwright (appointed 02/02/2026)
Chief Executive Officer:	Dr Wendy Harrison
Key Management Personnel:	Dr Wendy Harrison - Chief Executive Officer Dr Lynsey Blair – Executive Director Dr Fiona Fleming – Director of Research and Innovation Mr Dominic Brain – Director of Funding and Communications Mr Gary Hughes – Director of Finance Ms Yael Velleman - Director of Policy and Innovation
Auditors:	HaysMac LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG

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

Independent Auditor's Report to the members of Unlimit Health

Opinion

We have audited the financial statements of Unlimit Health for the year ended 31 March 2026 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flow, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability

to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

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

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

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- adequate accounting records have not been kept by the charitable company, or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or

- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 31, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related

to the posting of improper journals to revenue. Audit procedures performed by the engagement team included:

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

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

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

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

7th October 2026

Steven Harper (Senior Statutory Auditor)

For and on behalf of HaysMac LLP, Statutory Auditor

10 Queen Street Place

London

EC4R 1AG

Statement of Financial Activities (incorporating income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2026

	Note	2026 Unrestricted Funds	2026 Restricted Funds	2026 Total Funds Year ended 31-Mar-26	2025 Unrestricted Funds	2025 Restricted Funds	2025 Total Funds Year ended 31-Mar-25
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	1,105,443	220,446	1,325,889	1,135,491	184,223	1,319,714
Charitable activities	3	-	4,137,584	4,137,584	-	5,096,944	5,096,944
Investment income	4	387,781	-	387,781	386,941	-	386,941
TOTAL INCOME		1,493,224	4,358,030	5,851,254	1,522,432	5,281,167	6,803,599
EXPENDITURE ON:							
Fundraising and publicity	6	400,972	72,622	473,594	441,551	89,029	530,580
Charitable activities	6	4,369,198	4,035,608	8,404,806	3,485,764	4,800,456	8,286,220
TOTAL EXPENDITURE		4,770,170	4,108,230	8,878,400	3,927,315	4,889,485	8,816,800
NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS		(3,276,946)	249,800	(3,027,146)	(2,404,883)	391,682	(2,013,201)
Gains/(losses) on investments		(94,783)	-	(94,783)	63,579	-	63,579
NET INCOME		(3,371,729)	249,800	(3,121,929)	(2,341,304)	391,682	(1,949,622)
Transfer between funds		320,578	(320,578)	-	295,453	(295,453)	-
NET MOVEMENT IN FUNDS		(3,051,151)	(70,778)	(3,121,929)	(2,045,851)	96,229	(1,949,622)
Reconciliation of funds:							
Total funds brought forward		11,806,769	304,596	12,111,365	13,852,620	208,367	14,060,987
TOTAL FUNDS CARRIED FORWARD		8,755,618	233,818	8,989,436	11,806,769	304,596	12,111,365

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 1177531

AT 31 MARCH 2026

	Note	2026 £	2026 £	2025 £	2025 £
FIXED ASSETS					
Tangible Assets	9		11,906		14,033
Investments	10		6,310,983		11,405,766
			6,322,889		11,419,799
CURRENT ASSETS					
Debtors	13	500,353		432,927	
Cash at bank and in hand		6,339,441		6,626,010	
		6,839,794		7,058,937	
CREDITORS: amounts falling due within one year	14	(4,173,247)		(3,148,568)	
NET CURRENT ASSETS			2,666,547		3,910,369
TOTAL ASSETS LESS CURRENT LIABILITIES			8,989,436		15,330,168
CREDITORS: amounts falling due after one year	15		-		(3,218,803)
NET ASSETS			8,989,436		12,111,365
FUNDS	16				
Restricted funds			233,818		304,596
Unrestricted funds:					
Designated funds			3,924,816		4,553,972
General funds			4,830,802		7,252,797
			8,755,618		11,806,769
			8,989,436		12,111,365

The financial statements were approved and authorised for issue by the Trustees on 2nd September and were signed below on its behalf by:



Dr Camilla Ducker
Co-Chair of the Board of Trustees



Mr Jonathan Gorrie
Treasurer

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2026

	Note	2026		2025	
		£	£	£	£
Cash Flow from operating activities	22		(5,743,463)		(6,416,751)
Cash flows from investing activities					
Income from listed investments		366,615		348,458	
Other interest receivable		21,166		38,483	
Payments to acquire tangible fixed assets		(3,080)		(15,183)	
Sale of investments		5,000,000		-	
Cash used in investing activities			5,384,701		371,758
Increase/(decrease) in cash and cash equivalents in the year			(358,762)		(6,044,993)
Cash and cash equivalents at the beginning of the year			6,626,010		12,412,940
			6,267,248		6,367,947
Change due to exchange rate movements			72,193		258,063
Total cash and cash equivalents at the end of the year			6,339,441		6,626,010
Cash and cash equivalents					
Cash at bank and in hand			6,339,441		6,626,010
Cash at bank and in hand at the end of the reporting period			6,339,441		6,626,010

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 (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

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

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

Income: All income is included in the Statement of Financial Activities (SoFA) when the Charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction. The cost of donated drugs for the Mass Drug Administration is not included in the UH income or expenditure accounts because the drugs are donated directly to the ministries of health with which we operate. 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.

b. 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.

c. 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.

d. 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.

e. 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.

f. Operating leases: Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.

g. 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.

h. 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.

i. 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.

j. 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.

k. 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.

l. 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.

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

		2026			2025		
2.	**DONATIONS AND LEGACIES**			**Year ended**			**Year ended**
		Unrestricted	*Restricted*	**31-Mar-26**	*Unrestricted*	*Restricted*	**31-Mar-25**
		£	£	**£**	£	£	**£**
	Donations	1,105,443	220,446	1,325,889	1,135,491	184,223	1,319,714

3.	**CHARITABLE ACTIVITIES**			**Year ended**			**Year ended**
		Unrestricted	*Restricted*	**31-Mar-26**	*Unrestricted*	*Restricted*	**31-Mar-25**
		£	£	**£**	£	£	**£**
	Grants	-	3,981,779	3,981,779	-	5,007,749	5,007,749
	Consultancy income	-	155,805	155,805	-	89,195	89,195
		-	4,137,584	4,137,584	-	5,096,944	5,096,944

4.	**INVESTMENT INCOME**			**Year ended**			**Year ended**
		Unrestricted	*Restricted*	**31-Mar-26**	*Unrestricted*	*Restricted*	**31-Mar-25**
		£	£	**£**	£	£	**£**
	Income from investments	366,615	-	366,615	348,458	-	348,458
	Other interest receivable	21,166	-	21,166	38,483	-	38,483
		387,781	-	387,781	386,941	-	386,941

5.	**NET INCOME FOR THE YEAR**	**Year ended**	**Year ended**
		31-Mar-26	**31-Mar-25**
		£	**£**
	This is stated after charging the following:		
	- Auditors remuneration		
	Audit	26,160	24,900
	Other services	8,094	6,523
	- Operating lease rentals	29,154	27,265

6. EXPENDITURE

a) ANALYSIS OF EXPENDITURE

	FOR THE YEAR ENDED 31 MARCH 2026				
	Partner Awards	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£	£
Fundraising and publicity	-	52,985	375,790	44,819	473,594
Expenditure on charitable activities	5,056,117	243,525	1,963,967	1,141,197	8,404,806
TOTAL EXPENDITURE	5,056,117	296,510	2,339,757	1,186,016	8,878,400

	FOR THE YEAR ENDED 31 MARCH 2025				
	Partner Awards	Support Costs	Staff Costs	Other Direct	Total
	£	£	£	£	£
Fundraising and publicity	-	63,050	402,751	64,779	530,580
Expenditure on charitable activities	5,508,285	248,947	1,787,379	741,609	8,286,220
TOTAL EXPENDITURE	5,508,285	311,997	2,190,130	806,388	8,816,800

b) ANALYSIS OF SUPPORT COSTS

	FOR THE YEAR ENDED 31 MARCH 2026				
	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	2,043	5,689	38,512	6,741	52,985
Expenditure on charitable activities	9,395	26,144	177,004	30,982	243,525
TOTAL SUPPORT COSTS	11,438	31,833	215,516	37,723	296,510

	FOR THE YEAR ENDED 31 MARCH 2025				
	Office expenses	Property costs	Other support costs	Governance costs	Total
	£	£	£	£	£
Fundraising and publicity	1,635	6,169	48,314	6,932	63,050
Expenditure on charitable activities	6,456	24,362	190,757	27,372	248,947
TOTAL SUPPORT COSTS	8,091	30,531	239,071	34,304	311,997

c) GOVERNANCE COSTS

	Year ended 31-Mar-26	Year ended 31-Mar-25
	£	£
Legal and professional, including audit	37,723	34,304

6. EXPENDITURE (continued)

	2026			2025		
	Unrestricted	*Restricted*	**Year ended 31-Mar-26**	*Unrestricted*	*Restricted*	**Year ended 31-Mar-25**
Partner awards	£	£	**£**	£	£	**£**
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	1,538,933	494,964	2,033,897	1,328,683	914,598	2,243,281
Democratic Republic of Congo						
United Front Against River Blindness	-	(8,605)	(8,605)	-	563,316	563,316
Ethiopia						
NALA Foundation	(4,892)	-	(4,892)	2,446	10,680	13,126
Kenya						
Kenya Red Cross Society	28,951	156,367	185,318	-	7,487	7,487
African Institute For Health & Development	(18,373)	-	(18,373)	-	-	-
Liberia						
Effect Hope	15,188	-	15,188	-	-	-
Ministry of Health, Republic of Liberia	-	12,322	12,322	829	-	829
Madagascar						
Réseau International Schistosomoses Environment Aménagement et Lutte	-	-	-	-	28,955	28,955
3A Madagascar	-	1,623,267	1,623,267	501	1,717,127	1,717,628
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	279,767	265,089	544,856	380	-	380
Kamuzu University of Health Sciences	-	-	-	2,178	-	2,178
Mauritania						
The Government of The Islamic Republic of Mauritania, Programme National de Lutte contre les Maladies Tropicales Négligées	-	217,443	217,443	-	-	-
Niger						
Ministère de la Santé Publique de la République du Niger	-	127,283	127,283	-	-	-
Tanzania						
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	243,056	-	243,056	319,461	21,805	341,266
National Institute for Medical Research	-	(2,924)	(2,924)	-	68,897	68,897
Public Health Laboratory Ivo de Carneri	-	-	-	2,306	-	2,306
Uganda						
Vector Control Division, Biharzia and Worm Control Programme, Ministry of Health	23,416	17,118	40,534	47,634	471,002	518,636
World Health Organization	47,747	-	47,747	-	-	-
	2,153,793	2,902,324	5,056,117	1,704,418	3,803,867	5,508,285

7. STAFF NUMBERS AND COSTS

	2026	2025
	No.	No.
The average number of persons employed during the year were as follows		
Raising funds	3	4
Charitable activities	19	17
Support	7	8
	29	29

The aggregate payroll costs of these persons were as follows	£	£
Salaries and wages	1,913,641	1,806,453
Social security costs	232,056	207,419
Pension scheme contributions	136,907	122,180
	2,282,604	2,136,052

Staff costs include a £28,857 termination payment made to a former employee in full and final settlement of employment-related matters. Insurance proceeds of £13,857 were recovered in respect of the matter, resulting in a net cost to the charity of £15,000.

Also included within staff costs is a statutory redundancy payment of £1,378 made to a former employee.

There were 14 employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2025: 11).

	2026	2025
	No.	No.
£60,000 - £69,999	3	4
£70,000 - £79,999	5	1
£80,000 - £89,999	4	6
£90,000 - £99,999	2	-
	14	11

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £644,077 (2025: £604,485).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any trustee. Travelling expenses of £1,542 and subsistence expenses of £647 were paid on behalf of or reimbursed to trustees for attendance at trustee meetings (2025: £2,535).

9. TANGIBLE ASSETS

Furniture Fixtures and Equipment	2026 £	2025 £
Cost or Valuation		
At 31 March 2025	22,321	7,138
Additions	3,080	15,183
At 31 March 2026	25,401	22,321
Depreciation & Amortisation		
At 31 March 2025	(8,288)	(5,552)
Charged in Year	(5,207)	(2,736)
At 31 March 2026	(13,495)	(8,288)
Net Book Value		
At 31 March 2026	11,906	14,033

10. INVESTMENTS

	2026	2025
	£	£
Market value at 31 March 2025	11,405,766	11,342,187
Additions	-	-
Disposals at market value	(5,000,000)	-
Realised profit/(loss) on disposal	(17,594)	-
Unrealised profit/(loss) on revaluation	(77,189)	63,579
Market value at 31 March 2026	6,310,983	11,405,766
Historical cost at 31 March 2026	6,205,497	11,000,000

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 £366,615 were received during the year (2025: £348,458).

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

	2026	2025
	£	£
Trade debtors	17,465	-
Other debtors	8,143	9,423
Prepayments and accrued income	474,745	423,504
	500,353	432,927

14. CREDITORS: Amounts falling due within one year

	2026	2025
	£	£
Trade creditors	89,928	91,003
Other creditors including taxation and social security	94,649	94,804
Accruals	283,334	196,660
Deferred income	3,705,336	2,766,101
	4,173,247	3,148,568

15. CREDITORS: Amounts falling due after one year

	2026	2025
	£	£
Deferred income	-	3,218,803

The movements in deferred income are analysed as follows:

	2026	2025
	£	£
Brought forward deferred income	5,984,904	9,853,830
Income released in the year	(2,330,208)	(3,907,407)
Income deferred	50,640	38,481
Carried forward deferred income	3,705,336	5,984,904

16. FUNDS

	At 31 March 2025	Income	Expenditure	Investment movements	Transfers	At 31 March 2026
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	4,553,972	-	(1,860,414)	-	1,231,258	3,924,816
General Funds	7,252,797	1,493,224	(2,909,756)	(94,783)	(910,680)	4,830,802
	11,806,769	1,493,224	(4,770,170)	(94,783)	320,578	8,755,618
Restricted Funds						
Grants (Note 24)	304,596	4,358,030	(4,108,230)	-	(320,578)	233,818
	12,111,365	5,851,254	(8,878,400)	(94,783)	-	8,989,436

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

Designated funds have been allocated by the Board of Trustees to fund planned charitable activities over the next two financial years.

17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	At 31 March 2026			
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Tangible fixed assets	-	11,906	-	11,906
Investments	-	6,310,983	-	6,310,983
Net current assets	233,818	(1,492,087)	3,924,816	2,666,547
	233,818	4,830,802	3,924,816	8,989,436

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

18. CAPITAL COMMITMENTS

At 31 March 2026, the Charity had no capital commitments contracted for but not provided in these financial statements (2025: none).

19. OPERATING LEASE COMMITMENTS

	2026 Land & Buildings	2025 Land & Buildings
	£	£
Within one year	14,586	11,576
In one to five years	-	-
	14,586	11,576

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 £136,907 (2025: £122,180). At 31 March 2026, contributions of £nil were outstanding (2025: £19,991).

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

	2026	2025
	£	£
Net movement in funds	**(3,121,929)**	**(1,949,622)**
Investment income	(387,781)	(386,941)
(Gains)/losses on investments	94,783	(63,579)
Depreciation	5,207	2,736
Exchange rate (gain)/loss	(72,193)	(258,063)
Increase/(decrease) in creditors	(2,194,124)	(3,712,416)
(Increase)/decrease in debtors	(67,426)	(48,866)
Net Cash generated by operating activities	**(5,743,463)**	**(6,416,751)**

23. RELATED PARTY TRANSACTIONS

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

24 *Restricted Grants Details 2025/26	At 31 March 2025	Income	Expenditure	Transfers	At 31 March 2026
	£	£	£	£	£
Madagascar Drugs Distribution 2025-2026	-	1,043,395	(893,559)	(149,836)	-
Epidemiological Surveys	-	1,096	(1,096)	-	-
Integrated Child Health Uganda (End Fund)	-	3,888	(3,381)	(507)	-
Malawi Test Kits	-	3,280	-	(3,280)	-
Interruption of Transmission Analysis	-	9,702	(9,702)	-	-
Integrated Child Health Uganda (Merck)	-	8,821	(4,485)	(4,336)	-
Schistosomiasis Straegic Framework	-	727,999	(633,325)	(94,674)	-
Good Ventures Foundation 2022-24	-	818,062	(818,062)	-	-
GiveWell Foundation 2024-26	-	454,986	(387,252)	(67,734)	-
Paediatric PZQ Consortium GHIT	-	21,427	(19,923)	(1,504)	-
Paediatric PZQ Consortium EDCTP	-	794,297	(762,163)	(32,134)	-
Community-led action against disease	-	-	(1,443)	1,443	-
Malawi Reassessment	128,069	115,531	(309,829)	66,229	-
Zanzibar Appeal for under 5s	-	88,249	-	-	88,249
Preventing Parasitic Disease in Young Women	176,527	(25,000)	(5,958)	-	145,569
Schisto Oversampling Surveys 23-24 TFGH	-	10,124	(12,836)	2,712	-
FGS Burden Study 2023-24 TFGH	-	1,049	(6,464)	5,415	-
Niger MDA 2025 TLYCS	-	133,571	(133,571)	-	-
Uganda T-Sol MRC	-	51,182	(55,633)	4,451	-
Breaking Transmission Doc 2024 CIFF	-	34,381	(29,224)	(5,157)	-
Côte d'Ivoire Drugs Distribution 2025	-	41,666	-	(41,666)	-
Gap Assessment Tool WHO	-	20,324	(20,324)	-	-
	304,596	4,358,030	(4,108,230)	(320,578)	233,818

*Restricted Grants Details 2024/25	At 31 March 2024	Income	Expenditure	Transfers	At 31 March 2025
	£	£	£	£	£
Ethiopia Reassesment	-	13,273	(73,476)	60,203	-
Madagascar drugs distribution	-	1,162,503	(1,261,589)	99,086	-
Epidemiological surveys	-	32,174	(19,234)	(12,940)	-
DRC Reassessment	-	46,677	(42,846)	(3,831)	-
Integrated Child Health Uganda (End Fund)	-	133,255	(115,874)	(17,381)	-
Integrated Child Health Uganda (Merck)	-	57,581	(50,070)	(7,511)	-
Schistosomiasis Straegic Framework	-	58,582	(50,941)	(7,641)	-
Good Ventures Foundation 2022-24	-	2,708,935	(2,429,609)	(279,326)	-
GiveWell Foundation 2024-26		78,035	(67,857)	(10,178)	-
Paediatric PZQ Consortium GHIT	-	358,774	(325,490)	(33,284)	-
Paediatric PZQ Consortium EDCTP	-	257,524	(237,236)	(20,288)	-
Community-led action against disease	44,597	-	(56,214)	11,617	-
Malawi Reassessment	-	128,069	-	-	128,069
Preventing Parasitic Disease in Young Women	154,043	25,000	(2,516)	-	176,527
Schisto Oversampling Surveys 23-24 TFGH	-	46,514	(40,115)	(6,399)	-
FGS Burden Study 2023-24 TFGH	-	38,879	(29,803)	(9,076)	-
Precision Public Health Technical Approach	9,728	31,153	(40,881)	-	-
Stichting Effectief Doneren re GiveWell	-	48,829	(42,517)	(6,312)	-
Breaking Transmission Doc 2024 CIFF	-	3,698	(3,216)	(482)	-
Zanzibar MDA 2024-25 CAF Canada	-	51,606	-	(51,606)	-
Gap Assessment Tool TFGH	-	105	-	(105)	-
	208,368	5,281,166	(4,889,484)	(295,454)	304,596

Funds are transferred from Unrestricted to Restricted Reserves when the expenditure on a restricted grant is greater than the cumulative grant income.

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