



# Malaria Consortium US

## Annual Report FY25 & FY26

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*Improving health and saving lives in malaria-affected communities*

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# Executive Summary

Malaria Consortium US (MC-US) is a 501(c)(3) public charity in the United States dedicated to improving health and saving lives in malaria-affected communities. As the U.S. affiliate of Malaria Consortium, MC-US allocates U.S. philanthropic funding to high-impact, evidence-based programs across Africa and Asia, focused on reducing deaths and illnesses caused by malaria and other preventable diseases.

In an increasingly complex global health environment, shaped by evolving malaria transmission patterns, expanding resistance to drugs and insecticides, increasing conflict and climate change, as well as reductions in global health funding, MC-US work is focused on ensuring that proven interventions continue to reach the most vulnerable populations. Through strategic grantmaking and strong partnerships, we support scalable solutions that deliver measurable, life-saving results.

In the United States, MC-US builds partnerships with private donors, foundations, donor advised funders and philanthropic organizations to ensure that every contribution delivers measurable, lasting impact for the most vulnerable populations.

## MC-US Commitment to Donors

MC-US is deeply committed to:

- **Transparency** – Clear reporting on how funds are used
- **Accountability** – Strong financial controls and oversight
- **Impact** – Funding programs that deliver measurable, life-saving results

Since 2019, MC-US has raised \$49.5 million, awarding 76% of these funds through 65 grants across 11 countries, reaching millions of individuals with life-saving interventions.

## Why This Matters

Every grant we make is an investment in healthier children, stronger communities and a future free from malaria. Together with our donors and partners, we are ensuring that resources are directed where they are needed most and used effectively to maximize outcomes.

We are immensely grateful to our donors, partners, and the Board of Directors whose support and leadership make this mission possible.

# Key Achievements

## April 2024 – March 2026

Over the past two years, MC-US achieved significant growth and operational strengthening. MC-US continued to deliver measurable impact, strengthen health systems, and expand access to life-saving care for vulnerable communities.

The MC-US fiscal year operates between April 1st to March 31<sup>st</sup> of the following year.

### Key achievements during FY25 and FY26 included:

- Raised **\$23 million** in donations.
- Awarded **34 grants across 11 countries**, totaling **\$21.4 million**.
- Awarded **\$8.1 million in grants for seasonal malaria chemoprevention (SMC)**, helping protect 2 million children from malaria in regions of high seasonal malaria risk.
- Strengthened health systems in multiple countries through **surveillance, digital innovation, health worker training, community engagement**, and scalable public health models.
- Supported malaria interventions in Southern Ethiopia that contributed to a **52% reduction in malaria cases** and a **65% reduction in malaria-related deaths** across 18 high-burden districts.
- Helped achieve near-universal human papilloma virus (HPV) vaccination coverage in Cambodia, vaccinating **2,023 nine-year-old girls** and reaching more than **5,400 people** in underserved communities.
- Supported Uganda’s first fully digitized district health reporting system in Buikwe District, increasing community health reporting rates from **50% to 92%** and enabling more than **53,000 child health consultations** and as a result is now adopted as Uganda’s national model.
- Strengthened Uganda’s national preparedness for arboviral diseases (*dengue, Zika, chikungunya, yellow fever, West Nile virus, o’nyong’nyong, and Rift Valley fever*) by establishing **20 surveillance sites**, identifying more than **1,500 suspected cases**, and supporting development of the National Arboviral Diseases Strategic Plan 2025–2030.
- Strengthened severe malaria diagnosis and inpatient case management in Kano State, Nigeria, through facility assessments, malaria death audits, and a scalable quality improvement model, **improving recovery** from severe malaria.
- Expanded charitable giving options to include **stocks, bonds, cryptocurrency, legacy gifts, and qualified charitable distributions (QCDs)**, allowing Americans 70.5 years and older to make donations directly from their Individual Retirement Accounts (IRAs).



Child receiving a health assessment by a community health worker in Mozambique

# This is a Critical Moment for Global Health

*Progress is at risk—but it can be protected.*

Global health systems are at a critical inflection point. Recent reductions in foreign development assistance have placed significant strain on national health programs across Africa and Asia, particularly those serving the most vulnerable populations. As public financing shrinks, many proven, life-saving interventions are at risk of losing momentum. Programs that have taken decades to build are now facing gaps in funding that threaten their continuity and impact.

We are now operating at a pivotal moment and progress within global health which is increasingly challenged by evolving malaria transmission patterns, climate change<sup>1</sup>, malaria drug and insecticide resistance, declining availability of malaria and global health government funding, increasing global conflicts and widening inequities in access to care and resources. These pressures disproportionately affect the same communities we seek to serve, making strategic and efficient use of resources more important than ever. Hard-won progress in malaria vaccination, seasonal malaria chemoprevention (SMC), and community-based health services remain fragile without continued investment to sustain and expand their impact.

Without timely and flexible philanthropic support, these disruptions could reverse gains in disease prevention and control, placing hundreds of millions of lives at renewed risk. This is a moment where strategic, high-impact funding is not only needed—it is essential.

By acting now, donors have a unique opportunity to sustain critical programs, protect progress, and ensure that effective interventions continue to reach the communities that depend on them most.

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<sup>1</sup> Rising temperatures, flooding, cyclones, and shifting rainfall patterns are changing how and where malaria spreads across the continent. Extreme weather events create new mosquito breeding sites while damaging health infrastructure and disrupting access to medical care. At the same time, warmer temperatures are expanding malaria transmission into highland and mid-altitude regions that were previously too cool for the *Anopheles* mosquito, exposing new and often vulnerable populations to outbreaks. Unpredictable and prolonged rainy seasons are also making it more difficult to forecast transmission patterns and determine when preventive interventions, such as SMC, are most needed. Malaria Consortium is actively working to address these evolving risks through climate-resilient malaria strategies across Africa.

# About Malaria Consortium US

**Malaria Consortium US (MC-US)** is a nonprofit organization that enables U.S.-based donations to be distributed to high-impact global health programs implemented by Malaria Consortium. As the U.S.-based charitable arm of Malaria Consortium, MC-US raises philanthropic funding and directs grant resources to high-impact projects in countries where Malaria Consortium operates.

MC-US plays a critical role in mobilizing philanthropic funding and directing resources to interventions including malaria prevention and treatment, child health services, disease surveillance, vector control, and health system strengthening. These efforts are focused on saving lives and improving access to care in vulnerable communities.

## MC-US Governance and Leadership

MC-US is managed and operated by three Malaria Consortium Officers and overseen by six independent volunteer Board of Directors.

### MC-US Officers

MC-US is managed and operated by Malaria Consortium's **Chief Executive**, who leads programmatic and operational strategy; the **Head of Finance**, who oversees financial management and reporting; and the **MC-US Representative**, who manages all organizational functions, including governance procedures, financial management, banking, grant tracking, fundraising, and donor relations, ensuring the organization remains fully operational, effective, and compliant as a 501(c)(3).

### Board of Directors

The MC-US [Board of Directors](#) operates under formal By-Laws that define governance structures, tenure, and organizational responsibilities. The Board provides oversight and grant decision-making, ensuring that MC-US maintains a clear vision, mission, and strategy aligned with Malaria Consortium's global direction. Acting with the highest ethical standards, directors ensure that all grant activities advance the mission of Malaria Consortium and deliver meaningful impact to intended communities.

Working closely with MC-US Officers, the Board provides grant decision-making aligned with strategic priorities, ensures all grant activities benefit intended communities, and reviews and approves grant applications. It oversees financial performance, monitors strategic progress, and ensures compliance with By-Laws and applicable legal and regulatory requirements, including IRS Section 170(c)(2)(B). The Board also recruits new Board members, participates in biannual meetings, promotes MC-US publicly, and supports fundraising efforts.

## **MC-US Incorporation and Tax-Exempt Status**

Malaria Consortium US was incorporated on March 12, 2009, in the Commonwealth of Virginia, and remains in good standing. In April 2011, MC-US received its 501(c)(3) tax-exempt status from the Internal Revenue Service (EIN: 98-0627052).

### **Tax Filings**

From 2011 to 2018, MC-US filed IRS Form 990-N annually. Since surpassing \$50,000 in annual revenue in 2019, MC-US files IRS Form 990 each year, available publicly via the IRS Tax-Exempt Organization Search. MC-US taxes are filed each year on August 15th (the 15th day of the fifth month after the end of the organization's fiscal year).

### **Legal and Compliance**

MC-US retains pro bono legal counsel from *Morrison & Foerster LLP*, a Washington, DC-based international law firm, to ensure compliance with governance and legal standards. All Board Directors and Officers complete and sign annual conflict of interest disclosures.

# Malaria Consortium's Global Health Strategy

Malaria<sup>2</sup> remains one of the world's deadliest yet preventable diseases, disproportionately affecting children in low-resource settings. Despite progress, millions continue to lack access to essential healthcare services.

As a leader in malaria control and elimination, Malaria Consortium focuses on delivering and strengthening proven interventions such as [seasonal malaria chemoprevention](#), malaria vaccines, disease surveillance, and integrated child health services. Its work extends beyond malaria to address other leading causes of illness and death—including pneumonia, dengue, malnutrition, and diarrheal diseases—through integrated, community-centered approaches.

Operating across diverse and often underserved settings, the organization works in close partnership with governments, communities, and health systems to expand access to essential healthcare services. A strong emphasis is placed on reaching marginalized populations—particularly women, children, and those in hard-to-reach areas—ensuring that interventions are equitable, affordable, and sustainable. By embedding programs within national systems, Malaria Consortium supports long-term progress toward universal health coverage.

Key global trends include climate change expanding transmission zones, increasing resistance to drugs and insecticides, and funding constraints placing pressure on health systems.

Malaria Consortium addresses these challenges by delivering proven interventions, strengthening health systems, and supporting country-led responses. Its work integrates malaria control with broader health services, including pneumonia, nutrition, and community-based care.

By focusing on evidence, innovation, and partnerships, the organization delivers both immediate impact and long-term system resilience.

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<sup>2</sup> Malaria is a serious and often a life-threatening disease caused by parasites that are transmitted to humans through the bite of infected female *Anopheles* mosquitoes. The disease is caused by several species of *Plasmodium* parasites, with *Plasmodium falciparum* being the most dangerous and the leading cause of severe illness and death, especially in young children in Africa.

# MC-US Grants

MC-US only awards grants to Malaria Consortium-led projects in Malaria Consortium countries. We do not accept grant requests or award grants to other implementing partners. At MC-US, every donated dollar is carefully directed to where it can have the greatest impact in the communities we serve.

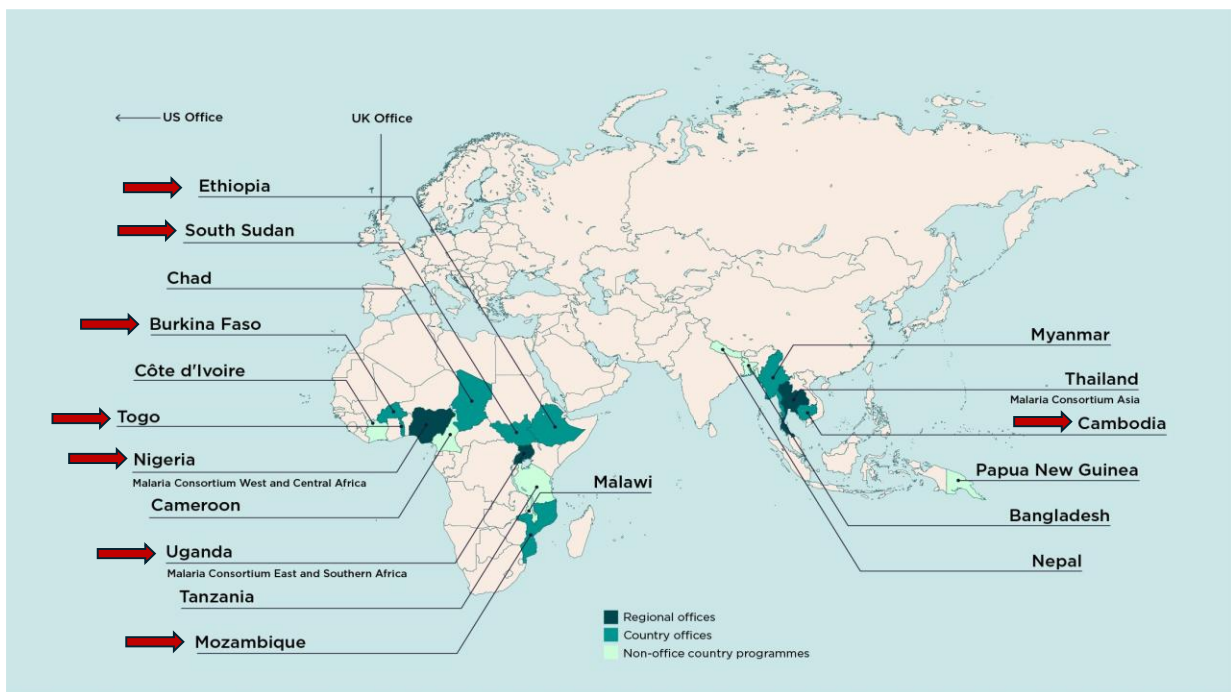
Our three-phase grantmaking process is designed to foster strategic alignment, technical quality, and measurable impact, transparency, and accountability.

Since 2019, MC-US has distributed **65 grants totaling \$37.3 million to 11 countries** in Africa and Asia.

- 10 grants restricted to our SMC program: \$14.9M.
- 52 unrestricted grants: \$21.9M.
- 2 grants restricted to Cambodia's HPV prevention program: \$500K.
- 1 grants restricted to general operational support: \$28K.

Currently, 31 active grants are being implemented across multiple program areas including SMC, malaria prevention, severe malaria management, malaria vaccine, malaria in pregnancy, surveillance and outbreak detection and community-based health services.

## Geographic Reach of MC-US Grants



The countries with arrows are where MC-US has awarded multiple grants.

## FY25 Awarded Grants

Between April 2024 and March 31 2025, MC-US awarded a total of **20** grants for a total of **\$(12,026,196)**.

- 3 restricted grants for SMC for \$(3,991,983)
- 16 unrestricted grants for \$(7,784,213)
- 1 restricted other grant to Cambodia for HPV testing and vaccination \$(250,000)
  - Burkina Faso—3
  - Cambodia—2
  - Ethiopia—1
  - Mozambique—2
  - Multi-county (Mozambique, South Sudan and Uganda)—1
  - Nigeria—3
  - South Sudan—2
  - Togo—2
  - Uganda—4

24-Apr-24	Unrestricted	Advancing Localized Decisions: Sustainable Pathways to Improved Data Quality and Data to Action in Uganda	Uganda	\$ 537,413.00
25-Apr-24	Unrestricted	CQuAM - Improving the Availability, Coverage and Quality of Antenatal Care and Malaria in Pregnancy Services in 6 districts of the Plateaux region in Togo	Togo	\$ 724,493.00
26-Apr-24	Unrestricted	Private Sector Market Analysis: Assessing Malaria Commodities in 6 States in Nigeria	Nigeria	\$ 487,772.00
25-Apr-24	SMC	Improving vaccination coverage by integrating the search for zero-dose, under-immunized children into the chemoprevention of seasonal malaria in Burkina Faso.	Burkina Faso	\$ 692,577.00
26-Apr-24	SMC	Contribute to the improvement of routine immunization coverage through the search for zero-dose and under-vaccinated children during seasonal malaria chemoprevention (SMC) in the Central, Kara, Savanes and Plateaux regions, Togo	Togo	\$ 702,643.00
31-May-24	Unrestricted	Advancing Localized Decisions: Sustainable Pathways to Improved Data Quality and Data to Action in Mozambique	Mozambique	\$ 808,776.00
12-Jun-24	Unrestricted	SEND Malaria Vaccine Component 2	Burkina Faso	\$ 179,672.00
12-Jun-24	Unrestricted	SEND Malaria Vaccine Component 2	Uganda	\$ 104,029.00
12-Aug-24	Unrestricted	Integrated malaria surveillance	Ethiopia	\$ 615,577.00
12-Aug-24	Unrestricted	Uganda Malaria Elimination Support aka Ministry of Health-UMES	Uganda	\$ 222,074.00
3-Sep-24	Unrestricted	Large-scale implementation of sulfadoxine/pyrimethamine (SP) as perennial malaria chemoprevention in Osun States, Nigeria: Assessing the impact on sulfadoxine/pyrimethamine resistance markers <i>dhps-540E</i> and <i>VAGKGS</i> towards scale-up of in Nigeria	Nigeria	\$ 478,868.00
12-Nov-24	Unrestricted	Optimizing Malaria Surveillance in Mozambique	Mozambique	\$ 283,636.00
12-Nov-24	Unrestricted	Optimizing Malaria Surveillance in South Sudan	South Sudan	\$ 366,084.00
12-Nov-24	Unrestricted	Optimizing Malaria Surveillance in Uganda	Uganda	\$ 286,353.00
23-Dec-24	Unrestricted	Optimizing Malaria Surveillance	Uganda, Mozambique, South Sudan	\$ 531,805.00
12-Dec-24	Unrestricted	Flood-Linked Locally led interventions and Outbreak Warning for Malaria (FLOW-M) in South Sudan	South Sudan	\$ 690,488.00
6-Jan-25	Unrestricted	Insecticide Treated Nets in Private Sector Research	Nigeria	\$ 933,909.00
19-Feb-25	SMC	SMC drugs for 27 districts in Burkina Faso	Burkina Faso	\$ 2,596,763.00
12-Mar-25	Restricted to Vaccines in Cambodia	HPV catch-up Phase II. Increasing knowledge and demand for HPV vaccination, HPV testing, and availability of precancerous-lesion detection. Lin Foundation restricted	Cambodia	\$ 250,000.00
12-Mar-25	Unrestricted	MC-BRIDGE - Malaria in Cambodia: Bridging Resources, Impact, and Delivery for Gap Elimination	Cambodia	\$ 533,264.00

## FY26 Awarded Grants

Between April 2025 and March 31, 2026, MC-US awarded a total of **13** grants for a total of **\$(9,391,551)**.

- 2 SMC \$(4,098,600)
- 10 unrestricted \$(5,350,635)
- 1 restricted other grant for general operational support \$(28,000)
  - Burkina Faso—1
  - Cambodia—1
  - Chad—1
  - Mozambique—1
  - Nigeria—2
  - South Sudan—2
  - Togo—1
  - Uganda—3
  - UK—1

21-Apr-25	Unrestricted	Accelerating Burden Reduction towards Malaria Elimination in Ethiopia	Ethiopia	\$ 998,167.00
21-Apr-25	Unrestricted	Strengthening Malaria Financing, Surveillance, and Resistance Response in a Turbulent Global Context by influencing policy and practice in Nigeria	Nigeria	\$ 249,704.00
21-Apr-25	Unrestricted	SEND-Malaria Vaccine: Strategic Engagement from National to Delivery – Malaria Vaccine in Uganda	Uganda	\$ 55,390.00
21-Apr-25	Restricted to Operations	Trustees of The Grace Jones Richardson Trust at the direction of Mr Braford Makara grants to be used for general operating support	Restricted other UK	\$ 28,000.00
26-Jun-25	Unrestricted	Cost Extension and 14-month extension South Sudan BOMA Health Initiative Co-designed digital intervention to improve data accuracy and quality of care	South Sudan	\$ 150,523.00
26-Jun-25	Unrestricted	Cost Extension (no additional time extension) Strengthening Uganda's Preparedness Against Arboviral Threats (SUPAAT)	Uganda	\$ 197,242.00
15-Jul-25	Unrestricted	Reduce morbidity and mortality from severe malaria in Northern Bahr el Ghazal, South Sudan. August 2025 to July 2027	South Sudan	\$ 740,096.00
15-Jul-25	SMC	Malaria Consortium SMC Staff Costs in BF, June 2025 - May 2026	Burkina Faso	\$ 964,103.00
16-Jul-25	SMC	Grant Request for Payment of FY2026 Salaries for Seasonal Malaria Chemoprevention (SMC) Implementation in Nigeria Bauchi, Borno, Kebbi, Kogi, Nasarawa, Oyo, Plateau,	Nigeria	\$ 3,134,497.00
16-Jul-25	Unrestricted	MC-BRIDGE - Malaria in Cambodia PHASE 2: Bridging Resources, Impact, and Delivery for Gap Elimination. August 2025 to January 2026	Cambodia	\$ 499,112.00
6-Aug-25	Unrestricted	SEND MALARIA VACCINE PROJECT- PHASE II: Enhancing malaria vaccine uptake and its efficacy in 9 High to Very High malaria transmission districts in Uganda. August 2025 to July 2027	Uganda	\$ 850,000.00
6-Aug-25	Unrestricted	Strengthening Routine Immunization and Vaccine Engagement in SMC Areas of Togo (StRIVE-Togo) October 25 to October 27	Togo	\$ 750,490.00
31-Mar-26	Unrestricted	Effective Surveillance for Malaria Outbreak Detection in Peri-urban areas of Mozambique (ESOP)	Mozambique	\$ 774,227.00

# Donor Impact

## *Your donations make a difference!*

Every dollar donated helps expand access and deliver measurable impact to life-saving services for communities facing the greatest health challenges. Our donors either restrict their donations to our SMC program, or they give unrestricted donations which our Board awards for specific grant to a variety of health projects in Malaria Consortium countries.

Of the grants awarded by MC-US in the past few years, a number have successfully completed. In addition to reporting on the impact of grants restricted for SMC projects, we have also selected six other unrestricted grant projects that best illustrate the impact of donor investment delivering measurable results in advancing research, collecting quality surveillance data, reducing the burden of disease, saving lives, and decreasing suffering from preventable illness.

## **Impact of Restricted SMC Donations**

Seasonal malaria chemoprevention, also known as SMC, is a proven strategy to prevent malaria in children. It involves administering antimalarial drugs to children at 28-day intervals — or ‘cycles’ — during the peak malaria transmission season. The objective is to maintain therapeutic antimalarial drug concentrations in their blood throughout the period of greatest risk.

Since 2013, Malaria Consortium has supported ministries of health and national malaria programs to deliver SMC. In 2025 alone, Malaria Consortium reached more than 23.52 million children across seven African countries with a combination of preventive antimalaria medicines during peak malaria transmission season.

As the largest global implementing partner for SMC, Malaria Consortium not only delivers seasonal campaigns of preventive antimalarial medicine to young children in their communities, but also continuously strengthens community delivery through digital innovation, research, and adaptive delivery models.

While a significant proportion of SMC implementation support is funded through [GiveWell](#) and the Global Fund, MC-US donor-restricted contributions for SMC provide flexible, targeted funding that enables rapid responses to evolving needs on the ground. In FY25 and FY26, thanks to your generous support, MC-US awarded five SMC grants totaling **\$8,090,583** (USD).

MC-US plays an important role in strengthening SMC programs by supporting targeted investments that enhance delivery quality and reach. This support contributes to more equitable and resilient delivery systems, enabling us to reach children affected by conflict, displacement, flooding, extreme weather, and geographic isolation. It includes funding for life-saving antimalarial medicines, supporting additional frontline staff, and targeted efforts to reach

children living in difficult-to-access and underserved communities – helping ensure that no eligible child is left behind during peak malaria transmission periods.

SMC is widely recognized as one of the most cost-effective malaria interventions available and has been recommended as a top charity intervention by GiveWell since 2016. This reflects strong evidence that SMC significantly reduces malaria cases and child mortality in areas with highly seasonal malaria transmission, combined with Malaria Consortium’s proven implementation expertise, transparency, and strong partnerships with national malaria programs. Through MC-US donor support, additional high-impact investments can be directed where they are needed most, helping expand coverage, strengthen delivery systems, and ultimately save more children’s lives.

Child receiving SMC preventative antimalarial medicine from a Malaria Consortium supported community health worker in Burkina Faso



# Impact of Six Unrestricted Grants

## 1. Cambodia Human Papilloma Vaccine Catch-Up Project

**Project Title:** HPV catch-up Phase I and II: Increasing knowledge and demand for routine immunizations, with a focus on HPV vaccine, and cervical cancer screening, targeting unreached populations at rural and urban settings, HPV testing, and availability of precancerous-lesion detection

**Total grant awarded:** \$500,000 restricted donation from the Lin Foundation

**Dates:** April 2024 – December 31, 2025

**Location:** Thma Pouk and Preah Netpreah Operational Districts, Banteay Meanchey, Cambodia

With support from two very generous donations from the Lin Foundation, the Cambodia HPV Catch-Up Project increased access to human papillomavirus (HPV) vaccination and cervical cancer screening for underserved girls and women in Cambodia, particularly those living in remote communities with limited access to healthcare.

Building on Malaria Consortium’s longstanding community engagement and malaria elimination work in Cambodia, the project focused on increasing awareness, strengthening community trust, and improving access to preventive services. This grant helped expand outreach to vulnerable populations often missed by routine health programs.

The project reached 5,455 people across 53 underserved villages in Thma Pouk Operational District, including 4,666 women, through 159 community health sessions. A total of 239 women accessed cervical cancer screening through referrals, while approximately 16,000 people were reached indirectly through community outreach activities. Importantly, 2,023 nine-year-old girls received the HPV vaccine, achieving near-universal coverage.

The initiative also strengthened local health systems by training 26 health center staff and 106 community volunteers. Awareness and demand for HPV vaccination and cervical cancer screening increased significantly, with more than 80% of participants demonstrating improved understanding of prevention and vaccination. Health worker knowledge increased from below 50% to 84%, while community volunteer knowledge increased from 72% to 97%.

By leveraging existing community networks and integrating activities into the public health system, the project delivered strong value and sustainability. Community trust in preventive health services increased, more women and girls sought vaccination and screening services, and the initiative established a scalable model for future HPV prevention efforts in Cambodia. Donor support helped protect thousands of girls and women from future cervical cancer risk while strengthening long-term community health systems.

For more information, please visit:

[Srey Mae’s Story: The HPV Vaccine Protects Me from Cervical Cancer](#)



*“I am very happy to receive the HPV vaccine. It protects me from cervical cancer, keeps me healthy and allows me to keep studying. I want all my classmates to get it too.”*

Miet Srey Mae, 10 year-old school pupil

## 2. Ethiopia Accelerated Reduction of Malaria Burden

**Project title:** Accelerated reduction of malaria burden through high level advocacy and community-based malaria surveillance and response in eighteen districts of South Ethiopia

**Total unrestricted grant awarded:** \$615,577

**Dates:** July 2024 – December 2025

**Location:** Southern Ethiopia Region

This project was launched in response to a major resurgence of malaria in Ethiopia, where millions of cases placed growing pressure on families, communities, and the health system.

Working in 18 high-burden districts in Southern Ethiopia, Malaria Consortium partnered with government health authorities to strengthen outbreak preparedness, community surveillance, and rapid response systems. American donor support from MC-US helped expand capacity of frontline health workers and improve access to lifesaving malaria prevention and treatment services through high-level advocacy, community-based surveillance, and improved service delivery. Malaria mosquito (*Anopheles*) vector control activities also strengthened prevention efforts through management of mosquito breeding sites and promotion of use of insecticide-treated bed nets.

The project achieved a 52% reduction in malaria cases and a 65% reduction in malaria-related deaths across the 18 targeted districts. More than 1,400 health workers and health extension workers received training in surveillance and outbreak response, while 609 community volunteers supported house-to-house outreach and surveillance activities. An estimated 1.6 million people were reached through radio campaigns, community outreach, and malaria education efforts.

Advocacy efforts resulted in strong political commitment, with 86 leaders engaged and district-level action plans developed and implemented across all 18 districts. These actions improved coordination, accountability, and resource mobilization for malaria response. The project strengthened Ethiopia's malaria surveillance and outbreak response systems at both facility and community levels. Community volunteers played a critical role in identifying malaria cases early, encouraging timely treatment, and helping reduce transmission. Improved coordination between national, regional, and district health authorities strengthened accountability and response capacity.

The initiative also increased community awareness of malaria prevention and encouraged stronger use of bed nets and early care-seeking behaviors. The project maximized impact by working through existing government systems and community health structures rather than creating parallel programs. Community-based surveillance and integrated malaria prevention

activities reduced operational costs while expanding reach and responsiveness. Favorable exchange rates also allowed additional training and outreach activities to be implemented.

The project delivered immediate and measurable health impact through significant reductions in malaria illness and deaths. MC-US donor's support helped build stronger long-term surveillance systems, community response networks, and government coordination mechanisms that will continue improving outbreak preparedness beyond the life of the project. This investment not only saved lives but also strengthened Ethiopia's ability to respond more effectively to future malaria outbreaks.

For more information, please visit: [Ethiopia Emergency Response Blog](#)

*“After receiving capacity strengthening training, we improved significantly in how we handle, treat and counsel malaria patients. We’ve seen major improvements in our response to malaria outbreaks. We can now clearly differentiate between uncomplicated and severe cases and refer the critical ones quickly.”*

Gumachew Arba, Health Officer,  
Karat Zuriya-Sorobo Health  
Centre, Ethiopia Community  
engagement



### 3. Optimizing Malaria Surveillance in Mozambique

**Project Title:** Optimizing Malaria Surveillance: National-level Review of approaches, tools and interventions to inform innovative strategies for Mozambique

**Total grant awarded:** \$283,636

**Dates:** November 2024 – December 2026

**Location:** Mozambique Nationwide

Strong malaria surveillance systems are essential for guiding effective malaria control, detecting outbreaks, targeting interventions, and ensuring resources reach the communities most in need. This project was designed to help Mozambique strengthen the quality, integration, and use of malaria surveillance data. Although significant national investments had already been made, important gaps remained in data quality, digital integration, and the use of data for decision-making. MC-US support enabled a comprehensive national review of Mozambique’s malaria surveillance systems to identify opportunities for more efficient, evidence-based malaria control.

This project conducted a nationwide assessment of health facility reporting, community surveillance, mosquito monitoring, and national data systems. The review identified important strengths, including strong reporting timeliness, while also highlighting critical gaps in data accuracy, analytical capacity, supervision, and use of data at subnational levels. Findings also identified opportunities to strengthen digital systems and improve integration of community and private sector reporting. The initiative strengthened collaboration between the Ministry of Health, the National Malaria Control Program, and other national stakeholders, creating stronger alignment around priorities for improving surveillance and targeting malaria interventions more effectively.

The project delivered a cost-effective approach by using desk reviews and secondary data analysis to generate high-value insights without extensive field-based data collection. By leveraging existing data systems and prior investments, the initiative maximized efficiency while minimizing operational costs. These efficiencies allowed additional resources to support stakeholder consultations and next-phase planning.

This work established a strong foundation for improving malaria surveillance and strengthening data-driven decision-making in Mozambique. By identifying key system gaps and opportunities for improvement, donor support is helping ensure future malaria investments are more targeted, efficient, and impactful, ultimately supporting long-term reductions in malaria burden across the country.

For additional technical information, please consider reading this Project Brief: <https://www.malariaconsortium.org/resources/optimising-malaria-surveillance>



Integrated research team (Malaria Consortium and District Health Services) analyze data quality at Tevele Health Centre, Mozambique

## 4. Strengthening Severe Malaria Diagnosis and Management in Nigeria

**Project Title:** Strengthening quality malaria diagnosis and case management of severe malaria in Kano, Nigeria

**Total grant awarded:** \$533,000

**Dates:** October 2022 – February 2026

**Location:** Kano State, North-Western Nigeria

Severe malaria remains a major cause of illness and death in Nigeria, particularly among children. Accurate diagnosis and timely treatment are essential for saving lives; yet gaps between laboratory testing and clinical care continue to affect patient outcomes and adherence to national testing and treatment policies.

This project was developed to strengthen malaria diagnosis and inpatient case management of severe malaria in Kano State by integrating laboratory quality assurance with quality improvement in clinical treatment and care.

American donor support helped establish a scalable model designed to improve treatment accuracy, strengthen health systems, and inform future national expansion of the approach integrating Quality Assurance and Continuous Quality Improvement into a unified model, supported through a phased implementation framework in Nigeria.

The project completed key planning and implementation phases, including development of a state-led rollout framework and integrated quality improvement model. Strong collaboration was established with the National Malaria Elimination Program, Kano State Ministry of Health, the State Malaria Elimination Program, and key health institutions, ensuring alignment with government priorities and strengthening local ownership.

The project also completed health facility assessments and severe malaria death audits, generating important insights into gaps in patient care and opportunities to strengthen treatment quality. The initiative improved readiness for severe malaria diagnosis and case management across participating facilities while strengthening coordination between national and state health authorities. Standardized tools, protocols, and frameworks were developed to support stronger clinical care, improved data systems, and more effective decision-making.

Through this project a strong foundation for long-term improvement in severe malaria management in Kano State was created. By strengthening coordination between laboratories and clinicians, the initiative helped to improve treatment accuracy and patient outcomes while establishing a scalable model for expansion across Nigeria. Early findings will help guide future interventions aimed at reducing severe malaria complications and deaths.

By working through existing government health systems and facilities, the project improved both efficiency and sustainability without creating parallel structures. Its phased implementation approach allows strategies and tools to be tested and refined before wider scale-up, helping

ensure donor resources are used effectively while strengthening long-term health system performance. As implementation progresses, continued donor support is expected to contribute to reductions in severe malaria complications and deaths while strengthening long-term health system performance.

For more information, please access this blog about the project:

<https://www.malariaconsortium.org/blog/mairos-mission-to-save-lives-the-matron-improving-outcomes-for-children-with-severe-malaria>



*“Since the project’s introduction, there has been a remarkable improvement in severe malaria diagnosis, treatment and overall case management.”*

Saidat Usman, nurse and malaria champion for change at Kura General Hospital, Kano state, Nigeria

## 5. Uganda Buikwe mHealth Project

**Project Title:** Buikwe mobile-Health project

**Total unrestricted grant awarded:** \$1,135,700

**Dates:** October 2020 – April 2024

**Location:** Buikwe District, Central Region, Uganda

The Uganda Buikwe mHealth Project was designed to digitize community health reporting and supervision in alignment with the Government of Uganda’s adoption of the Community Health Toolkit.

Since 2003, integrated community case management (iCCM) has supported treatment of malaria, pneumonia, and diarrhea in Uganda. However, ongoing challenges, including coordination gaps, supply constraints, limited supervision, and paper-based reporting systems, reduced efficiency and delayed data reporting. Reporting rates were only 47% in 2021. With support from MC-US donors, Malaria Consortium launched a digital mobile health pilot in Buikwe District to improve reporting, supervision, and health service delivery.

The project reached nearly 470,000 people and supported more than 96,000 children under five. Buikwe became the first fully digitized health district in Uganda, with reporting rates increasing from 50% to 92% and strong acceptance of the digital platform among health workers.

Community health teams conducted more than 53,000 consultations for sick children using the digital system, while malaria diagnosis and treatment adherence improved significantly, with 85% of confirmed malaria cases treated appropriately. Additional treatment was also provided for pneumonia and diarrhea, with referrals made for more complex cases.

This initiative strengthened district-wide health systems by improving data quality, supervision, accountability, and real-time decision-making. Digital reporting reduced inefficiencies and data errors while improving healthcare delivery for children and families. The project also strengthened community trust in local health services and generated important evidence demonstrating the feasibility, effectiveness, and scalability of digital community health systems in Uganda.

By leveraging digital tools and integrating with existing systems, the project delivered a cost-effective and sustainable model for improving healthcare delivery. Findings from the initiative informed national planning for digital health expansion and demonstrated how donor support can strengthen long-term health system performance. The project contributed to reductions in outpatient visits for malaria, pneumonia, and diarrheal disease among young children, while also supporting declines in malaria-related deaths across the district.

For more information, consider reading this project brief on the Buikwe Project:

<https://www.malariaconsortium.org/resources/optimising-a-digitised-community-health-toolkit-in-buikwe-uganda>



Village health team member, Kato Peter, carries out a malaria test on a child presenting with fever, Buikwe district, Uganda

## 6. Strengthening Uganda’s Preparedness Against Arboviral Threats (SUPAAT)

**Project Title:** Strengthening Uganda’s Preparedness Against Arboviral Threats (SUPAAT)

**Total unrestricted grant awarded:** \$936,242

**Dates:** January 2024 – June 2026

**Location:** Uganda; Semliki Region (Bundibugyo and Ntoroko districts) and Entebbe region (Wakiso district)

Arboviral diseases such as *dengue*, *Zika*, *chikungunya*, *yellow fever*, *West Nile virus*, *o’nyong’nyong*, and *Rift Valley fever* are growing public health threats across Africa, yet many countries have limited surveillance and outbreak response capacity. A 2021 assessment of 47 African countries identified major deficiencies in surveillance, diagnostics, and response capacity. Uganda was among the countries with the lowest preparedness, with limited data on epidemiology, vector<sup>3</sup> distribution, and transmission patterns.

In Uganda, these diseases are often underdiagnosed because symptoms are frequently mistaken for malaria and diagnostic capacity remains limited.

The *Strengthening Uganda’s Preparedness Against Arboviral Threats* (SUPAAT) project was developed to improve Uganda’s readiness for emerging arboviral diseases through stronger surveillance, diagnostics, policy development, and community engagement. Support from MC-US donors helped establish a research-driven model to strengthen outbreak detection and long-term national health security. The project also supported development of Uganda’s National Arboviral Diseases Strategic Plan (2025–2030), creating an important framework for future preparedness and response.

The initiative established 20 surveillance sites to strengthen monitoring of *Aedes* mosquito vectors and improve disease detection, reporting accuracy, and laboratory referral systems. More than 1,500 suspected cases were identified, and testing confirmed multiple arboviral infections, including dengue, chikungunya, and yellow fever. Nearly 4,000 stakeholders participated in coordination meetings, advocacy efforts, and community outreach activities, strengthening national awareness and engagement.

The project improved Uganda’s surveillance, diagnostics, and outbreak response capacity for arboviral diseases while strengthening the use of data for real-time decision-making. Health workers demonstrated increased confidence in diagnosing and managing arboviral diseases, helping reduce misclassification of febrile illnesses such as malaria, and improving patient care. The initiative also strengthened coordination between national institutions, district health

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<sup>3</sup> A vector is an organism, such as a mosquito, that spreads disease from one person or animal to another.

systems, research organizations, and community structures, creating a more integrated and effective preparedness system.

By embedding surveillance and response activities within existing national health systems, the project improved both efficiency and sustainability. Leveraging existing laboratories, surveillance platforms, and community health systems, it reduced duplication and strengthened long-term capacity. Most importantly, the project helped shift Uganda's approach from reactive outbreak response to proactive, evidence-based preparedness. Findings from this initiative are helping guide future policy and investment decisions while creating a scalable model with potential for replication across Africa.

For additional reading visit this webpage on SUPAAT

<https://www.malariaconsortium.org/resources/strengthening-national-preparedness-against-arboviruses-in-uganda-advancing-health-sector-resilience-to-tackle-future-public-health-threats>

Examining *Aedes* mosquito vectors of arboviruses



# Financial Overview

The MC-US fiscal year operates between April 1<sup>st</sup> to March 31<sup>st</sup> of the following year.

MC-US experienced a strong financial performance over the reporting period:

- FY25 revenue: \$12,610,487
- FY26 revenue: \$10,385,484

To enhance financial stewardship, MC-US implemented optimized fund management strategies, generating interest income while maintaining liquidity for grant disbursement.

Operating costs remained minimal, ensuring that the vast majority of funds are directed toward program impact.

MC-US is committed to allocating at least 80% of annual donor income to grants, while maintaining a minimum reserve of \$300,000 to cover approximately nine to 12 months of operating expenses and ensure financial stability.

An independent audit was conducted for FY25 by Hollingsworth Avent Averre & Purvis, PA in North Carolina. The FY26 financial audit is underway, reinforcing the organization's commitment to transparency and accountability.

# FY25 and FY26 Balance Sheet

	Mar 31, 2026	Mar 31, 2025
<b>Assets</b>		
<b>Current Assets</b>		
<b>Cash and Cash Equivalents</b>		
Checking	6,300,844.52	10,722,388.46
Savings	5,283,464.87	-
<b>Total Cash and Cash Equivalents</b>	<b>11,584,309.39</b>	<b>10,722,388.46</b>
Other Cash Equivalents	39,197.54	39,197.54
Prepayments	60,647.00	60,647.00
<b>Total Current Assets</b>	<b>11,684,153.93</b>	<b>10,822,233.00</b>
<b>Total Assets</b>	<b>11,684,153.93</b>	<b>10,822,233.00</b>
<b>Liabilities and Equity</b>		
<b>Equity</b>		
Current Year Earnings	861,920.93	455,870.00
Restricted Reserves b/fwd	7,346,604.00	5,823,172.00
Unrestricted Reserves b/fwd	3,475,629.00	4,543,191.00
<b>Total Equity</b>	<b>11,684,153.93</b>	<b>10,822,233.00</b>
<b>Total Liabilities and Equity</b>	<b>11,684,153.93</b>	<b>10,822,233.00</b>

## FY25 and FY26 Income Statement (Profit and Loss)

	2026	2025
<b>Income</b>		
Donations - Restricted SMC	697,695.65	5,765,415.00
Donations - Unrestricted	9,687,788.11	6,874,713.00
<b>Total Income</b>	<b>10,385,483.76</b>	<b>12,640,128.00</b>
<b>Gross Profit</b>	<b>10,385,483.76</b>	<b>12,640,128.00</b>
<b>Operating Expenses</b>		
Grants Awarded (SMC Restricted)	4,098,600.00	3,991,983.00
Grants Awarded (Unrestricted Funds)	5,264,951.00	7,784,213.00
Legal and Professional Fees	-	10,885.00
Marketing subscription costs	133,059.10	127,413.00
Other Grants Awarded (Other Restricted)	28,000.00	250,000.00
Other Unrestricted Expenses	32,417.60	19,764.00
<b>Total Operating Expenses</b>	<b>9,557,027.70</b>	<b>12,184,258.00</b>
<b>Operating Income</b>	<b>828,456.06</b>	<b>455,870.00</b>
<b>Other Income / (Expense)</b>		
Bank Interest - Restricted SMC	11,643.04	-
Bank Interest - Unrestricted	21,821.83	-
<b>Total Other Income / (Expense)</b>	<b>33,464.87</b>	<b>-</b>
<b>Net Income</b>	<b>861,920.93</b>	<b>455,870.00</b>

# Donors & Supporters

MC-US is deeply grateful to the individuals, foundations, and corporate partners whose generosity has sustained our work over the past two years. Your continued support has made it possible to fund life-saving programs and research that reduce the burden of disease across Africa and Asia. This work would not be possible without you, and as global health needs continue to grow, your ongoing commitment remains essential to sustaining and expanding this impact.

Most MC-US donations come from individuals through mailed-in checks, ACH bank deposits, and our online giving platform. Approximately 50% of contributions are received through donor-advised funds (DAFs), including *Vanguard Charitable*, *Schwab Charitable Fund*, *National Philanthropic Trust*, *Fidelity Investments Charitable Gift Fund*, *Daffy Charitable Fund*, and *JP Morgan Charitable Giving Fund*.

We are especially grateful for the continued and generous support of our SMC program from partner foundations, including *The Life You Can Save* and *Giving What We Can*.

We sincerely appreciate the many corporations that support our work through employee matching programs across a wide range of U.S. institutions.

We are also thankful to [FreeWill](#) who has supported MC-US by promoting us with their legacy giving programs.

Finally, we extend our special thanks to the students at the *University of Texas at Austin* for their generous \$15,000 contribution to our SMC program through the Department of Sociology and the LBJ School of Public Affairs.

# Looking Ahead

With continued and growing donor support, we are uniquely positioned to play a critical role in supporting Malaria Consortium to advance the vision by focusing on three key priorities:

## 1) Accelerating progress toward malaria elimination

We aim to significantly reduce the burden of malaria by scaling proven, high-impact interventions (such as chemoprevention, vaccines, and case management) while adapting to evolving challenges like resistance and climate change.

## 2) Advancing global health equity

We explicitly prioritize the most underserved and at-risk populations, recognizing that malaria is deeply tied to broader health inequities. The goal is to close gaps in access to care so that geography, poverty, or circumstance no longer determine health outcomes.

## 3) Strengthening health systems for long-term impact

We are committed to approving grants which advance equitable access to healthcare and support programs that are embedded within national systems and aligned with local partners. By prioritizing underserved and hard-to-reach populations, we will help close critical gaps in access and contribute to stronger, more resilient health systems.

At its core, this strategy is driven by a simple but urgent truth: *progress against malaria and preventable diseases is possible—but only if we act with speed, scale, and intention*. We will continue to serve as a bridge between donors and impact, ensuring that investments translate into measurable, lasting change for communities.

We remain guided by a shared vision: *a world free of malaria, where equitable access to healthcare empowers people, strengthens communities, and enables countries to thrive*.

## MC-US Contact Information

- **Website:** [Malaria Consortium U.S. | Malaria Consortium](#)
- **Email:** [info.us@malariaconsortium.org](mailto:info.us@malariaconsortium.org)
- **Donation links:** [How to donate to MC-US | Malaria Consortium](#)
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