

**malaria
consortium**
disease control, better health

MALARIA CONSORTIUM

Companies House Number: 04785712

Charity Number: 1099776

Trustees' report and financial statements for the year to 31 March 2023



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Reference and administrative details

Status Malaria Consortium is a registered charity and is incorporated under the Companies Act as a company limited by guarantee not having a share capital. The company is governed by its Memorandum and Articles of Association dated 3rd June 2003, under which each member has undertaken to contribute to the assets in the event of a winding-up a sum not exceeding £1.

Company Number 04785712

Charity Number 1099776

Registered Office The Green House, 244–254 Cambridge Heath Road, London E2 9DA, United Kingdom
Malaria Consortium, during this period, also had offices in Burkina Faso, Cambodia, Chad, Ethiopia, Mozambique, Myanmar, Nigeria, South Sudan, Thailand, Togo, and Uganda

Website www.malariaconsortium.org

The Trustees. The Trustees, who are also Directors under company law, who served during the year and up to the date of this report were as follows:

(CHAIR) Professor Marcel Tanner (end of tenure 31st July 2023)
Professor Wilfred Mbacham (appointed 31st July 2023)

(TREASURER) Jehangir (Joe) Ghandhi
Dr Simon Kay (resigned 20th April 2022)
Sarah Veilex (resigned 18th April 2022)
The Rt. Hon. Baroness Sheehan
Professor Jayne Webster
Dr Linus Igwemezie
Ian Boulton
Sherifatu Adigun
Sarah De Tournemire
Dawa Dem
Professor Oumar Gaye
Michelle Gilligan
Marc Booty
William Edwin Godfrey
Jane Edmondson

Chief Executive Charles Nelson (resigned 1st November 2022)
Dr James Tibenderana (appointed 1st November 2022)

Bankers HSBC Bank PLC
Westminster Branch
22 Victoria Street, London SW1H 0NJ, United Kingdom

Auditor Buzzacott LLP
Chartered Accountants
130 Wood Street, London EC2V 6DL, United Kingdom

Foreword by the Board Chair

It is with great pleasure that Malaria Consortium's Board of Trustees presents its Annual Report and Accounts for the 2022–23 financial year. 2023 marks the 20th anniversary of the organisation. As we reflect across the last 12 months on this, we are proud of the impact of Malaria Consortium's work and the positive change it continues to bring to communities across Africa and Asia.

This year, alongside governments and other public, private and philanthropic partners, we continued to navigate the challenges presented by COVID-19. As a charity with global reach, our rich public health expertise was further utilised to ensure the safe delivery of interventions — from large-scale seasonal malaria chemoprevention (SMC) campaigns across the Sahel and ground-breaking research on malaria and COVID-19 in Uganda to adapting net delivery in Nigeria and increasing access to health services for migrant workers along the Thailand–Cambodia border.

We need evidence to inform the decisions we make and to increase the effectiveness of interventions, but this cannot be generated in isolation. This year, we sought to build deeper engagement with national malaria and other health programmes, national research institutes, philanthropists and communities in high-burden countries — for whom equitable access to quality healthcare is a human right.

Our partnerships this year have helped to advance accountability, sustainability and develop implementation science to deepen our collective impact.

It is often at this time of year, when we reflect on the targets we set and evidence of impact, that we ask ourselves what we have learnt and whether we have really made a difference. In my last term as Chair of Malaria Consortium, I would like to say, sincerely, that I believe we have further consolidated the strategy including the funding as well as providing the basis for the further, needs-based development of Malaria Consortium in the different regions together with the local and global partners. We are excited by Malaria Consortium's exceptional growth and the continued belief and backing of our supporters and partners. It has been an honour, pleasure and privilege to lead the organisation for seven years. I deeply thank you, Malaria Consortium staff, management and board colleagues as well as partners and collaborators for this truly great experience of mutual learning for change as I hand the baton over to our new Chair, Professor Wilfred Mbacham, I do so with joy and great optimism about what I believe remains achievable — the end of malaria and the achievement of health equity.

Professor Marcel Tanner

Who we are

Our mission

Malaria Consortium aims to save lives and improve health in Africa and Asia, through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Our approach

We are a recognised implementer at scale of evidence-based programmes. We bring technical excellence to our programmes, projects and research through an uncompromising commitment to the safety of those with whom we work. We are willing to work on complex issues, in complex places. We know that one size does not fit all — we adapt to local circumstance and respond rapidly to what the data tell us. Our evidence and experience allow us to work collaboratively with stakeholders, assisting them to understand and own issues — and create their own solutions.

Our values

All of our work is informed by our core values:

ACCOUNTABILITY

We endeavour to be transparent, trustworthy and responsible with our resources to design, deliver and benchmark the most effective and appropriate interventions, and to communicate our actions and impact to the communities, donors and partners with whom we work.

INTEGRITY

We are committed to delivering the right interventions and doing what we believe in.

DIGNITY

We are dedicated to supporting and valuing the people we employ and the communities with whom we work in a participative and inclusive way.

EQUITY

We go the extra mile to ensure that all stakeholders are able to access services and participate in every step of our programming.

Report of the Trustees

The Trustees present their report and the audited financial statements for the year ended 31st March 2023. The Trustees' Report also contains the information required in a strategic report as set out on pages 19–31.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with the current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice — Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Structure, governance and management

The Board of Trustees

Malaria Consortium is governed by a Board of Trustees, which take the major strategic decisions for the organisation, in alignment with Malaria Consortium's aims and values. Our Board bring a wide range of skills and experience that help shape our strategic direction:

Professor Marcel Tanner, Chair

Marcel offers extensive knowledge of drug and vaccine development and health system strengthening, holding positions including Director of the Swiss Tropical and Public Health Institute, professor at the University of Basel and scientific advisor for the World Health Organization and the Novartis Institute for Tropical Diseases in Singapore. Marcel brings several years' experience chairing boards for organisations including the INCLIN Trust and the Drugs for Neglected Diseases Initiative.

Joe Gandhi, Treasurer

Joe brings financial expertise, having qualified as a chartered accountant and worked as the Finance Director for organisations including Transparency International UK and WaterAid. At Médecins Sans Frontières, he managed the finance department in the UK and served as interim Chief Executive. Joe supports the organisation to understand its financial position to carry out its financial responsibilities and oversees the preparation and scrutiny of the annual accounts.

Jane Edmondson

Jane provides policy and political expertise, coming from a background in UK public service and international development, including as Director for East and Central Africa at the Foreign, Commonwealth and Development Office. Jane's work has focused on health systems, sexual and reproductive health and rights, nutrition and malaria in Africa. Jane supports the organisation to collaborate with international health bodies and shares her expertise in conducting health research.

Dr Linus Igwemezie

Linus has over 25 years of experience in the pharmaceutical industry, with extensive knowledge of global health. Linus advises on strategic management, having previously worked as Executive Vice President at Novartis Malaria Initiative and co-founding Denam Group. Linus has experience conducting scientific research, commercial evaluations, project prioritisation exercises and working with a variety of stakeholders in malaria-endemic countries.

Baroness Shaista Sheehan

Baroness Sheehan is a peer in the House of Lords, a Liberal Democrat Spokesperson and a member of the Lords Subcommittee on Energy and Environment. Baroness Sheehan advises the organisation on policy and advocacy for international development, drawing on experience from advocating for the welfare of refugees and serving on a variety of parliamentary committees.

Ian Boulton

Ian brings commercial expertise spanning over 40 years, most recently as the founder and Managing Director of TropMed Pharma Consulting. Ian advises on building public and private partnerships for disease prevention, having co-led GlaxoSmithKline's Diseases of the Developing World Initiative. He also supported several public-private partnerships developing new treatments for diseases affecting low- and middle-income countries.

Professor Jayne Webster

Jayne offers extensive knowledge of conducting health research in collaboration with national governments, international bodies and non-governmental organisations. Currently Professor of International Health and Evaluation at the London School of Hygiene and Tropical Medicine, Jayne's focus is on evaluating interventions and their delivery using a range of methods. Jayne supports the organisation with policy development, programme design and evaluation.

Sherifatu Adigun

Sheri brings over 10 years of commercial expertise, with a focus on finance within the public and private health sectors. Sheri is a qualified Chartered Management Accountant and has previously served on finance committees in both Africa and Asia. Sheri is currently the Senior Commercial Finance Manager at the Wellcome Trust, overseeing international and UK finance. Sheri advises on financial management and supports the organisation to foster good governance.

Sarah de Tournemire

Sarah offers extensive knowledge of leadership from over 25 years' experience in the non-profit sector at organisations including the Population Council and the Drugs for Neglected Diseases Initiative. Sarah is a Certified Fundraising Executive with expertise in resource mobilisation, communications, research uptake, strategic planning as well as board relations. Sarah supports the organisation to build collaborations and translate evidence into action.

Professor Oumar Gaye

Oumar advises on research coordination for malaria and parasitic diseases, having served as an advisor for the World Health Organization's Regional Office for Africa, the Bill & Melinda Gates Foundation and the Ministry of Health of Senegal. Oumar offers advice to projects, having led major projects on malaria prevention, diagnosis and treatment at community level, which improved policy making on malaria. Oumar draws on experience from chairing the organising committees of the Multilateral Initiative on Malaria and the DELTAS Africa Scientific Conference.

Michelle Gilligan

Michelle offers legal advice on strategy, policy, corporate governance and compliance, drawing from her experience as a senior lawyer, with over 10 years' international experience in roles including general counsel, company secretary and compliance officer. Michelle has worked in jurisdictions across Asia, Europe and North America. Prior to being in-house counsel, Michelle held voluntary roles as the pro-bono coordinator at her previous law firm.

Marc Booty

Marc provides investment advice based on several years' experience in a range of advisory roles, most recently as Senior Investment Manager for a leading Swiss asset and wealth management company. Marc initially trained as a Medical Research Chemist and has over 25 years' experience investing in global healthcare. Marc supports the organisation to accelerate progress for economically and socially vulnerable people, harnessing his experience of tracking the delivery of medicines.

Dawa Dem

Dawa brings over 18 years of experience in international development and fundraising, having worked with organisations including UNICEF and the Charities Aid Foundation, where she is currently the Lead Advisory Manager. Dawa supports the leadership team to manage partnerships and advises on income diversification, organisational resilience and gender-related issues, drawing on her experience as OECD's Bhutan Country Expert for Gender and Social Index.

(William) Edwin Godfrey

Edwin has a legal and commercial background, based on a career at major law firms in the City of London. Edwin has served on the boards of several charitable organisations, and is currently chair of CBM Global Disability Inclusion, and of Purple CIC, which he co-founded, as well as acting as a director of Clipeum IT Limited, a start-up venture in the computer services industry.

Governance arrangements

The Board meets quarterly, and for the Annual General Meeting (AGM), usually in July, where the audited accounts are normally approved. Also, at the AGM, one-third of the Trustees retire and are eligible for re-election, as long as, normally, they have not served for a continuous period exceeding six years. Malaria Consortium has a 100% interest in a Malaria Public Health Limited, Nigeria, a company registered in Nigeria.

There are three subcommittees of the Board:

- The Governance Committee reviews and makes recommendations regarding Board effectiveness, ongoing Board development and leads the process of Board renewal. Currently, the Committee comprises four Trustees and the Chief Executive (non-voting).
- The Finance, Audit and Risk Committee provides assurance to the Board that an effective internal control and risk management system is maintained, and that financial performance is being effectively managed. Currently, the Committee comprises four Trustees, the Chief Executive (non-voting) and the Finance Director (non-voting).
- The Compensation and Human Resources Committee reviews and makes recommendations on the Chief Executive's remuneration, the framework for the Global Management Group's remuneration and the organisation's human resources strategy and policies. Currently, the Committee comprises a

minimum of three trustee members, including the Chair of the Board of Trustees. The organisation has a well-established job evaluation mechanism linked to a normalised pay and benefits framework. This framework is reviewed regularly for cost-of-living increments and benchmarked country by country in a rolling plan, using established market indices. The Chief Executive's level of remuneration is similarly linked to that framework.

There are Trustees specifically designated as the leads for Safeguarding, Global Data Protection and Good Distribution Practice, the latter is necessary to review ongoing alignment of practice with the needs of the Medicines and Healthcare products Regulatory Agency (MHRA) licence, which is required for a UK non-governmental organisation (NGO) moving pharmaceuticals across international borders.

Meetings and attendance for the financial year are shown in the table below:

Meeting	Number of meetings	Number of Trustees in attendance (average)	% in attendance (average)
AGM	1	10	71
Board meeting	5	12	82
Governance Committee meeting	4	4	93
Finance, Audit and Risk Committee meeting	4	3	81
Compensation and HR Committee meeting	2	3	75

New Trustees are recruited for their skills in areas relevant to the governance, aims or the changing nature of the strategy and activities of Malaria Consortium. They are recruited in a variety of ways including public advertisement, and/or by recommendation from those working for, or with, Malaria Consortium, or by existing Trustees. Candidates are scrutinised by the Governance Committee and by the Board as a whole. All new Trustees receive an induction to the organisation by the Chief Executive and may be invited to attend a Board meeting prior to election.

The Board of Trustees approves the major strategic decisions for the organisation. It uses an annual retreat to review progress against the agreed strategy and to take a measure of the performance as a Board. This is usually a self-assessment against a clear set of criteria and a review of progress against priorities set the previous year.

Each year, unless curtailed by a specific reason, such as a pandemic, a number of Trustees are invited to make field visits to be fully informed about Malaria Consortium's activities, thus enabling them to effectively support these strategic decisions. The Board of Trustees delegates the day-to-day operational decision-making to the Chief Executive, who, with the Global Management Group, runs the organisation and signs all contracts. The Global Management Group is supported by Senior Management Teams at regional and country level who are responsible for all aspects of our programmes.

Global Management Group

James Tibenderana, Chief Executive

Dr James K Tibenderana is a malaria and public health expert, with over 20 years of experience in the fields of epidemiology, infectious and tropical diseases and health system strengthening. James is a trained medical doctor, epidemiologist and researcher, remaining actively involved in operational research on communicable diseases. As Chief Executive, James oversees day-to-day operational decision-making, and along with the Global Management Group, runs the organisation, managing technical and finance functions, as well as programmes at regional and country level.

Alka Ahuja, Finance Director

Alka Ahuja offers a wealth of financial experience, having qualified as a chartered accountant, and led the finance and governance functions in organisations going through change and growth including the Salvation Army and Transparency International. Alka worked with the Tropical Health and Education Trust, where she managed the finance, administration, and HR team in the UK, delivered the restructure of

the finance and operations teams, and opened two new country offices in Tanzania and Uganda. As Finance Director, Alka supported the organisation with understanding its financial position and carrying out its financial responsibilities, overseeing the preparation and scrutiny of annual accounts. Alka resigned from her role on the 15th of June 2023 and has since been replaced by Tirivake Mutambasere who started on the 17th of July 2023.

Godfrey Magumba, East & Southern Africa Director

Dr Godfrey Magumba provides organisational management advice drawn from over 30 years' experience of designing and managing complex programmes and large teams including strategic planning, establishing networks and mobilising resources. Godfrey has deep expertise in malaria and communicable diseases control approaches, with a track record of identifying and accomplishing innovative solutions. Godfrey also supports other Malaria Consortium offices in East and Southern Africa to build partnerships to respond to national and regional health priorities.

Tracey Cunningham, Human Resources Director

Tracey Cunningham provides HR advice on issues affecting the organisation, drawing from over 10 years' experience in the not-for-profit sector, spanning across the UK, Africa and Asia, and as a chartered member of the CIPD, the professional body for HR and people development. Tracey leads the full HR remit including the employee lifecycle and employee relations, reward, learning and development, safeguarding, engagement and wellbeing. Tracey is also responsible for overseeing international HR operations and leading on engagement and culture to ensure Malaria Consortium achieves its mission while being a great place to work.

Tom Heslop, Director, Global Operations Support & Asia

Tom Heslop harnesses more than 10 years' experience in managing finance, logistics, human resources, ICT, compliance functions as well as overall programme management and implementation in challenging contexts, having supported humanitarian and development projects across Africa and Asia. As a chartered accountant, Tom supports the organisation with ensuring compliance with accounting



and accountability practices. Tom is also highly experienced in team leadership; he leads Malaria Consortium's operations support teams and has oversight of programming in Asia.

Kolawole Maxwell, West & Central Africa Director

Dr Kolawole Maxwell offers extensive knowledge of primary healthcare and planning, and managing health activities at community, facility and policy levels, having worked for over two decades as a Community Health Physician. Maxwell has expertise in patient care management, health systems strengthening, health sector reform management, institutional development, behavioural change communication, community engagement in health and malaria control. As Malaria Consortium's West and Central Africa Programme Director, Maxwell provides support and oversight to all regional country directors. He also leads Malaria Consortium's Nigeria country programme.



Management arrangements

The Global Management Group meet quarterly in support of organisation-wide and executive-level decision-making, strategy implementation and stewardship of strategic initiatives. In addition, there are quarterly operations calls with the leadership of each region and, recently, also with the SMC programme.

Malaria Consortium inducts new staff to enable a strong understanding of the organisation, covering structure, policies and procedures along with expected conduct and other role-relevant information. Core policies that are fundamental to Malaria Consortium's work and which staff are required to read fully are: the Code of Conduct; the Safeguarding Policy; the Anti-Fraud and Anti-Corruption Policy; the Anti-Money Laundering Policy; the Conflict of Interest Policy; the Whistle Blowing Policy; and the Anti-Bribery Policy. Managers are also introduced to people management policies, procedures, budgeting and planning.

Malaria Consortium utilises annual performance and development reviews to enable managers and staff to identify learning initiatives to bridge skills and/or knowledge gaps.

Malaria Consortium's head office is in London, United Kingdom. It has a regional office for East and Southern Africa in Kampala, Uganda, covering Ethiopia, Mozambique, South Sudan and Uganda; a regional office for West and Central Africa in Abuja, Nigeria, covering Burkina Faso, Cameroon, Chad, Nigeria and Togo; and an Asia regional office in Bangkok, Thailand, covering

Bangladesh, Cambodia, Myanmar and Thailand. Regional offices coordinate and supervise programmes and projects at country level in the three regions. Global activities and any work in other parts of the world are directed through the head office in the UK.

At a country level, we work with ministries of health, local and regional United Nations offices, regional organisations in West and Central and East and Southern Africa, National Malaria Control Programmes (NMCPs), bilateral donors, international foundations, civil society organisations, development projects, private sector and, most importantly, communities affected by malaria, other communicable diseases and malnutrition.

Close collaborations are maintained with academic institutions. In the UK, these include Imperial College, the Nuffield Centre for International Health and Development at the University of Leeds, the London School of Hygiene & Tropical Medicine, and University College London. Internationally, we collaborate with Institute Pasteur, Karolinska Institute, Mahidol University (Bangkok, Thailand), Makerere University (Uganda), University of Nigeria, University of Oslo, and University of Pretoria (South Africa).

Malaria Consortium's income is predominantly restricted, but the funding portfolio is changing. Ninety percent of our income is raised through project-based contracts and grant applications. Income on these projects is recorded at the same time as expense is incurred (Refer to accounting policy for more detail).

There continues to be increased funding from philanthropy around the world, particularly from those who support charities that are recommended as recipients of funds from GiveWell's Maximum Impact Fund. For us, this is mainly, though not exclusively, linked to closing gaps in coverage for SMC across Sub-Saharan Africa, maintaining and further developing life-saving interventions for children under the age of five, and in broadening our funding base.

Commitments from our donors to future funding allow us to plan for both continuities in existing areas for the following 2–3 years, and expansion to cover further eligible children.



Public fundraising

Malaria Consortium works to build trust and public confidence in our organisation and is committed to fundraising best practice. We are registered with the Fundraising Regulator, support the Code of Fundraising Practice and undertake public fundraising through our website, social media, newsletters and annual campaigns. We seek to raise both unrestricted income, expendable at the discretion of the Trustees within the overall aims of the charity, and income restricted to our seasonal malaria chemoprevention (SMC) programme, which has GiveWell Top Charity Status. Individual donations are received through our website, via third party platforms such as Just Giving and directly, including via philanthropic organisations worldwide. All third-party organisations are to subject to appropriate due diligence before funds are accepted. We do not undertake public fundraising through professional fundraisers or commercial participators and only contact donors that have opted in to receiving communications and easily able to unsubscribe.

Compliance with streamlined energy and carbon reporting (SECR)

Malaria Consortium is committed to continually working to reduce its carbon emissions, with the target of reaching Net Zero by 2050. Malaria Consortium is classified as a low energy user under the UK Government's Energy Reporting standards, and so information on its energy and carbon usage is not disclosed in this report.



Volunteers

We extend our heartfelt gratitude to our exceptional volunteers whose selfless dedication and collective contribution of around 450 hours over this reporting period have been instrumental in elevating our mission.

The need to foster the charity's business relationships with suppliers, customers, and others

Our network of collaborators includes research activities, local partnership organisations, global and local working groups, Ministries of Health where Malaria Consortium works, local advocacy partners in endemic areas, academic co-investigators in research projects and WHO Technical Consultations. These partnerships are key to our work worldwide.

Mutual respect, together with transparency and accountability, underpins our work with others. Our values govern our procurement process, and all our suppliers must comply with our Code of Conduct and principles of our Procurement Policy.

The impact of the charity's operations on the community and the environment

We have continued to invest and improve our safeguarding to ensure that we better protect all those we work with. One of our Trustees is specifically designated as the lead for Safeguarding.

Malaria Consortium continues to consider the impact of its work on the local environment and climate change and reviews the need to travel internationally in keeping with the need to reduce its carbon footprint.

Investment policy and performance

Funds received during the year for seasonal activities are invested in interest bearing notice accounts. Funds received for on-going charitable activities and reserves are held in interest-bearing accounts that can be called on without notice. Monies are held in the most likely currency of expenditure to manage foreign exchange risk. The charity does not speculate on currency.

Maintaining a reputation for high standards of business conduct

As we strive to achieve our strategic objectives, we lead by example and seek to demonstrate in all areas high standards of business conduct. Our Procurement and recruitment policies reflect our values and commitment to safeguarding and high standards of conduct.

Malaria Consortium inducts new staff to enable a strong understanding of the organisation covering structure, policies, and procedures along with expected conduct and other role-relevant information. Core policies that are fundamental to Malaria Consortium's work and which staff are required to read fully are:

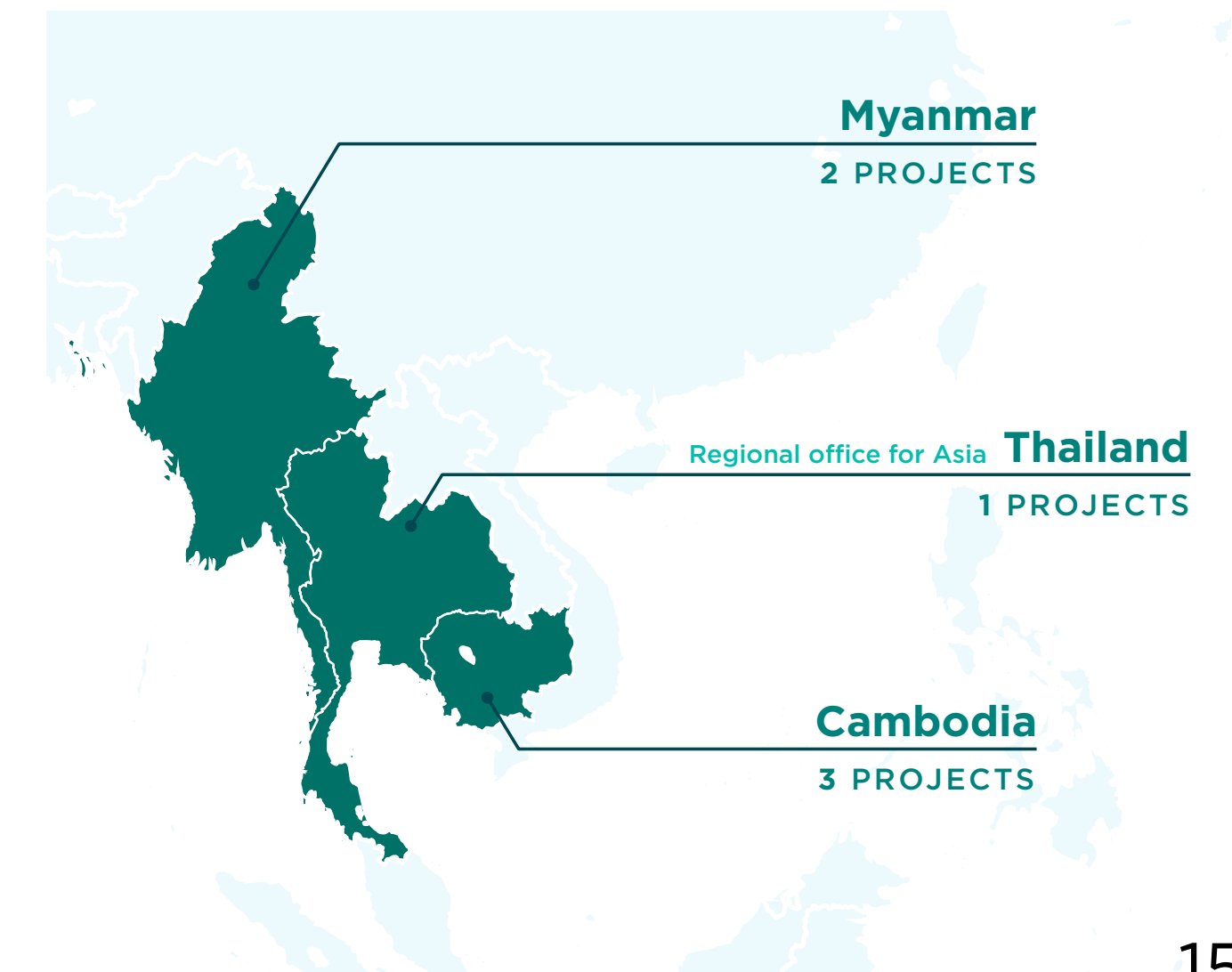
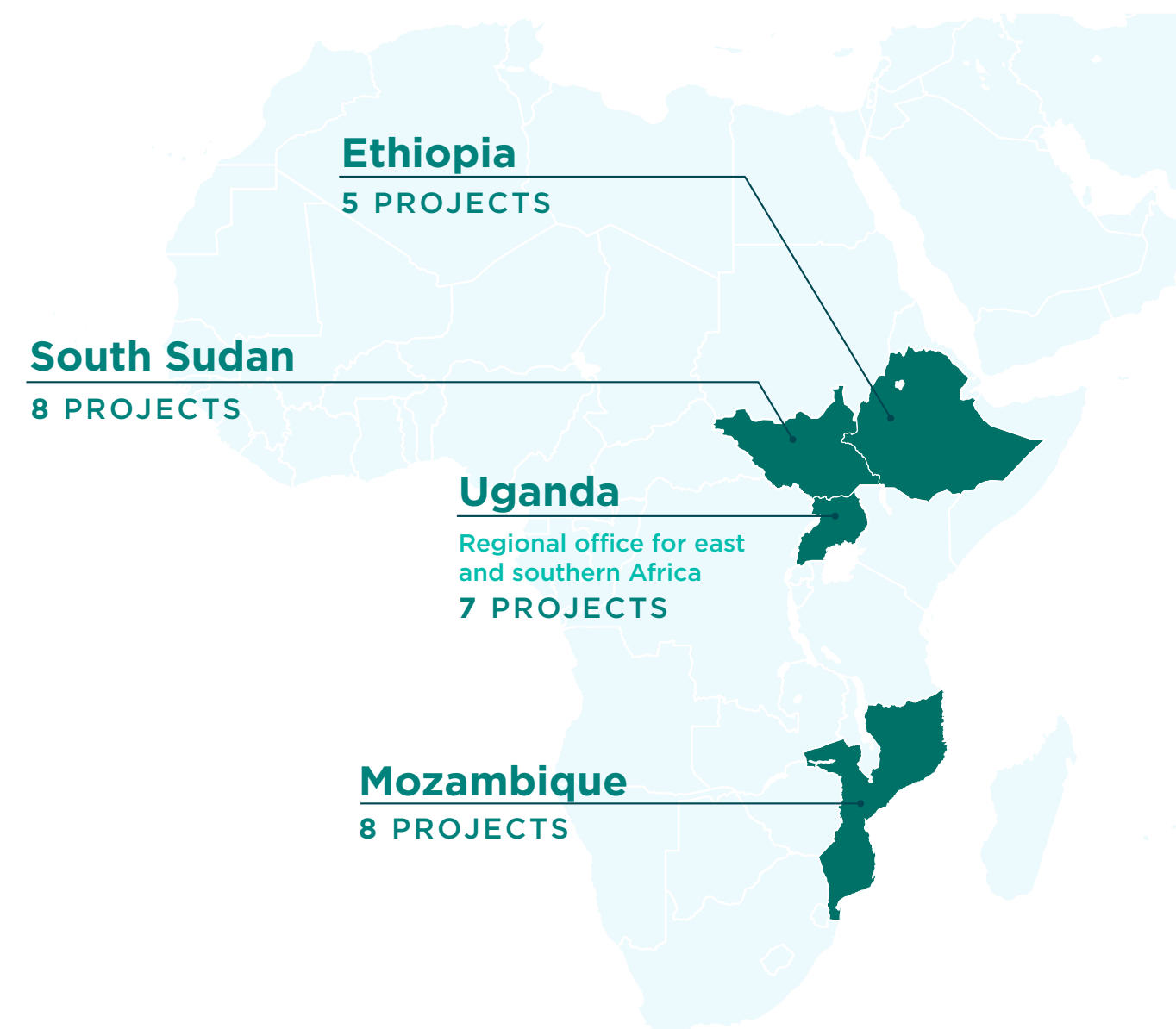
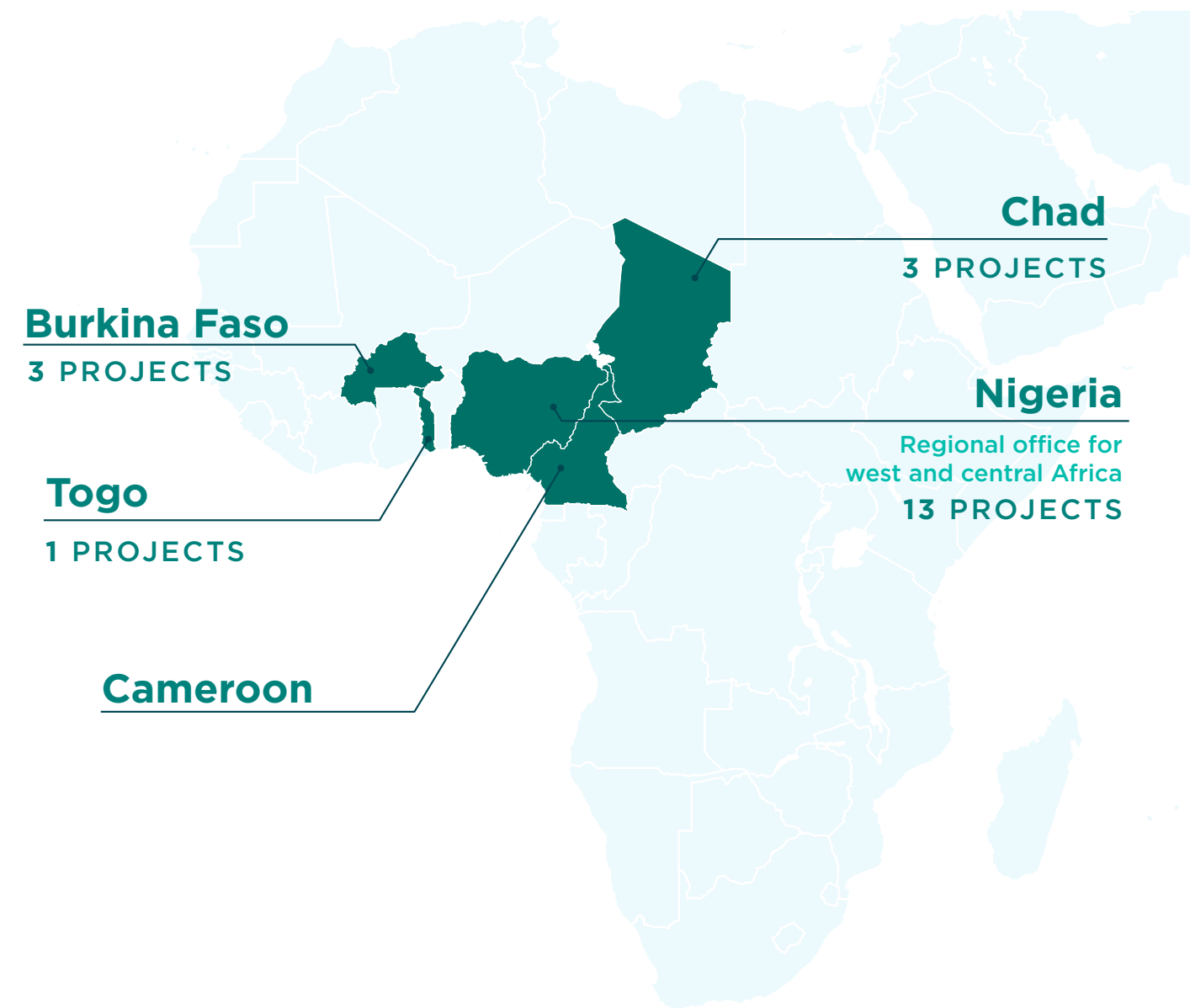
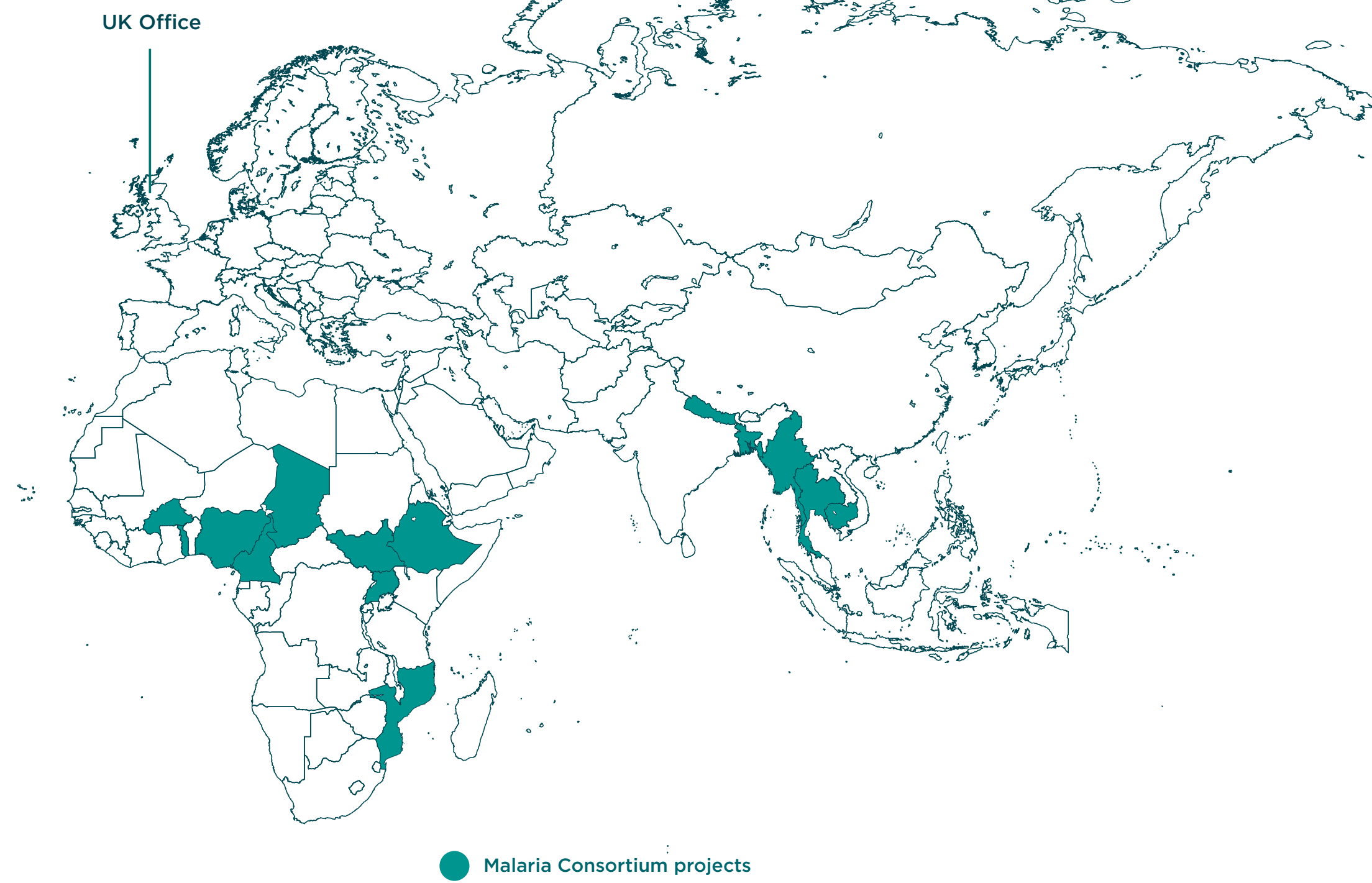
The Code of Conduct; the Safeguarding Policy; the Anti-Fraud and Anti-Corruption Policy; the Anti-Money Laundering Policy; the Conflict of Interest Policy; the Whistle Blowing Policy; and the Anti-Bribery Policy. Managers are also introduced to people management policies, procedures, budgeting, and planning.

We require all our partners, suppliers, and employees to adhere to our anti-bribery and anti-corruption policy as well as our code of conduct which prohibit fraud, bribery, and nepotism.

Grant making

Malaria Consortium embraces collaborative partnerships to deliver impactful projects, defining partners as those engaged in jointly fulfilling grant contracts and providing services over extended periods as outlined in individual grant agreements. Partner selection is integral during the proposal stage to ensure alignment with our mission. Payments to partners undergo rigorous contractual scrutiny and expenditure review, followed by a monitoring process in line with the size of the partner. Our practices adhere to Charity Commission and HMRC guidance, reflecting our commitment to transparency and effective use of resources. Payments for grants are based on specific targets and a series of reviews, normally quarterly are done to monitor delivery.

Where we work



Spotlight – Riding the waves: Malaria Consortium’s response during the COVID-19 pandemic

Tracking the threat

To date, there have been over 690 million cases and 6.9 million deaths from COVID-19 globally.³ When the first cases of a novel coronavirus were detected in December 2019, scientists quickly tried to understand more about the disease and its impacts. As the disease spread and more information became available, Malaria Consortium and other public health experts were increasingly concerned about the impact in Sub-Saharan Africa — where health systems are weak and a number of other infectious diseases are already a public health problem.

A rapid response

As a global health organisation, Malaria Consortium was fortunate to have staff from a variety of public health backgrounds, including in infection, prevention and control, and pandemic preparedness. This meant the organisation had the ability to lead a response and make its own decisions based on the principles of global health. Staff also recognised the seriousness of the emerging disease, noting it was airborne and spreading rapidly, and set up a COVID-19 taskforce. Throughout the COVID-19 pandemic, Malaria Consortium was guided by two

principles: staff safety and continuing to deliver life-saving services. While COVID-19 came with a lot of uncertainty, the threat from malaria was certain if programmes did not continue.

When cases of the disease started to spread across the globe, Malaria Consortium took the decision to cancel international travel plans including an SMC workshop planned in Paris. At the same time, cases of COVID-19 had been reported in Africa and started to affect the countries where Malaria Consortium works. The existing business continuity plans were designed to be temporary, and staff knew the situation was likely to last for months rather than weeks, so the COVID-19 taskforce started generating templates for standard operating procedures. These documents outlined procedures for changes to working practices — including closing offices, working from home and essential use of offices — as well as protocols for delivering programmes. These were continually updated to reflect the changing situation as more information became available.

By March, cases in the UK were rising. To reduce contact between staff, the UK office was closed and staff were supported to work from home. In the following days, the UK government issued a nationwide stay-at-home order. In April 2020, the World

3. Worldometer. Coronavirus Pandemic. Available from: <https://www.worldometers.info/coronavirus/> [Accessed 22 June 2023]

Health Organization (WHO) warned that severe disruptions to insecticide-treated net campaigns and access to antimalarial medicines could lead to a doubling in the number of malaria deaths in Sub-Saharan Africa.³

Evidence-based decisions

A global outbreak management plan was developed to help guide decision-making. This plan had four risk categories — awareness, containment, protection and mitigation — each of which required a different response. To put the outbreak management plan into action, the COVID-19 taskforce continually collected and reviewed as much information as possible to be able to make evidence-based decisions and identify when each country moved to another risk category. At the beginning of the pandemic, there was very little quantitative data so anecdotal evidence was valuable, especially in countries where there was known under-reporting, or the government was denying the presence of COVID-19. In these situations, the experience of country teams provided vital information to determine when community transmission had begun. Information was shared constantly between country teams and the central COVID-19 taskforce, with decision-making decentralised to regional directors so that they had the authority to act as soon as the risk category changed in any of the countries in their region.

Continuing communication

A cascade communication system was set up to ensure all staff had up-to-date information. Messages were delivered to country staff by regional and country directors. In addition, there was regular communication with all staff, including emails from the Chief Executive to reiterate the organisation's commitment to staff safety and to supporting staff wherever possible. COVID-19 teams were also set up at country level to provide information that staff could trust, and there was continuous messaging to inform staff how to prevent transmission of COVID-19, including hand hygiene, wearing face masks and social distancing. The technical team ran monthly COVID-19 updates for all staff covering the latest information on the COVID-19 transmission, epidemiology and new tools to prevent and treat the disease, such as vaccines. This helped everyone to stay up to date with trusted information.

Sustaining services in Cambodia

During the pandemic, many Cambodians, who normally cross the border to work in Thailand, returned home. To ensure these workers did not transmit COVID-19 in their home provinces, the health authorities set up camps along the international border for migrants to stay in for 2–3 weeks. During this time, all NGOs working in these areas



3. World Health Organization. WHO urges countries to move quickly to save lives from malaria in Sub-Saharan Africa. Geneva: World Health Organization. 23 April 2020.

were ordered to stop their operations. This would have meant Malaria Consortium had to stop providing malaria services to communities. In response, Malaria Consortium staff engaged with health authorities and informed them that if their operations ceased, malaria cases would start to increase. The team's established relationship with the health authorities helped with these negotiations and the team was able to continue to deliver services.

Safeguarding seasonal malaria chemoprevention campaigns in Nigeria

In Nigeria, to reduce contact between health workers and households, household members were shown how to give preventative medicines to their children. These medicines are usually administered by a health worker. The health worker provided a demonstration from a safe distance and required no physical contact with household members. A positive outcome of this new method was that children seemed more relaxed because they were given medicine by someone they already knew.

Adapting net delivery in Uganda

In Uganda, insecticide-treated net campaigns were adapted from a fixed-point distribution strategy. Normally, households collect nets from a specific place; however, as large gatherings were prohibited, Malaria Consortium collaborated on a strategy to

deliver the nets door-to-door to avoid bringing groups of people together. This meant campaigns could continue as planned, despite some delays. In some areas, communities preferred this method, as they did not need to go out to collect it at a specific time.



Strategic Report – Creating value in 2022–2023

1. Seasonal malaria chemoprevention (SMC): To be a leader in delivering life-saving SMC interventions in the Sahel and introducing SMC to newly eligible areas outside the Sahel

During the reporting period, Malaria Consortium supported SMC delivery to almost 24 million children in seven countries: Burkina Faso, Chad, Mozambique, Nigeria, South Sudan, Togo and Uganda, up from 20 million children in the previous period. This increase is largely due to the expansion of SMC in new areas of Nigeria and Mozambique. Around 67 percent of this activity was supported by philanthropic funding or co-funding, with the remainder supported by funding from institutional and multilateral donors.

As both a leading implementer of SMC and a research organisation, Malaria Consortium has been uniquely placed to develop and evaluate solutions to operational problems that can improve the quality of SMC delivery; assess the

extent to which SMC impacts estimates of the burden of malaria; and test innovations that will shape the future of SMC. During the reporting period, Malaria Consortium conducted several SMC research projects, including major work exploring the feasibility, acceptability and impact of SMC in East and Southern Africa, where SMC had not previously been tested due to concerns over parasite resistance. Data analysis from this study is ongoing, with results to be published over the course of 2023.

The global SMC community also marked 10 years since the WHO's initial recommendation to scale up SMC in 2012. Malaria Consortium has been at the forefront of scaling up SMC throughout this period and the intervention reached around 48 million children in 2022. This means around half of all children reached with SMC in the reporting period were supported by Malaria Consortium.

Malaria Consortium is in a strong position to maintain its role as a leader in delivering life-saving SMC interventions in the Sahel

and introducing SMC to newly eligible areas outside the Sahel. This is thanks to the generous support of donors, the strength of our research activities and the continued effectiveness of the intervention — and despite the challenging economic and security landscape.



2. Accelerating burden reduction to elimination: To contribute strongly to the strategy development for, and delivery of, targeted (non-SMC) preventive and case management interventions for key diseases

Pneumonia

Pneumonia is a leading cause of morbidity and mortality in children globally, with an estimated 1.4 million deaths annually among children under five.³ The majority of these deaths occur in low- and middle-income countries, with Sub-Saharan Africa having the highest burden of childhood pneumonia.⁴ Ethiopia and Chad, two low- and middle-income countries in Sub-Saharan Africa, have high rates of childhood pneumonia and related mortality. In 2021, Malaria Consortium secured funding to support ministries of health to create national paediatric pneumonia control strategies in these two countries to strengthen pneumonia case management and reduce paediatric mortality due to pneumonia.

Several barriers exist to effective pneumonia case management in Ethiopia and Chad, including limited access to healthcare services, low levels of health literacy among caregivers and insufficient availability of essential medicines and equipment. In Ethiopia, only 42 percent of children with suspected pneumonia are taken to a health facility for treatment, with the majority seeking care from traditional healers or self-treating at home.⁵ A study conducted in Ethiopia found that only 39 percent of caregivers correctly identified the signs and symptoms of pneumonia, highlighting the need for improved health literacy.⁶ In Chad, access to healthcare services is also limited, with only 36 percent of children with suspected pneumonia receiving appropriate care.⁷ Additionally, essential medicines and equipment for pneumonia treatment are often unavailable in health facilities in both countries, further hindering effective case management.⁸

In Chad and Ethiopia, Malaria Consortium has worked closely with the relevant ministries and government agencies to draft and develop

strategies that support and strengthen the pneumonia response. Using a consultative and engaged approach in both countries, key stakeholders were convened to undertake formative research, documenting situational analyses in relation to pneumonia. These data were then used to draft strategies for both countries.

Implementation and evaluation of insecticide-treated net distribution campaigns in Ondo and Anambra states, Nigeria: April 2022 – March 2023

In August 2022, Malaria Consortium implemented an insecticide-treated net distribution campaign in Anambra state, Nigeria, in collaboration with the National Malaria Elimination Programme and the Anambra State Malaria Elimination Programme. Open Philanthropy and additional philanthropic giving provided the funding for the campaign based on GiveWell's recommendation. A total of 3,850,316 insecticide-treated nets containing a pyrethroid insecticide (alpha-cypermethrin) and a synergist (piperonyl butoxide, known

3. UNICEF. Every child's right to survive: an agenda to end pneumonia deaths (2020) <https://data.unicef.org/resources/every-childs-right-to-survive-an-agenda-to-end-pneumonia-deaths/>

4. WHO. Pneumonia in Children (2020) <https://www.who.int/news-room/fact-sheets/detail/pneumonia>

5. Ethiopian Public Health Institute. Health Sector Transformation Plan Endline Review Study (2022) <https://ephi.gov.et/wp-content/uploads/2023/01/2.-Ethiopia-Health-Sector-Transformation-Plan-I-2015-2020-Endline-Review.pdf>

6. Abel Abera Negash and others, Bacteremic Community-Acquired Pneumonia in Ethiopian Children: Etiology, Antibiotic Resistance, Risk Factors, and Clinical Outcome, Open Forum Infectious Diseases, Volume 6, Issue 3, March 2019, ofz029, <https://doi.org/10.1093/ofid/ofz029>

7. UNICEF. Every child's right to survive: an agenda to end pneumonia deaths (2020) <https://data.unicef.org/resources/every-childs-right-to-survive-an-agenda-to-end-pneumonia-deaths/>

8. World Bank. Chad Country Profile. (2019) <https://data.worldbank.org/country/chad>

as PBO) were issued to 7,435,476 community members in 1,245,548 households across all 21 local government areas. With the same funding, a similar campaign had been conducted earlier in Ondo state in December 2021, where a total of 2,965,125 ITNs was issued to 5,623,729 individuals in 1,057,577 households in all 18 local government areas of the state. Due to a gap in funding, Ondo and Anambra had not received nets in a mass campaign since 2017 and 2014, respectively.

Household surveys were conducted in both states before and after the campaigns to evaluate the outcomes. Both campaigns resulted in significant increases in household ownership of nets. In Ondo, the percentage of households with at least one insecticide-treated net increased from 23 to 80 percent. The proportion of the population with access to an insecticide-treated net within their households rose from 16 to 68 percent. In Anambra, 95 percent of households had at least one to strengthen pneumonia case management and reduce paediatric mortality due to pneumonia.

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We are conducting longitudinal research to study the epidemiological and entomological impacts of the campaigns and aim to use the findings to improve vector-control decisions based on a deeper understanding of the intervention's cost-effectiveness. The research includes tracking changes in malaria incidence rates, monitoring net durability over three years, monitoring any changes in vector biting habits and insecticide resistance, and gathering detailed costing data to evaluate the cost-effectiveness of the intervention.

Entomological studies in both states revealed that vector mosquitoes (*Anopheles gambiae s.l.*) are resistant to a number of pyrethroid insecticides, but pre-exposure to a synergist reversed the detected resistance, which confirmed that the distribution of PBO nets was an appropriate intervention. We are also monitoring the bio-efficacy of the distributed nets by retrieving net samples at annual intervals from households and by using cohort nets and examining them to determine their physical durability over time.

In Ondo, we are monitoring malaria incidence in more than 30 sentinel health facilities to assess

the epidemiological impacts of the intervention. Detailed malaria morbidity data for a period of four years prior to the insecticide-treated net campaign are being compiled to use as baseline to assess changes in incidence rates over three years after the distribution. We have completed economic and financial costing studies in both states to determine the cost of delivering nets to households, in order to use the information for cost-effectiveness analyses alongside epidemiological data.

Perennial malaria chemoprevention

Despite guidance by the WHO over a decade ago, policy uptake and implementation of perennial malaria chemoprevention (a proven efficacious intervention known as PMC) across Sub-Saharan Africa has been slow. This limits the package of drug-based preventive interventions that can be safely deployed among younger children.

The Perennial Malaria Chemoprevention Effect Project, funded by the Bill and Melinda Gates Foundation, was developed to support Nigeria to gather evidence that would inform policy decisions and address barriers to scaling up

the intervention in eligible geographical areas. The evidence will include the effectiveness of PMC under programmatic conditions. It will also look at the operational feasibility, including cost-effectiveness, context-specific adaptations to PMC using country-level data as recommended by the WHO in terms of extension in age, number of doses to give and platforms for delivery, while monitoring the effect of the deployment on sulfadoxine pyrimethamine resistance markers in the area.

Since the project implementation started in 2021, stakeholders have been engaged and a national steering committee has been inaugurated by the Honourable Minister of Health. Formative research that gathered data to shape the design of the study was also carried out, and a protocol for the study was developed, which has now been approved by the national ethics committee. Implementation has commenced with training of health workers and supply of commodities to sites, and is progressing with close engagement with Nigeria's National Malaria Elimination Programme, National Primary Health Care Development Agency and Osun State Malaria Elimination Programme.

A pathway to scale up the intervention is also being defined with the stakeholders. Malaria Consortium supported the process of ensuring the inclusion of funding for the next phase of implementation, following evidence gathering in the Global Fund to fight AIDS, Tuberculosis and Malaria proposal for Grant Cycle seven.

Malaria Consortium is also part of a global community of practice, a platform set up to galvanise discussion on PMC and share learning across countries to facilitate its adoption and scale-up .

Myanmar Neonatal and Emergency Paediatric Care Programme

In Myanmar, there is widespread disruption of critical health services due to armed conflict between Military Junta and ethnic armed organisations. This has left communities cut off from healthcare facilities, particularly those in already hard-to-reach areas. To fill these gaps, Malaria Consortium, in partnership with Royal College of Paediatrics and Child Health and the Karen Department of Health and Welfare, are implementing the Sustaining Essential Newborn and Emergency Paediatric Care Programme to improve maternal, neonatal and child health services in five remote conflict-affected townships in Kayin state.

We are targeting ethnic populations, 50,797 people in total, focusing on 10,159 children under five, and 2,133 pregnant women, as well as internally displaced populations. In these areas, there is a lack of adequate infrastructure,



supplies and human resources. The conflict has further restricted the already limited access to healthcare, and people face additional safety and security concerns. During the period of April 2022 – March 2023, Malaria Consortium provided training on integrated community case management and community-based newborn care to 15 Village Tract Health Centre staff and 70 village health workers. During this period, 60 children under five were referred for special care at secondary and tertiary hospitals, and 1,029 pneumonia cases and 465 diarrhoea cases were treated by village health workers. In addition, 558 children 6–59 months were screened for malnutrition, and three severe acute malnutrition cases were identified and referred for special care at health facilities. A total of 800 clean delivery kits were distributed for safe delivery of babies at the community level. All 15 Village Tract Health Centre staff provide monthly supervision visits to village health workers.

During a supervision visit to a village at an ethnic health organisation in a controlled area, a mother of children under five said:

“I just want to mention my appreciation for everyone who supported and made this programme happen at our villages in the ethnic area...it is vital for our children and communities to get access to basic and primary healthcare services, and I would like almost all villages from this hard-to-reach region to get access to such healthcare services”.

3. Data-informed decision-making: To play a significant leadership role in establishing and integrating the use of surveillance data/visualisation in decision-making and adaptive management, nationally and sub-nationally

Cambodia RAI3E

Cambodia has made impressive progress in reducing malaria incidence and mortality, and there have been no deaths from the disease since 2018. The Cambodian government is aiming to eliminate *P. falciparum* malaria by 2023 and for the country to be malaria-free by 2025. Under the guidance of the National Center for Parasitology, Entomology and Malaria Control, and funded by the Global Fund (carried out through the Regional Artemisinin Initiative 3 Elimination project), Malaria Consortium delivers adaptive and responsive malaria testing, treatment and preventative services to hard-to-reach communities in forested areas. Malaria Consortium supports 95 mobile malaria workers (MMWs) across six northern provinces to provide mobile malaria services where access to static service providers is limited. This work

focuses on the international borders and isolated pockets of deep forest where there is high risk of malaria transmission.

The key activity for the MMWs is to deliver a tailored package of active case detection activities to the remote targeted populations. This also includes establishing mobile malaria posts, which are positioned at frequented locations at the forests' exit and entry points. MMWs conduct outreach activities to target the more remote and hard-to-reach locations. Mobile malaria posts function seven days a week, while outreach activities are performed between five and 10 days per month, depending on the local geographical context and data on population movements and forest rates. MMWs often stay overnight at plantations or in the forest during outreach activities. This is because many forest goers can be better reached in the evening when they return from their activities, and because the remote locations do not allow MMWs to return home.

Reactive case detection is also conducted among co-travellers of confirmed *P. falciparum* cases. Active fever screening, whereby the MMW visits the febrile person within their

community for testing, has shown a high positivity rate. As the malaria services are delivered by MMWs, who are known by the local population, symptomatic people often spontaneously present themselves at the mobile malaria workers' houses for malaria testing and treatment. In 2022, 72,423 people were tested and 420 were found to be positive for malaria. Additionally, MMWs distributed 12,353 long-lasting insecticidal nets and 138 long-lasting insecticidal hammock nets among the target populations. A tailored approach is key to achieve malaria elimination. Throughout the programme, constant adaptation takes place based on the data generated by the monitoring systems.

Strengthening Malaria Surveillance for Data-driven Decision-making in Mozambique

The project Strengthening Malaria Surveillance for Data-driven Decision-making in Mozambique, funded by the Bill & Melinda Gates Foundation, took place from June 2019 to December 2022 and was implemented by Malaria Consortium in close collaboration with Mozambique's National Malaria Control

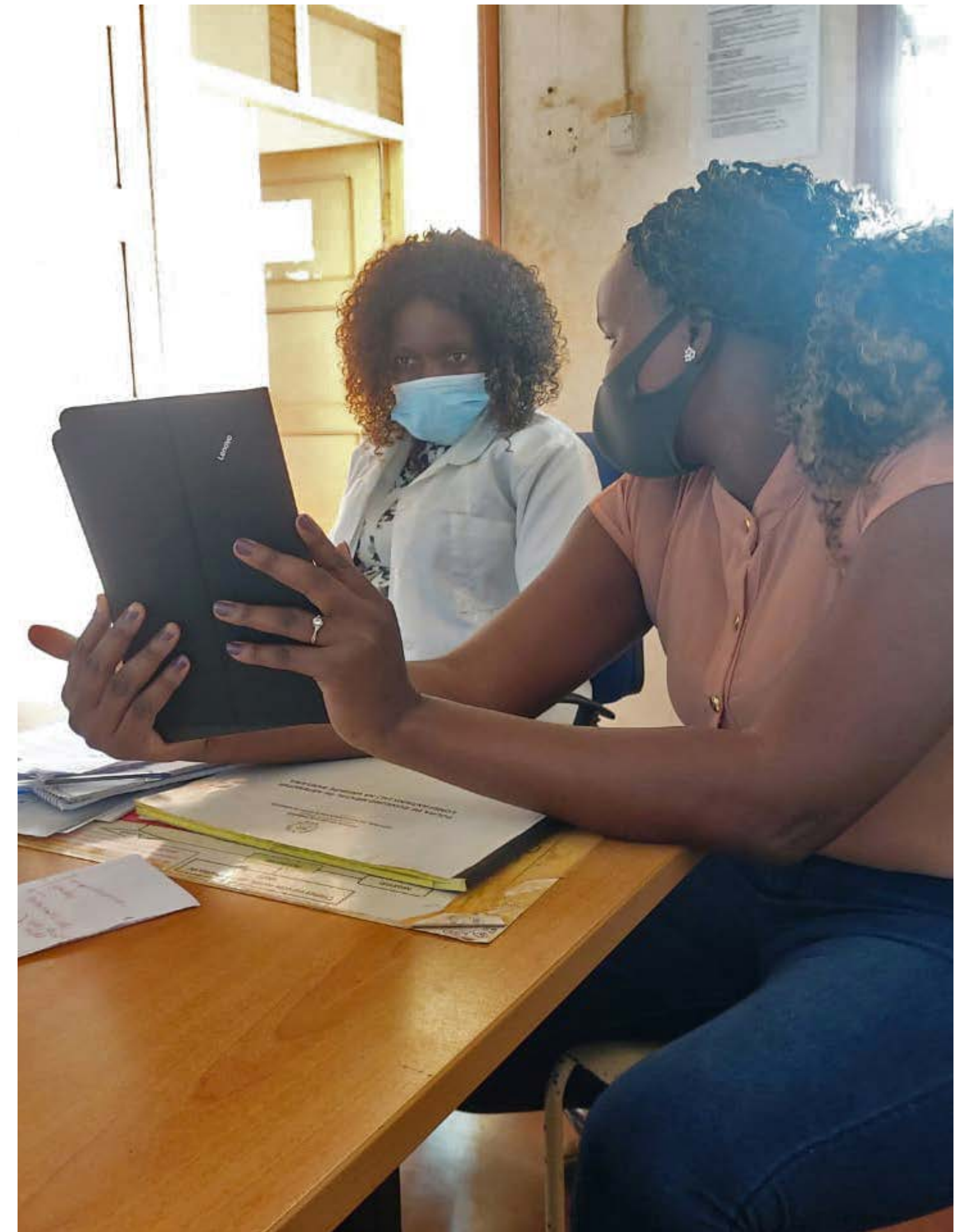
Programme, Centro de Investigação de Saude de Manhica, Clinton Health Access Initiative and Goodbye Malaria. The programme was designed to address some of the major bottlenecks to effective routine malaria surveillance in Mozambique, identified in a planning grant implemented in 2018.

Important progress in the implementation of data quality assessment activities was noted throughout programme implementation. Overall, 1,458 malaria-focused data quality assessment visits were conducted in 278 health facilities across 37 districts, resulting in nearly 2,300 months of data being assessed. Significant improvements were noted in data quality indicators across the district. During the project, the accuracy improved as several rounds of data quality assessment were implemented in the same health facilities. Investing in repeated data quality assessment exercises in the same health facilities is key to ensure medium to long-term improvement of data.

The roll-out of the integrated Malaria Information Storage System (iMISS) — and other tailored data quality assessment strategies

that were developed during programme implementation— addressed the challenges the country was facing to ensure frequent implementation of data quality assessment activities across the districts. This resulted in noticeable improvements in the quality of reported data.

The use of data for decision-making has been fostered by monthly meetings held at the district level. These meetings followed specific terms of reference developed to help identify problems and their potential causes, and to define specific actions to implement. As the iMISS became available, meeting discussions were increasingly based on, and guided by, the dashboards and tools available.



4 Health sector resilience: To demonstrably support governments to shape their roadmaps to universal health coverage and [re]build resilience as we emerge from the COVID-19 crisis

The goals of achieving UHC and disease control and elimination are interlinked. Policies to advance UHC can accelerate reduction in disease burden. Conversely, best practices and interventions deployed to prevent and treat diseases can be adapted by countries to further UHC. Malaria Consortium’s 20-year legacy of disease control programmes and expertise in working within health systems has much to offer the global health community in its goal to achieve UHC. Malaria Consortium sees shaping this offering as part of our responsibility to the governments and communities with whom we work. We have, accordingly, invested time and efforts to ensure the organisation prioritises activities that contribute meaningfully to UHC progress.

Malaria Consortium’s UHC action plan focuses on 4A’s. We aim to: adapt our organisational

approach to UHC, align our efforts with UHC roadmaps, advise partners on best practice through the provision of evidence and technical assistance, and accompany governments to make policies to accelerate UHC progress.

To support the action plan and to make the most relevant, effective and efficient contributions to UHC, Malaria Consortium developed a guide and tool. These resources are intended to support country teams to

conceptualise and strategise the delivery of quality, equitable, accessible, affordable, sustainable and resilient programmes that consider UHC.

In 2021–2023, as part of the PneumoTransform projects in Ethiopia and Chad — which involved working with ministries of health to optimise national strategies and plans for pneumonia — the UHC tool was validated. The UHC tool supported country teams to:

reflect on capacities and expertise to identify areas of impact and influence; conduct a landscape analysis to gain an understanding on the country’s UHC context to identify gaps and potential opportunities; and carry out stakeholder mapping to highlight key actors to engage with during the project. In Ethiopia, the tool supported the selection of stakeholders to consult with as part of the formative stage of the project. The tool was used to prioritise partners with known expertise in areas, such as oxygen mapping, which are critical for pneumonia management, particularly in rural areas. In Chad, the tool helped to prioritise activities to support the introduction of the pneumococcal conjugate vaccine, which is yet to be introduced in country.

1. Adapt our approach:

- Consistent messaging
- Develop framework to measure and guide UHC contributions

2. Align our efforts:

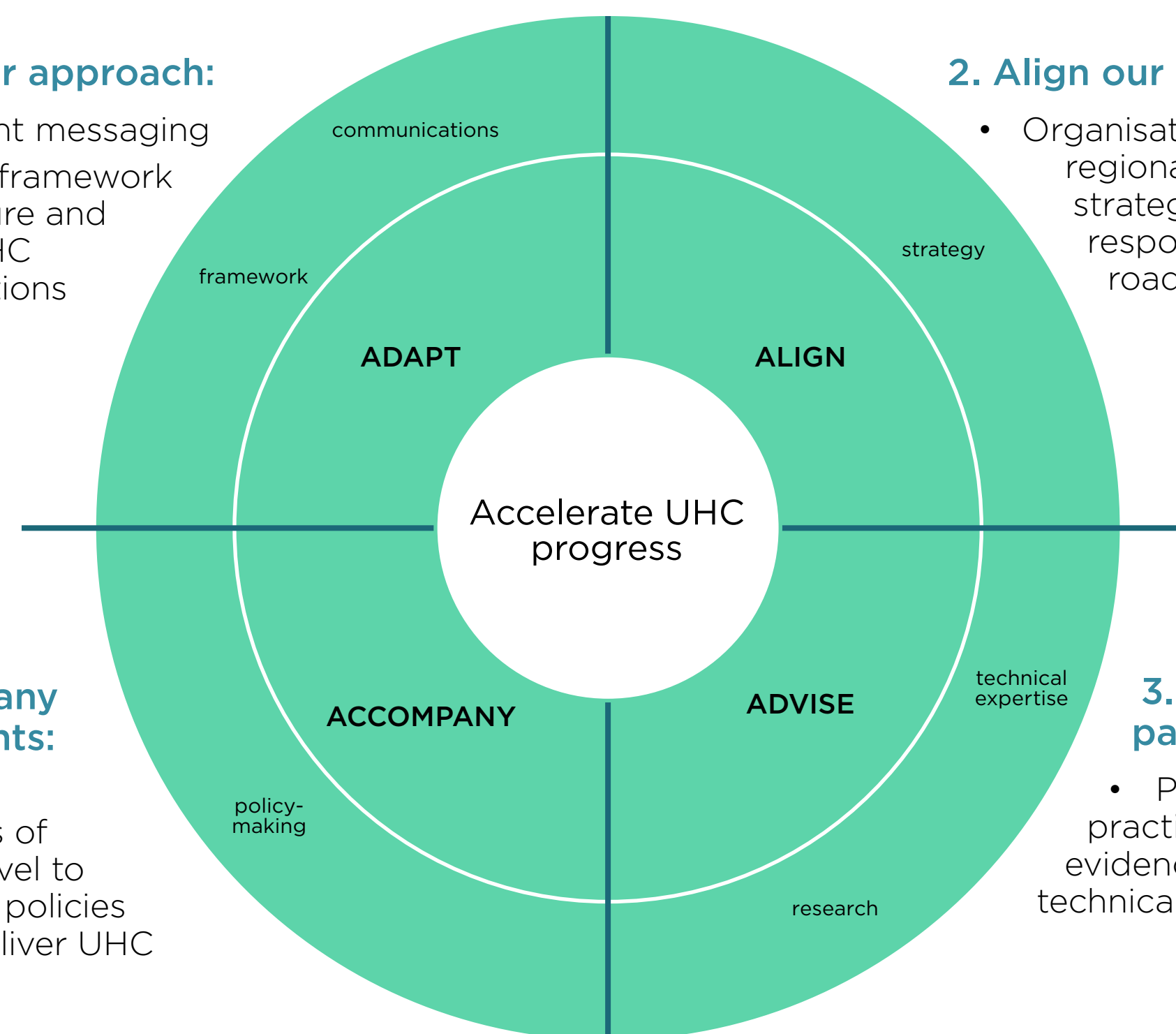
- Organisational, regional and country strategies which are responsive to UHC roadmaps

4. Accompany governments:

- Support Ministries of Health level to prioritise policies which deliver UHC

3. Advise partners:

- Present best practice; deliver evidence and technical assistance



5. Policy and practice: To develop a portfolio of operational research projects covering malaria intervention innovations/ COVID-19 interactions/ pneumonia/dengue in multiple countries to contribute strongly to change in policy and practice

Key dissemination conferences

Advancing the conversations on SMC at The American Society of Tropical Medicine and Hygiene's Annual Meeting 2022

Seasonal rains in parts of Africa cause a proliferation in the mosquito population and, therefore, an increase in malaria incidence. SMC campaigns are conducted during these rainy seasons in many areas and have been shown to contribute to a significant reduction in malaria cases among children during this period of the highest risk of infection.

However, the debate around SMC — how and where it is used, which medicines are used and what its ongoing scale-up means for drug resistance — is not settled. New consolidated guidelines on malaria, published by the WHO

in June 2022, give more flexibility to malaria-endemic countries to adapt malaria prevention and control strategies, underlining the need for local, context-specific evidence.

Malaria Consortium used the American Society of Tropical Medicine & Hygiene's (ASTMH) Annual Meeting as a platform to share our latest research on these issues and advance the conversation with the wider SMC and tropical medicine research community. ASTMH Annual Meeting is one of the world's most important meetings of global health practitioners, researchers and funders. Here are a few highlights and key takeaways:

The case for SMC outside of the Sahel

Through the SMC Alliance, we co-chaired a symposium on Implementing SMC in new geographies, including the presentation of findings from implementation studies in Mozambique and Uganda, where SMC had not been used before. Results from non-randomised trials showed that children in districts where SMC was distributed were 86 percent and 92 percent less likely to develop clinical malaria than those in non-SMC districts in Mozambique and Uganda, respectively.

We also conducted cluster-randomised controlled trials in both countries to gather more robust evidence of the effectiveness of SMC. Preliminary results from Mozambique showed that children in the intervention arm had a 77 percent lower risk of having a malaria episode (confirmed by a rapid diagnostic test), during the peak transmission season, than children in the control arm. The cluster-randomised controlled trial in Uganda is ongoing and results will be available in 2023.

Developing models to inform the future of SMC

The data from implementation studies can inform modelling being produced to simulate the impact that SMC could have in a proposed geography.

Looking ahead, Malaria Consortium plans to conduct a series of 'rapid assessments' in a series of locations in East and Southern Africa to further build the evidence base for SMC in new geographies. Data from these assessments and from the implementation studies in Mozambique, Uganda and South Sudan will feed into a malaria model that we will develop in partnership with Imperial College London.

The model will predict the effectiveness of SMC in different contexts and inform the safe and sustainable deployment of SMC in new geographies.

The importance of community engagement and global advocacy

Community engagement and global advocacy take place at opposite ends of the spectrum in SMC implementation, but both are crucial to the intervention's success and sustainability. A number of Malaria Consortium presentations at the ASTMH Annual Meeting highlighted the role community engagement plays in Malaria Consortium's SMC portfolio, including the involvement of 'role models' in Burkina Faso and Chad and 'lead mothers' in Nigeria, understanding the acceptability of the intervention to communities in Mozambique, and the integration of a gender-sensitive lens in assessing implementation outcomes in Uganda. The meeting also acted as a forum for the SMC Alliance to discuss collaboration between various SMC stakeholders and for global funders and decision makers to hear first-hand about the impact of SMC across the African continent and to engage with the scientific content.

SMC as part of a growing malaria toolkit

Malaria Consortium anticipates that SMC will remain a viable malaria prevention strategy in the longer term as a part of a global 'toolkit' of responses to the malaria burden. As was reflected in the scientific programme at the ASTMH Annual Meeting, there are several exciting malaria innovations on the horizon. Most likely, SMC will be implemented alongside those solutions, with different contexts requiring different intervention mixes. Examples of new innovations include malaria vaccines, post-discharge malaria chemoprevention and next-generation monoclonal antibody treatments.



6 ■ Digital solutions: To demonstrably expand/leverage digital solutions in support of community-level programmes and for remote technical advice, learning, training and supervision

SMC digitisation

The best-established use of digital tools in SMC at Malaria Consortium during the 2022/23 period is the electronic collection of survey data for monitoring and evaluation, and research using software such as SurveyCTO. We also used platforms such as the Project Results Database to operationalise and visualise our SMC Monitoring and Evaluation Framework. In 2020 and 2021, Malaria Consortium piloted Reveal, a geospatial platform developed by Akros, for use in SMC in Nigeria. The tool uses spatial intelligence and satellite imagery to enumerate residential structures and guide field staff during SMC delivery. Scaling up the use of Reveal would require the development of a refined data model for the core platform, which would substantially improve the process of identifying residential structures on satellite images, making it less dependent on human input. As the refined data model was not ready

for the 2022 campaign, we decided to pause our work on Reveal; however, we remain interested in the geospatial functionality of the platform, which could transform SMC campaign planning and coordination. We are also excited about the role that a geospatial tool could play in ensuring that hard-to-reach populations and those susceptible to malaria can benefit from SMC. In addition to Reveal, we have also supported the national malaria programmes in Burkina Faso, Chad and Nigeria in digitising SMC activities, in particular the collection of administrative data, building databases of SMC implementers and supporting supervision of community distributors.

Another important area where efforts have been made to introduce the use of digital tools is payments to SMC implementers. Most of our SMC countries use mobile payment systems. They typically work with mobile service providers to register SMC implementers and pay implementers for SMC activities through their mobile phones. While we have made progress over the last few years in terms of embedding mobile payments in SMC, the process remains challenging. Common issues

are that implementers do not have an account with the service provider, that their accounts are not registered in their own name, or that the phone numbers provided for the payments are incorrect. There are also challenges relating to the exchange of information between health authorities, mobile service providers and Malaria Consortium. Roles and responsibilities are not always clearly defined, understood or accepted by all parties involved. In the absence of biometric verification, the verification of an implementer's identity, checking of mobile account details and validation of documents justifying payment — such as meeting attendance lists — for tens of thousands of implementers is cumbersome and requires substantial effort from Malaria Consortium programme, operations and finance staff. As a result, payment delays are not uncommon, which can affect SMC implementers' morale and willingness to participate in the campaign. Developing robust standard operating procedures that are accepted among all parties involved and reducing payment delays remain operational priorities in many of the countries where Malaria Consortium supports SMC delivery.

Buikwe Health project in Uganda

Through the Buikwe health project in Uganda, we partnered with national and district authorities to extend digitisation support to the entire district following the Ministry of Health's goals of digitising two village health teams per village. The project involved guideline-based service provision, off-site mentorship and targeted supervision, and data-based decision-making throughout the district. This is the first time this has been achieved in Uganda. This project increased service coverage from 365 to 774 village health teams and increased access from 45,109 to 98,994 children. Village health teams provided community services to 19,156 members of the community and 55,568 households. In total, 92 percent of children under five who tested positive for malaria in the community received treatment, 385 new tuberculosis cases were identified, 20 percent of the population had access to improved latrines, 11,155 children under five received vitamin A and 10,209 were dewormed. As a result of this project, district-wide real-time community health-reporting into the Health Management Information System was achieved for the first time in Uganda.

Scaling up digital community health in Mozambique

In Mozambique, community health workers — known locally as agentes polivalentes elementaries (APEs) — are part of the Ministry of Health Community Health Workers' Programme. These health workers are the main providers of healthcare in the community and play a vital role in rural areas where health facilities are scattered. Within their communities, APEs conduct health promotion activities and provide integrated community case management for malaria, pneumonia and diarrhoea.

Since 2016, Malaria Consortium (funded by UNICEF) has been one of the Ministry of Health's leading technical partners, supporting a scaled digital community health information system called upSCALE. The upSCALE platform aims to support improved quality and coverage of health services at the community level by addressing three key community health worker's programme challenges: inadequate adherence to clinical guidelines; insufficient supply of commodities; and lack of access to community health information. The upSCALE platform is a digital strategy to strengthen

health systems and healthcare delivery in the community and consists of a smartphone app that guides community health workers through patient registration and diagnosis. It advises on treatment and referrals and includes a tablet-based app for supervisors to monitor community health workers' performance and stock levels of critical commodities.

The upSCALE Programme is currently being implemented in seven out of 10 provinces, with over 3,300 digitally enabled users of the app to date. There were 2,975 active users using upSCALE as of March 2023.

Future priorities

New strategy development

We are excited about embarking on the development of the next organisational strategy, 2025–2030 to ensure a smooth evolution from the current one. We will consult internally and externally to assess our achievements, understand the landscape and identify strategic options. The Board will be actively engaged in the process.

Universal health coverage

We believe passionately that diseases like malaria, diarrhoea and pneumonia can be eliminated, but only alongside the achievement of UHC. We recognise that this requires sustained commitment and investment. We invest our efforts in accelerating the reduction in the burden of these diseases, supporting health systems to be more responsive and resilient, strengthening data-informed decision-making, and using our expertise and learnings to influence policy and practice. This year, 2023, marks our 20th year as an implementer of public health programmes in Africa and Asia and we remain committed to co-creating improvements in access to quality healthcare in countries struggling disproportionately with disease burden.

We have begun work to support countries with a high disease burden to prioritise and shape their roadmaps to UHC and

to continue rebuilding resilience. To make the most relevant, effective and efficient contributions to UHC, we prioritised the development of tools that are intended to support country teams to connect the communities with whom we work to quality, affordable, inclusive and comprehensive healthcare, in keeping with each country's UHC strategy. Our experience has shown that aligning with national priorities, working within existing structures, sharing knowledge and learning, and strengthening capacity at all levels helps to are all critical to achieving UHC.

Seasonal malaria chemoprevention digitalisation

Digital tools have the potential to transform the way health campaigns like SMC are delivered, strengthening campaign quality, efficiency, accountability, equity and cost-effectiveness. Though there are several possible use cases within SMC, and a broad consensus on the potential benefits of campaign digitalisation, the adoption of digital tools has so far been slow. To help Malaria Consortium adopt a more comprehensive and systematic approach to SMC digitalisation, we formulated a digital road map for SMC in 2022. An important insight from the internal and external consultations we conducted to inform the roadmap is that there is currently no single tool that offers all the

functionalities that could potentially strengthen SMC delivery.

In 2023 and beyond, we will continue to support national malaria programmes to explore how SMC delivery can be strengthened using digital tools, and to engage with global stakeholders on the development of coordinated approaches to sustainable health campaign digitalisation. This will include continued engagement with the Bill & Melinda Gates Foundation, who have recently made strategic grants focused on integrated campaign digitisation. They are working directly with ministries of health across Africa to support the planning and implementation of digitised campaigns, and funding the development of a new open-source integrated campaign management platform, which is being led by eGovernments Foundation. Malaria Consortium is currently collaborating with eGovernments Foundation to ensure that the needs and priorities of SMC campaigns are being fed into the platform design. We are also in active discussions with the Mozambique National Malaria Control Programme about the feasibility of incorporating the platform within our 2023/24 SMC campaign, and are starting exploratory conversations about potential use cases of the tool elsewhere in Africa in the future.

We remain 'platform agnostic' and recognise that, in some countries, governments and national malaria programmes have preferred digital tools for specific elements of SMC campaigns. In line with government and donor priorities and their interest in digital tools, we will continue to explore using these tools within our SMC campaigns where it is practicable and cost-effective to

do so, and where we believe they will achieve the most impact.

At the same time, we will continue to recommend working towards scalable and sustainable implementation models, ideally enabling multi-use, integrated approaches across different health campaigns.

Asia regional strategy

The next decade will be extremely exciting for Malaria Consortium Asia. Cambodia and Thailand are on course to be the first Malaria Consortium-supported countries to achieve elimination of *P. falciparum* malaria. We aim to build on this momentum and continue to support the elimination of *P. falciparum* malaria across the Greater Mekong Subregion — through a combination of chemoprevention and vector control approaches — by 2030. Our focus will also be on accelerating *P. vivax* malaria towards elimination in this region.

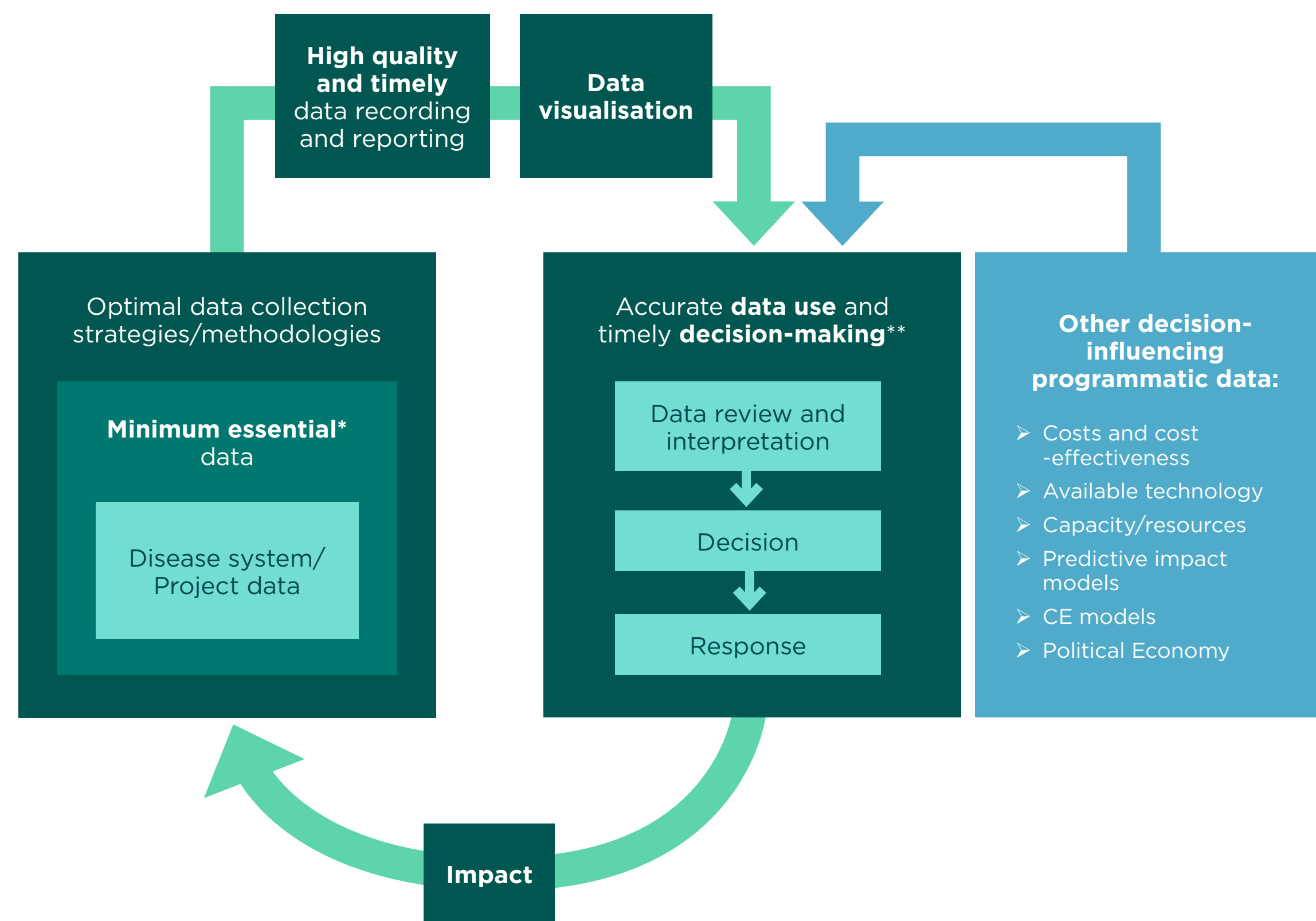
A dedicated strategy for Asia is being developed to cover the three-year period from 1st April 2023. This is designed to reflect the differing operational environment in this region, the various challenges faced and opportunities available to us there. In each location, our approach will be tailored based on careful consideration of the unique health context, government strategy, and existing partner presence and capacity. We will pursue an integrated approach, working with stakeholders at all levels to ensure maximum impact.

Data-informed decision-making

By embedding a culture of data-informed decision-making across our programmes, we are better able to prioritise and target interventions to where they are needed most, to adapt our programmes and responses accordingly, and to use resources more efficiently.

In the coming months, we will focus on improving internal processes to ensure Malaria Consortium is delivering high-quality and impactful projects that feed into a continuous process of learning, and to expand our technical assistance and project portfolio to support improvements in the external data-informed decision-making space.

Areas of focus are in relation to the framework developed here:



*dependant on context and transmission intensity

**types of decisions (and therefore required data inputs) dependent on level of health system

Our internal focus will be to:

- ensure optimal monitoring and evaluation oversight for all our projects from the concept and design phase
- implement a continuous data review process among our monitoring and evaluation staff
- design and conduct more project evaluations to demonstrate where we are having impact
- work with various functions within Malaria Consortium to make sure the learnings are used for future project design.

Our external focus will be to:

- develop small, but technically sound and impactful, surveillance-related projects that can inform gaps in understanding and address specific needs of national malaria programmes and implementation partners
- focus on the following priority themes: data quality and decision-making in routine surveillance systems; integration of private sector reporting; integration and use of community-level data; surveillance preparation for elimination and prevention of reestablishment.

Gender

Malaria Consortium recognises that gender, disability and marginalisation affect health behaviours, as well as access to and uptake of services. The success of our strategies and programmes is reliant on understanding and addressing these issues and ensuring that we, as an organisation, keep up to date with best practice and are resourced to effectively define and share our vision, disseminate information, and provide relevant tools and frameworks to our members and partners. Malaria Consortium seeks to ensure strategies, programmes and research are at least gender sensitive and at best gender transformative to ensure our public health objectives are fully met. To achieve this, we aim to deliver best practice directly and through partners to strengthen our delivery and learning. To strengthen the articulation of gender equality throughout our work, we are assessing our current ways of working. We are also carrying out a gap analysis of our technical work, which includes programme development, research, monitoring and evaluation, and programme delivery. The recommendations from this work will guide Malaria Consortium's future approach to gender intersectionality.



Values and culture

At Malaria Consortium, our history is rich, our work expansive and our interventions impactful. Over the last 20 years, we have built a team of global experts across 13 countries to support governments and communities to improve access to healthcare across Africa and Asia. The diverse expertise and backgrounds of our staff make Malaria Consortium the organisation it is, and are a key asset for achieving our goals.

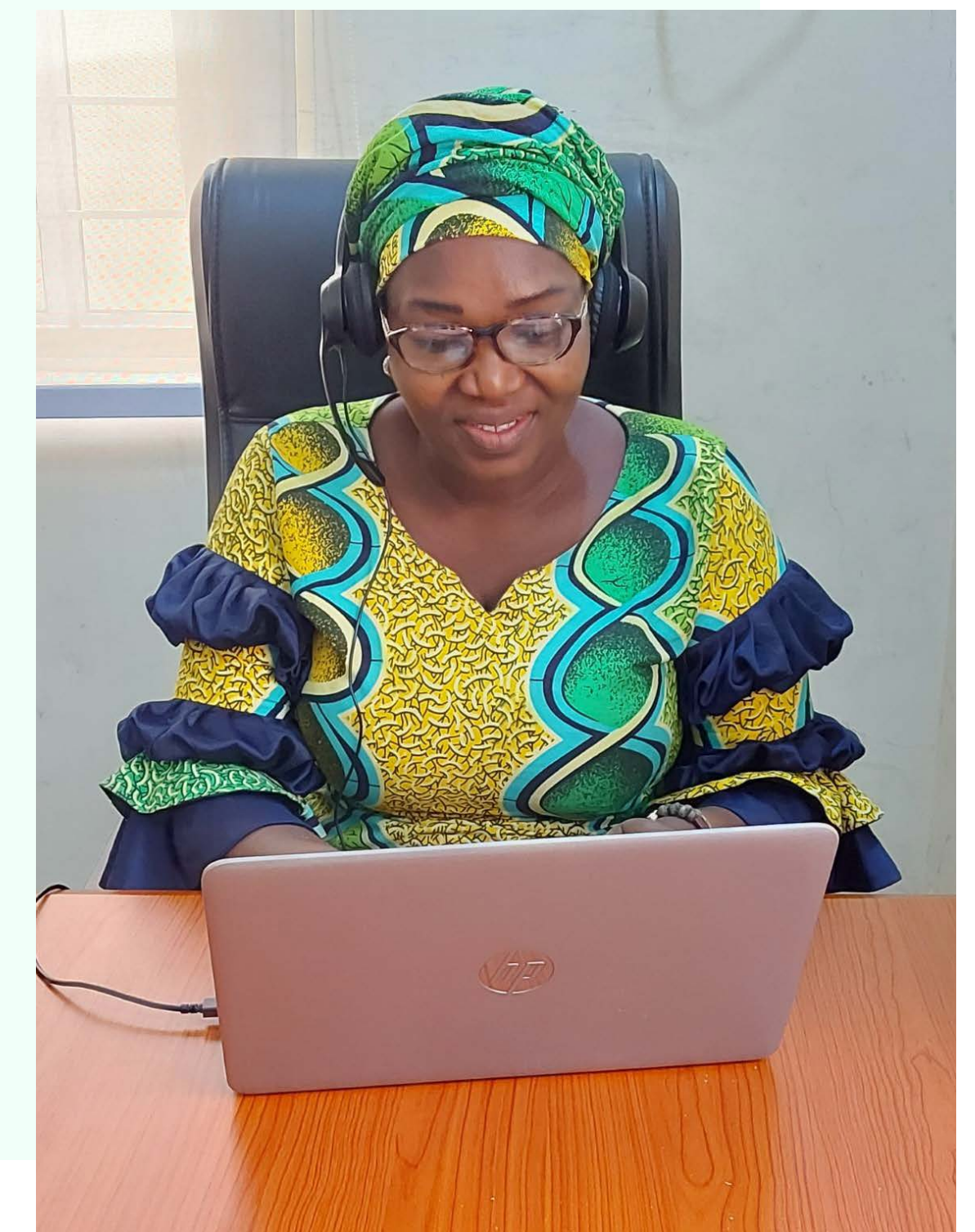
With the ever-changing landscape of global practices and work ethics, it has become increasingly important to prioritise organisational values and culture. In recent months, Malaria Consortium has made a concerted effort to drive our values as a key focus for staff across our offices. We acknowledge that culture transformation is not a one-time event; rather, it is an ongoing process to ensure that employees align with the values and vision of our organisation, and that our individual and collective actions reflect our commitment to accountability, integrity, respect and equity.

However, we realise that there is still much to do in this regard. In keeping with our culture of learning, we will continue to intentionally seek ways to strengthen our culture.

Our colleagues describe the Malaria Consortium experience in their own words:

“Being a part of Malaria Consortium has not only given me the chance to contribute towards saving lives through various interventions in Nigeria, but it has also provided me with a sense of fulfilment and purpose. Knowing that my work directly impacts communities and helps combat malaria makes me grateful. One of the things that sets Malaria Consortium apart is our strong commitment to safeguarding. Our organisation prioritises the safety and wellbeing of our employees, colleagues and communities. This commitment ensures that you will be working in an environment where your safety is protected, allowing you to focus on making a difference without any concerns. Additionally, working at Malaria Consortium means joining a close-knit team that feels like community. The camaraderie, support and collaboration among colleagues have made my experience truly enjoyable. Malaria Consortium also affords all staff the opportunity to grow professionally. I joined the organisation as a Zonal Administrative Officer. Today, I am a Zonal Manager.”

Jane O. Egungwu, Zonal Administrative Manager, Nigeria



Financial Review

Income

Total income received during the year amounted to £100.7 million, an increase of £16.3 million (+19%) on the previous year. The majority of Malaria Consortium's income (£62.1m) relates to funds restricted to SMC, which increased by £22.8m (+58%) due to expansion in Mozambique, Nigeria and Uganda.

Expenditure

Charitable expenditure on programmes increased by £14.9m to £94.3m (2022: £79.4m; 2021: £66.5m, 2020: £43.8m).

Financial results

The total net movement in funds for the year was an increase of £6m in unrestricted reserves to £16.8m (2022: £10.8m; 2021: £6.1m; 2020: £5.1m).

Reserves Policy

General reserves are defined as that portion of unrestricted funds remaining once the Trustees have set aside any amounts required as designated funds. Malaria Consortium's Board of Trustees agreed a new General Reserves Policy in July 2023, which will continue to build our financial resilience, while at the same time ensuring we do not retain income for longer than required. Reserves at Malaria Consortium will be maintained at a level that enables the charity to manage financial risk and short-to-medium term income volatility. This level of reserves will allow the charity to plan and manage country programme and research expenditure over the medium-to-long term, ensuring financial commitments can be met as they fall due.

The Policy determines a new target level for reserves of £13m–£20m. This level of reserves is consistent with Malaria Consortium's business model and takes into account the financial impact of key risks. The target level of reserves is based on the following principles:

- ◇ Malaria Consortium should be resilient to financial shocks and be able to continue operations where income or expenditure fluctuates.
- ◇ Charitable donations and reserves should be spent in a timely manner, while balancing the need for resilience.
- ◇ General reserves should exist to provide funding for new initiatives and opportunities.

Malaria Consortium's mission is to work towards prevention, control and treatment of malaria and other communicable diseases. This must be balanced with the need for financial resilience. The level of general reserves should be sufficient to protect the charity against unplanned adverse events that could restrict our ability to operate (such as a coup in a country programme), backdated claims by overseas tax authorities or adverse publicity.

Annual targets have been agreed with the Trustees while reserves are being rebuilt to enable it to achieve financial resilience. The Policy will be reviewed in full in 2024 and assessed annually by the Malaria Consortium Finance, Audit and Risk Committee.

General Reserves

General reserves are not restricted to, set aside for or designated for a particular purpose. General reserves were £16.8m at 31st March 2023 (31st March 2022: £9.4m). This is within the target level of £13m–£20m in the new Malaria Consortium reserves policy.

Designated funds

Designated funds are those unrestricted funds that have been allocated at the Trustees' discretion for particular purposes. They can be unallocated subsequently, should circumstances change. The Malaria Consortium Board of Trustees have agreed to de-designate funds previously held in designated reserves and transfer balances of £1.389m into general reserves at 31st March 2023. Designated funds held at 31st March 2022 comprise funds designated for foreign exchange movements (£1.189m), programme co-finance (£78k), research funding (£46k), the Sylvia Meek Scholarship (£32k), and learning and development (£44k). Details of the movements of designated funds during the year are shown in Note 8 of the accounts.

Annual targets have been agreed with the Trustees while reserves are being rebuilt to enable it to achieve financial resilience. The Policy will be reviewed in full in 2024 and assessed annually by the Malaria Consortium Finance, Audit and Risk Committee.

Going concern statement

The financial statements have been prepared on a going concern basis, which the Board of Trustees considers to be appropriate. The reasons for preparing accounts on this basis have been provided in Note 1a to the financial statements for the year ended 31st March 2023.

Risk management

The Risk Management Policy has been updated to reflect the evolving externalities and foster an integrated and dynamic approach. The Finance, Audit and Risk Committee is delegated by the Board with the responsibility to oversee the management of risk through the Chief Executive and the Global Management Group. This section highlights a number of key risk exposures and our work to mitigate them.

Governance

After nearly 10 years at the helm of Malaria Consortium, Charles Nelson, the Chief Executive, handed over the role to James Tibenderana in November. James was the Technical Director at the time. Trustees led an open and competitive executive search, working closely with an independent third-party firm. The transition went smoothly and Trustees were engaged in the process. At the same time, the tenure of the Chair of the Board, Marcel Tanner, was due to end in July 2022; but, the Board felt that changing both the Chair and the Chief Executive around the same time would expose Malaria Consortium to gaps in leadership. The

Board passed a resolution to extend the Chair's tenure for another year, i.e. July 2023, which he willingly accepted. The recruitment for a new Board Chair was launched by the Governance Committee and an independent third-party firm was hired to lead the search.

There were no other changes to the composition of the Board, and Trustees are committed to completing the Annual Board Assessment and following through with their recommendations.

In our continued efforts to strengthen our internal capabilities to comply with data protection regulation across our various country locations, we hired a Data Protection Coordinator. We completed data protection audits in two locations and garnered useful learnings that we are using.

We are improving our ability to comply with the laws and regulations across our country offices, as highlighted by last year's external audit. Legal questions for all locations will be completed bi-annually and a central repository of all laws and

regulations will be created.

Strategic

The year 2023 marks the mid-point of our Strategy 2021–2025. In February, we held our first leadership retreat in London and combined it with the re-scheduled Trustees' annual retreat. It was an occasion to review and reaffirm strategic directions for the remainder of the strategy period. A 'bottom-up' approach in the preparations for the event fostered broad engagement across the organisation and promoted greater coherence of the strategic objectives and what we need to do to achieve them. Trustees had the chance to meet physically with senior management teams from our country offices.

This allowed them to highlight the role they play as Trustees and, in turn, learn firsthand about Malaria Consortium's culture and the high motivation among its teams to achieve its mission.

The Global Management Group, which is the executive leadership team, carried out a self-

assessment in November to elucidate its skillsets and identify key skill gaps in delivering progress within the strategy. In addition, a framework was developed to guide resource allocation for the remainder of the strategy period to optimise Malaria Consortium's impact, its organisational resilience and its futureproofing.

External

As a global charity, we operate in diverse settings. Various external factors affect our capacity to create value with our key stakeholders, who include communities, national governments, partners and funders. Our reputation and credibility depend on the quality of our work. This relies on our ability to manage programmes effectively, to maintain high technical standards, to measure progress and results, to conduct ethical and relevant research, to engage respectfully with communities and to communicate with our stakeholders effectively. The environments where we work are becoming more complex; for instance, with regard to insecurity, political volatility, socioeconomic inequities and climatic variability. These externalities require us to raise the bar at which we manage our programmes. In response,

we are investing in a second cohort for an internal Management Development Programme provided by the African Management Institute. We will also be exploring cost-reasonable ways to strengthen our programme management capabilities through mentorships and on-the-job learning.

Implementation of the organisational research strategy continued this year. An objective is to build organisational capacity and partnerships to conduct and use quality research. This aligns with our status as an Independent Research Organisation (IRO), with in-house capacity to lead and carry out high-quality, impactful research.

Cyber

Cyber risk continues to grow as a threat to Malaria Consortium. As a health-focused organisation, we are at a higher risk of targeted attack. Our success and growth increase our visibility to nefarious actors. The tools used by these actors are becoming ever more sophisticated and difficult to counter.

We have worked to ensure the majority of organisational core systems can only be accessed

through the use of multi factor authentication. Where this is not in place for standalone systems, we are working to incorporate it. The majority of organisational computer equipment is now encrypted and, if stolen, computers can be remotely wiped on connection to the internet. We are in the process of rolling out software to support better tracking of sensitive data across the organisation to reduce the risk of data protection incidents. A full time Data Protection Focal Point has been appointed in the year. An IT audit will take place in late 2023 to review and recommend improvements to organisational systems. The audit follows on from the review undertaken by &Partners in December 2020.

Personnel

Our people are our most important resource, and with this comes inherent risks related to attracting and retaining the right people for Malaria Consortium. The risk of unplanned turnover of employees with specialised skills and institutional knowledge is omnipresent. Recent global challenges have included a post-pandemic candidate short-market, with intense competition from other organisations

to recruit quality staff. Malaria Consortium has responded to these challenges by focusing on retention strategies: regular benchmarking and reviewing of our total reward packages globally; focusing on staff development, particularly soft skills; and investing in our culture and values to understand and champion these. The next step is to look externally at how we show potential candidates that we are an attractive place to work. This will involve interpreting and publicising our employee value proposition.

Malaria Consortium also recognises that if we want to be an attractive place to work, staff need to be comfortable being themselves and to feel psychologically safe. Toxic or harassing behaviour is not tolerated. Malaria Consortium emphasises this through strong inductions, yearly training and investing in a speak-up culture that includes clear whistleblowing and reporting guidelines, including an external reporting mechanism. This culture is emulated externally with the communities with whom we work. Malaria Consortium always endeavours to do no harm to children or vulnerable adults and this is backed up by solid due diligence, policies and training to ensure we safeguard the people

with whom we work, as well as the people that work for us.

Operational

Malaria Consortium operates in increasingly challenging locations around the world. We cannot work in such environments without accepting a degree of risk exposure, but we will not work in places where we do not feel we can sufficiently manage that exposure and bring it within tolerable levels.

Our programmes are designed with the security of our staff and the communities with whom we work in mind. Security risk assessments are conducted prior to and during programme implementation, and our staff receive security training commensurate with their roles. Incident reporting mechanisms are centralised, allowing us to track these globally and take action as required. We maintain close contact and share information with stakeholders operating in the same space to ensure as detailed a contextual understanding as possible. The majority of our programmes are led by nationals of the country of operation, which among other benefits gives us a deeper understanding of the operational context. Conscious of our changing risk profile,

an audit of our security systems and process has been commissioned to be completed in late 2023.

We are an organisation that spends a significant proportion of our resources through procurement processes. As such, we maintain a number of safeguards to limit the scope for loss or harm. We employ increasingly stringent supplier selection processes based on the value of the procurement undertaken, and as standard tender for all procurement processes above \$20,000. We vet our suppliers to confirm they are not listed as proscribed organisations by international governments or the UN, and also to ensure they are able to comply with our core organisational conduct and compliance policies. We employ a segregation of duties approach to make sure no one person has control over a procurement process, and we require authorisation at increasingly higher levels of management to match the value of the procurement process. Long-term framework agreements are used, where practicable, though this has been challenging in high inflationary environments. Our Procurement Policy is regularly reviewed and updated.

Finance

To ensure that reserves at Malaria Consortium continue to be maintained at a level that enables the charity to manage financial risks and other uncertainties, the level of reserves has been revised in the General Reserves Policy. There is a transition to a risk-based approach whereby the reserves policy seeks to balance spending the maximum amount of income generated as soon as possible with maintaining the minimum level of reserves to provide assurance that operations are uninterrupted and that there is time to adjust to changes in financial circumstances. The Finance, Audit and Risk Committee will review the reserves policy on an annual basis.

We closely monitor the way we recognise income from our funders for specific purposes, particularly seasonal malaria chemoprevention (SMC). SMC involves multiple funders, with the grants often spanning several financial years. We use a performance-based model whereby the income recognised is in line with the costs incurred, resulting in unspent cash being deferred (further details can be found in our accounting policy).

The Trustees have given consideration to these major risks to which the charity is exposed and satisfied themselves that systems or procedures are established in order to manage those risks.

A note of thanks:

- to those (new and ongoing) who have continued to express their generosity by supporting us through giving. We have seen another increase in ongoing income from individuals and donor-advised funds. This means we can continue, invest in and grow our work
- to national governments for allowing us to be a part of their country's journey to eliminate malaria and achieve universal health coverage
- to the communities with whom we work, who share their knowledge and experience, and help to ensure our interventions achieve the most impact
- to the staff and volunteers that have worked tirelessly to make real progress on our mission, for their continued courage and effort. There have been immense pressures, highs and lows of morale, and

changes country by country in response to COVID waves. Thanks, too, for the very high response rate to our global employee engagement survey

- to the partners with whom we work at global, national and local levels, learning from each other and working collaboratively towards our goal
- to Linklaters for their ongoing support on legal matters
- to Simon Kay and Sarah Veilex, who have both come to the end of their tenure as Trustees, for their partnership in and commitment to the mission of Malaria Consortium.

Statement of Trustee's responsibilities in respect of the Trustees' annual report and financial statements

The Trustees (who are also directors of Malaria Consortium for purposes of company law) are responsible for preparing the Trustees' annual 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 that 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 and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and apply them consistently
- observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice, which is applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102)
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material 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 business.

The Trustees are responsible for keeping proper and 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.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditors are unaware.
- 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 auditors are aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Trustees on 31st July 2023 and signed on their behalf by



Professor Marcel Tanner
Chair

Report from the independent auditors

Opinion

We have audited the financial statements of Malaria Consortium (the 'charitable parent company') and its subsidiary (together, the 'group') for the year ended 31 March 2023 which comprise the group statement of financial activities, the group and charitable parent company balance sheets and group statement of cash flows, the principal accounting policies and the notes to the financial statements. 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 group's and of the charitable parent company's affairs as at 31 March 2023 and of the group's 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 of 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 group 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 about the group's or the charitable parent 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 annual report and financial statements, other than the financial statements and our auditor's report thereon. 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.

Opinion 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' report, which is also the directors' report for the purposes of company law and

includes the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the Trustees' report, which is also the directors' report for the purposes of company law and includes the Strategic Report, has 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 group and the charitable parent company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report including the Strategic 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 parent company, or returns adequate for our audit have not been received from branches not visited by us; or
- the charitable parent 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.

Responsibilities of trustees

As explained more fully in the statement of responsibilities of the Trustees, the Trustees (who are also the directors of the charitable parent 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 group's and the charitable parent 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 group or the charitable parent 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:

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the group and the charitable parent company through discussions with trustees and other management, and from our commercial knowledge and experience of the sector;
- we focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material

effect on the financial statements or the operations of the group and the charitable parent company. These laws and regulations included the Charities Act 2011, the Companies Act 2006, data protection legislation, anti-bribery legislation, employment legislation, safeguarding principles and health and safety legislation;

- we considered the impact of the international nature of the group and the charitable parent company's operations on its compliance with laws and regulations;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- identified laws and regulations were communicated within the audit team and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the group and the charitable parent company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- used data analytics to investigate the rationale behind any significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

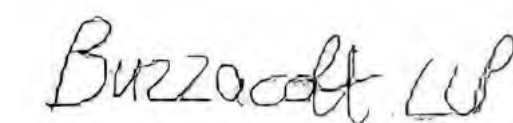
- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of management and those charged with governance;
- obtaining details of work carried out by internal auditors in connection with compliance with local laws and regulations;
- enquiring of management in the UK and other countries as to actual and potential litigation and claims; and
- reviewing any available correspondence with HMRC and the group and the charitable parent company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error.

Use of our report

This report is made solely to the charitable parent company's member, 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 parent company's member those matters we are required to state to it 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 parent company and the charitable parent company's member as a body, for our audit work, for this report, or for the opinions we have formed.



21 September 2023
Hugh Swainson (Senior Statutory Auditor)
For and on behalf of Buzzacott LLP, Statutory
Auditor 130 Wood Street
London
EC2V 6DL

Consolidated Statement of Financial Activities

	Note	CHARITY 2023				GROUP 2023				CHARITY 2023	GROUP 2023
		Restricted funds		Unrestricted	Total	Restricted funds		Unrestricted	Total	Total	Total
		SMC £000s	Other £000s	Funds £000s	Funds £000s	SMC £000s	Other £000s	Funds £000s	Funds £000s	Funds £000s	Funds £000s
Income from:											
Donations and Legacies	2a	-	-	950	950	-	-	950	950	1,088	1,088
Donated Services	2b	-	-	4	4	-	-	4	4	1	1
Charitable activities Grants, contracts & consultancy income	2c	62,121	27,724	9,581	99,426	62,121	27,724	9,581	99,426	83,329	83,329
Investments		-	-	300	300	-	-	300	300	-	-
Other		-	-	25	25	-	-	25	25	1	1
Total Income		62,121	27,724	10,860	100,705	62,121	27,724	10,860	100,705	84,419	84,419
Expenditure on:											
Raising funds		-	-	410	410	-	-	410	410	313	313
Charitable activities	3	62,121	27,724	4,463	94,308	62,121	27,724	4,463	94,308	79,443	79,443
Total Expenditure	7	62,121	27,724	4,873	94,718	62,121	27,724	4,873	94,718	79,756	79,756
Net income and movement in funds		-	-	5,987	5,987	-	-	5,987	5,987	4,663	4,663
Reconciliation of funds											
Total fund brought forward at 1 st April		-	-	10,779	10,779	-	-	10,779	10,779	6,116	6,116
Total fund balances carried forward at 31st March 2023	8	-	-	16,766	16,766	-	-	16,766	16,766	10,779	10,779

Balance Sheets

As at 31 March 2023

	Note	CHARITY 2023		GROUP 2023	
		2023 £000s	2022 £000s	2023 £000s	2022 £000s
Fixed assets					
Intangible assets	9	-	1	-	1
Tangible assets	9	494	542	494	542
Total fixed assets		494	542	494	543
Current assets					
Debtors	10	2,900	1,347	2,823	1,239
Cash at bank and in hand		186,670	135,833	186,747	135,941
Total current assets		189,570	137,180	189,570	137,180
Current liabilities					
Creditors falling due within one year	11	(170,658)	(124,294)	(170,658)	(124,294)
Net current assets		18,912	12,886	18,912	12,886
Total assets less current liabilities		19,406	13,429	19,406	13,429
Provisions					
Provisions for liabilities	12	(2,640)	(2,650)	(2,640)	(2,650)
Net assets		16,766	10,779	16,766	10,779
Represented by:					
Unrestricted income funds					
General	8	16,766	9,390	16,766	9,390
Designated		-	1,389	1	1,389
Total unrestricted funds		16,766	10,779	16,766	10,779
Total funds		16,766	10,779	16,766	10,779

The financial statements on pages 49-51 were approved by the Board and authorized for issue on 31st July 2023 and signed on its behalf:

Jehangir (Joe) Gandhi
Treasurer



Company registration number: 04785712

The attached notes on pages 52-65 form an integral part of these financial statements.

Consolidated Statement of Cash Flows

For the year ended 31 March 2023

		2023 £000s	2022 £000s
Cash flows from Operating Activities	Note		
Cash inflow from operating activities	A	50,507	55,106
Cash flows from Investing Activities			
Interest income		300	-
Net cash provided by (used in)		(1)	(24)
Net cash provided by (used in) investing activities			
Increase in cash in the year		50,806	55,082
Cash at the beginning of the year	B	135,941	80,859
Cash at the end of the year	B	186,747	135,941

Notes to the Consolidated Statement of Cash Flows for the year ending 31 March 2023

A Reconciliation of Net Income to Net Cash Flow from Operating Activities

	2023 £000s	2022 £000s
Net income for the year	5,987	4,663
Depreciation and amortisation charge	50	51
Decrease in stock	-	2
(Increase) decrease in debtors	(1,584)	2,243
Increase in creditors	46,364	47,751
(Decrease) increase in provisions	(10)	396
Investment income	(300)	-
Cash inflow from operating activities	50,507	55,106

B Analysis of changes in net debt

	At 31 March 2023 £000s	At 31 March 2022 £000s
Cash at bank and in hand	186,747	135,941
Total cash	186,747	135,941

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting Policies

a Basis of Financial Statements

The financial statements have been prepared under the historic cost convention and in accordance with applicable Financial Reporting Standard (FRS102) and the Statement of Recommended Practice

(SORP)“Accounting and Reporting by Charities”. The format of the Income and Expenditure Account has been adapted from that prescribed by the Companies Act 2006 to better reflect the special nature of the charity’s operations. The accounts comply with the Companies Act 2006.

Malaria Consortium meets the definition of a public benefit entity under FRS102.

The financial statements are presented in Sterling and are rounded to the nearest thousand pounds.

Accounting estimates and key judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including

expectations of future events that are believed to be reasonable under the circumstances.

The estimates and judgements that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are as follows:

Provisions – the rationale behind these is disclosed in note 12.

Management believe that these provisions are appropriate based on information currently available

Income recognition – determining whether there are performance conditions in place on funding agreements based on funding terms and donor practices.

The financial review in the Trustees’ Report reviews the finances of the charity for the year ended 31 March 2023 in comparison to the prior year. The Trustees’ report explains how the charity is structured and managed and how major risks are dealt with.

Going Concern

The financial statements have been prepared on a going concern basis which the Board of Trustees considers to be appropriate for the following reasons:

The Board of Trustees has reviewed cash flow forecasts for a period of 12 months from the date of approval of these financial statements. After reviewing these forecasts the Board of Trustees is of the opinion that, taking account of severe but plausible

downsides, the charity will have sufficient funds to meet its liabilities as they fall due over the period of 12 months from the date of approval of the financial statements (the going concern assessment period).

The charity has a healthy cash balance and a large proportion of grant funding required for 2023/24, 2024/25 and 2025/26 has been received in advance from donors. Funds received in advance for restricted activities are retained as deferred income - the total of £154.76m deferred at year end includes £143.19m for Seasonal Malaria Chemoprevention. £186.75m held as cash and bank balances reflects funds received in advance of activities, as well as Malaria Consortium's unrestricted funds.

Consequently, the Board of Trustees is confident that the charity will have sufficient funds to continue to meet its liabilities as they fall due for at least 12 months from the date of approval of the financial statements and therefore have prepared the financial statements on a going concern basis.

b Fund Accounting

Unrestricted funds are general funds that are available at the Trustees' discretion for use in furtherance of the objectives of the charity.

Designated funds represent unrestricted funds that are set aside by the Trustees for particular purposes.

Restricted funds are those provided by donors for use in a

particular area or for specific purposes, the use of which is restricted to that area or purpose.

c Income

Income for a specific purpose is credited to a restricted fund.

All income becoming available to the charity is recognised in the Statement of Financial Activities on the basis of entitlement. In respect of income not tied to time-limited grants, income is recognised as soon as it is prudent and practicable to do so. In the case of performance related grants or long-term contract income, income entitlement is considered to be conditional upon delivery of the specified level of service, in accordance with FRS102 and the Charities SORP. Income is therefore recognised to the extent the charity has delivered the service or activity, with the grants less the management fee being credited to restricted income in the SOFA. The expenditure incurred to date is used as a reasonable estimate or approximation of the charity's performance and so income entitlement. Any such income not recognised in the year will be carried forward as deferred income and is included in liabilities in the balance sheet.

d Expenditure

Expenditure is recognised in the period in which it is incurred and includes attributable VAT which cannot be recovered. Expenditure is allocated to a particular activity where the cost relates directly to that activity.

Support costs of technical, financial and management oversight and direction are apportioned on a project-by-project basis, in line with the requirements of the various funding agencies.

The costs of raising funds are those incurred in seeking voluntary contributions and institutional income.

e Donated goods and services

Donated goods and services are valued and brought in as income when the items/services are received and expenditure when the items/services are distributed. Any undistributed items/services are treated as stock. Where the gift is a fixed asset, the asset is capitalised and depreciated. Where this intangible

income relates to project activities it is included as an activity in furtherance of the charity's objects. The values attributable to donated goods are an estimate of the gross value to the organisation, usually the market value.

f Foreign Currencies

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date. Non-monetary assets and liabilities denominated in foreign currencies are not retranslated. Gains or losses on transactions are included in the statement of financial activities.

g Intangible Fixed Assets

Intangible fixed assets purchased from restricted funds for a particular project are charged to that project and are not capitalised. Intangible fixed assets purchased from unrestricted funds and costing more than £1,500 are capitalised and included at cost. Amortisation is provided on all intangible fixed assets at rates calculated to write off cost on a straight line basis over four years.

h Tangible Fixed Assets and Depreciation

Tangible fixed assets purchased from restricted funds for a particular project are charged to that project and are not capitalised. Tangible fixed assets purchased from unrestricted funds and costing more than £1,500 are capitalised and included at cost. Depreciation is provided on all tangible fixed assets at rates calculated to write off cost on a straight line basis over four years, except for buildings which are depreciated on a straight line basis over 25 years. The value of the land is not depreciated.

i Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered.

Prepayments are valued at the amount prepaid net of any trade discounts due.

j Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term

highly liquid investments with a maturity of six months or less from the date of acquisition or opening of the deposit or similar account.

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 reliably estimated. Creditors and provisions are normally recognised at their settlement amount.

l Financial Instruments

Malaria Consortium only has financial assets and liabilities of a kind that qualify as basic. These basic financial instruments are shown in the balance sheet and initially recognised at transaction value and subsequently measured at their settlement value.

m Pension Costs

The company makes agreed contributions to individual “Defined Contribution” pension schemes for certain employees. The assets of the scheme are held separately from those of Malaria Consortium in independently administered funds. The cost represents amounts payable in the year.

n Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities in the year in which they fall due.

o Group accounts

The financial statements present information about the Company as an individual undertaking and its Group. The operation of the subsidiary company Malaria Enterprise Limited in the year has been considered and is not material to the Company for the purpose of giving a true and fair view. The Company has therefore taken advantage of the exemptions provided by Section 405 of the Companies Act 2006 not to consolidate Malaria Enterprise Limited. However, the operations of Malaria Public Health Limited have been considered material to the company for the purpose of giving a true and fair view and have been consolidated.

2a Income from donations

	CHARITY 2023		GROUP 2023	
	2023 £000s	2023 £000s	2022 £000s	2022 £000s
Unrestricted Funds				
Other donations	950	950	1,088	1,088
Total	950	950	1,088	1,088

2b Donated Services

Linklaters in London provided pro-pono legal advice valued at £1,000 (2022: £nil). Linklaters also provided use of meeting rooms, including catering, valued at £3,000 (2022: £950).

2c Income from charitable activities

	CHARITY 2023		GROUP 2023		CHARITY 2023		CHARITY 2023	
	Restricted funds £000s	Unrestricted funds £000s	Restricted funds £000s	Unrestricted funds £000s	Restricted funds £000s	Unrestricted funds £000s	Restricted funds £000s	Unrestricted funds £000s
Clear Fund	34,221	-	34,221	-	2,709	-	2,709	-
Silicon Valley Community Foundation	25,485	-	25,485	-	11,852	-	11,852	-
Catholic Relief Services / The Global Fund to Fight AIDS, Tuberculosis and Malaria	11,644	-	11,644	-	11,659	-	11,659	-
Bill & Melinda Gates Foundation	4,393	-	4,393	-	3,951	-	3,951	-
Good Ventures (non-SMC)	3,308	-	3,308	-	14,615	-	14,615	-
United Nations Children's Fund (UNICEF)	3,143	-	3,143	-	1,355	-	1,355	-
Health Pooled Fund	1,746	-	1,746	-	1,897	-	1,897	-
Effective Altruism	9,458	-	9,458	-	1,809	-	1,809	-
Malaria Consortium US	890	-	890	-	3,417	73	3,417	73
The Aids Support Organisation (TASO) Uganda / The Global Fund	854	-	854	-	488	-	488	-
United Nations Office for Project Services (UNOPS) / The Global Fund to Fight AIDS, Tuberculosis and Malaria	804	-	804	-	648	-	648	-
The Global Fund to Fight AIDS, Tuberculosis and Malaria	574	-	574	-	-	-	-	-
Medicines for Malaria Venture / Korea International Cooperation Agency (KOICA)	570	-	570	-	498	-	498	-
Fundação Manhiça / Bill & Melinda Gates Foundation	322	-	322	-	128	-	128	-
MCDI / United States Agency for International Development (USAID)	270	-	270	-	-	-	-	-
The Life You Can Save Australia	161	-	161	-	228	-	228	-
Foreign, Commonwealth & Development Office (FCDO)	152	-	152	-	1,335	-	1,335	-
United Nations Children's Fund (UNICEF) / The Global Fund to Fight AIDS, Tuberculosis and Malaria	141	-	141	-	(139)	-	(139)	-
James Percy Foundation	139	-	139	-	106	-	106	-
Reachout / 5% Initiative	131	-	131	-	52	-	52	-
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	116	-	116	-	120	-	120	-
Leeds University / UK Research and Innovation	57	-	57	-	32	-	32	-
University of California San Francisco / Bill & Melinda Gates Foundation	51	-	51	-	30	-	30	-
PATH / Unitaid	39	-	39	-	-	-	-	-
The Task Force for Global Health / Bill & Melinda Gates Foundation	35	-	35	-	84	-	84	-
Health Forefront Organization / University of California San Francisco	34	-	34	-	-	-	-	-
Asia Pacific Leaders Malaria Alliance (APLMA)	30	-	30	-	41	-	41	-
Imperial College / National Institute for Health and Care Research	29	-	29	-	-	-	-	-
Norwegian Research	5	-	5	-	40	-	40	-
Abt Associates Inc. / USAID	1	-	1	-	36	-	36	-
United States Agency for International Development (USAID)	-	-	-	-	431	-	431	-
World Health Organisation (WHO)	-	-	-	-	452	-	452	-
The Task Force for Global Health / Foreign, Commonwealth & Development Office (FCDO)	-	-	-	-	99	-	99	-
Good Ventures (SMC)	-	-	-	-	24,154	-	24,154	-
SMC Donors of less than £100,000 each	131	-	131	-	203	-	203	-
Grants and Contracts for projects of less than £100,000 each	4	-	4	-	-	-	-	-
Unrealised foreign exchange gains	-	488	-	488	-	-	-	-
Designated Funds	-	-	-	-	-	926	-	926
Transfer to unrestricted SMC	(7,819)	7,819	(7,819)	7,819	(4,714)	4,714	(4,714)	4,714
Transfer to unrestricted Other	(1,274)	1,274	(1,274)	1,274	(1,520)	1,520	(1,520)	1,520
Total income from charitable activities	89,845	9,581	89,845	9,581	76,096	7,233	76,096	7,233

3 Details of charitable activities

The amount spent on charitable activities, including support costs analysed by programme area is as follows:

	CHARITY 2023				GROUP 2023				CHARITY 2023				GROUP 2023			
	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s
Accelerating disease elimination	75,312	4,566	3,969	83,847	75,312	4,566	3,969	83,847	61,677	5,138	2,939	69,754	61,677	5,138	2,939	69,754
Universal Health Coverage	4,395	41	220	4,656	4,395	41	220	4,656	3,701	291	176	4,168	3,701	291	176	4,168
Strengthening digital solutions	3,210	-	159	3,369	3,210	-	159	3,369	2,568	429	132	3,129	2,568	429	132	3,129
Research projects and Influencing policy	2,321	-	115	2,436	2,321	-	115	2,436	2,155	137	100	2,392	2,155	137	100	2,392
Total spent - charitable activities	85,238	4,607	4,463	94,308	85,238	4,607	4,463	94,308	70,101	5,995	3,347	79,443	70,101	5,995	3,347	79,443

	CHARITY 2023				GROUP 2023				CHARITY 2022				GROUP 2022			
	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2023 total £000s
Burkina Faso	1,322	3,028	216	4,566	1,322	3,028	216	4,566	1,468	2,643	181	4,292	1,468	2,643	181	4,292
Chad	1,712	977	134	2,823	1,712	977	134	2,823	1,196	1,310	110	2,616	1,196	1,310	110	2,616
Ethiopia	418	-	21	439	418	-	21	439	201	-	9	210	201	-	9	210
Mozambique	7,104	80	357	7,541	7,104	80	357	7,541	3,370	641	176	4,187	3,370	641	176	4,187
Nigeria	36,109	41	1,795	37,945	36,109	41	1,795	37,945	39,334	54	1,732	41,120	39,334	54	1,732	41,120
South Sudan	4,994	-	248	5,242	4,994	-	248	5,242	2,794	394	140	3,328	2,794	394	140	3,328
Togo	639	481	56	1,176	639	481	56	1,176	467	548	45	1,060	467	548	45	1,060
Uganda	4,103	-	204	4,307	4,103	-	204	4,307	2,658	405	135	3,198	2,658	405	135	3,198
Africa multi-country	27,590	-	1,371	28,961	27,590	-	1,371	28,961	17,787	-	782	18,569	17,787	-	782	18,569
Cambodia	796	-	40	836	796	-	40	836	617	-	27	644	617	-	27	644
Myanmar	61	-	3	64	61	-	3	64	40	-	2	42	40	-	2	42
Asia multi-country	67	-	3	70	67	-	3	70	65	-	3	68	65	-	3	68
United Kingdom	323	-	15	338	323	-	15	338	104	-	5	109	104	-	5	109
Total spent - charitable activities	85,238	4,607	4,463	94,308	85,238	4,607	4,463	94,308	70,101	5,995	3,347	79,443	70,101	5,995	3,347	79,443

4 Support costs

These costs are apportioned across the work of the charity in note 3 on the basis disclosed in note 1.

	CHARITY 2023 total £000s	GROUP 2023 total £000s	CHARITY 2022 total £000s	GROUP 2022 total £000s
Burkina Faso	416	416	374	374
Chad	419	419	(25)	(25)
Ethiopia	607	607	512	512
Mozambique	216	216	75	75
Nigeria	357	357	387	387
South Sudan	2,316	2,316	1,920	1,920
	132	132	104	104
	<u>4,463</u>	<u>4,463</u>	<u>3,347</u>	<u>3,347</u>

5. Personnel and staff costs

Average number	CHARITY 2023			GROUP 2023			CHARITY 2022			GROUP 2022		
	UK	Overseas	Total	UK	Overseas	Total	UK	Overseas	Total	UK	Overseas	Total
Project and technical staff	24	180	204	24	439	463	20	159	179	20	339	359
Operations and logistics staff	1	60	61	1	96	97	1	63	64	1	91	92
Management, finance and administration staff	37	30	67	37	44	81	36	28	64	36	47	83
	62	270	332	62	579	641	57	250	307	57	477	534

	CHARITY 2023 total £000s	GROUP 2023 total £000s	CHARITY 2022 total £000s £000s	GROUP 2022 total £000s £000s
Aggregate costs				
Fees, salaries and agency staff costs	9,801	13,736	8,063	10,562
Social security costs	425	1,437	392	1,031
Pension contributions	237	961	239	700
Overseas staff allowances	298	298	262	262
	<u>10,761</u>	<u>16,432</u>	<u>8,956</u>	<u>12,556</u>

Higher Paid Employees

The number of employees whose emoluments excluding employers national insurance and pension contributions that amounted to more than £60,000 during the year was as follows:

	CHARITY 2023 number	GROUP 2023 number	CHARITY 2022 total number	GROUP 2022 total number
£60,001 - £70,000	13	13	10	10
£70,001 - £80,000	6	6	8	8
£80,001 - £90,000	6	6	2	2
£90,001 - £100,000	5	5	2	2
£100,001 - £110,000	0	0	2	2
£110,001 - £120,000	1	1	1	1
£120,001 - £130,000	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

During the year, pension costs on behalf of these employees amounted to £76,252 (2022: £56,591).

The total remuneration of ten key management personnel, including employer national insurance and pension contributions, was £751,038 (2022: £736,537).

The outgoing Chief Executive received salary payments of £79,720 for the period April to November 2022. The outgoing Chief Executive did not receive any pension contributions in 2023 (2022: Nil). The new Chief Executive received salary payments of £52,500 for the period November 2022 to March 2023, during which time he also continued to fulfil the role of Director of Programmes. The new Chief Executive received pension contributions of £2,516 for the period November 2022 to March 2023. Chief Executive remuneration for 2022 was £113,885.

Taxation

The charity is considered to pass the test set out in paragraph 1 schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK tax purposes. As such, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by chapter 3 part II Corporation Tax Act 2010 or Section 256 of the Taxation and Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes. Country Offices are subject to local tax regulations.

Expenditure

The expenditure figures are stated after charging:

	CHARITY 2023	GROUP 2023	CHARITY 2023	GROUP 2022
Operating lease rentals	502	502	542	542
Depreciation	50	50	51	51
Auditors' remuneration:	91	105	91	98

Auditors' remuneration is further detailed as follows:

Auditors	Country	Statutory audit	Other audit services	Total
Buzzacott	UK	73	-	73
PKF	Nigeria	-	8	8
BDO	Cambodia	-	8	8
Sam Bisase & Co	Uganda	-	5	5
Jackson, Etti & Edu	Nigeria	-	6	6
Crystal & Co. Certified Accountants	South Sudan	-	4	4
Mekonnen G. Audit Service	Ethiopia	-	1	1
Total Audit Fees (including VAT)		73	32	105

Trustees are not remunerated. Trustees' reimbursed expenses represents the travel and subsistence costs relating to attendance at meetings of the trustees and overseas field trips. There were no field trips in 2023 (2022: 0). Three trustees was reimbursed costs of £2,846 during 2023 (2022: nil).

Statement of Funds

	CHARITY					GROUP				
	As at 1 April 2022 £000s	Total income	Total Expenditure	Inter-fund transfers	As at 31 March 2023 £000s	As at 1 April 2022 £000s	Total income	Total Expenditure	Inter-fund transfers	As at 31 March 2023 £000s
Restricted Funds										
Seasonal Malaria Chemoprevention (SMC)	-	62,121	(62,121)	-	-	-	62,121	(62,121)	-	-
Other	-	27,724	(27,724)	-	-	-	27,724	(27,724)	-	-
Total Restricted Funds	-	89,845	(89,845)	-	-	-	89,845	(89,845)	-	-
Total Unrestricted Funds										
Free reserves	9,390	10,372	(4,865)	1,869	16,766	9,390	10,372	(4,865)	1,869	16,766
Designated funds	1,389	488	(8)	(1,869)	-	1,389	488	(8)	(1,869)	-
Total Unrestricted Funds	10,779	10,860	(4,873)	-	16,766	10,779	10,860	(4,873)	-	16,766
Total Funds	10,779	100,705	(94,718)	-	16,766	10,779	100,705	(94,718)	-	16,766

Restricted Funds	CHARITY				
	As at 1 April 2022 £000s	Total income £000s	Total Expenditure £000s	Inter-fund transfers £000s	As at 31 March 2023 £000s
Philanthropic SMC	-	61,577	(61,577)	-	-
MC US Inc Funded SMC	-	543	(543)	-	-
TASO Supporting Uganda's Malaria Reducti	-	870	(870)	-	-
I2 Building Resilient Communities in Awe	-	103	(103)	-	-
SMC BMGF Phase 2 - MZ & UG	-	861	(861)	-	-
iPTi DAC	-	28	(28)	-	-
Pneumonia Strategy MCUS	-	154	(154)	-	-
UNICEF COVID-19 CERHSP - Lot 7	-	288	(288)	-	-
UNICEF COVID-19 CERHSP - Lot 5	-	313	(313)	-	-
UNICEF UPSCALE Extension MZ	-	172	(172)	-	-
UNICEF Sustaining MNEPCP	-	55	(55)	-	-
Long Covid Research MCUS	-	328	(328)	-	-
ICCM Buikwe mHealth UG	-	379	(379)	-	-
Malaria Consortium US Inc	-	231	(231)	-	-
SMC UNICEF Burkina Faso	-	123	(123)	-	-
UNICEF LLIN SS	-	1,075	(1,075)	-	-
NIHR Digital Diagnostics Imperial Colleg	-	25	(25)	-	-
SMC GW Rapid Assessment	-	99	(99)	-	-
Cambodia BITE project research	-	31	(31)	-	-
Happy Feet	-	35	(35)	-	-
UNICEF WHO Polio campaign	-	176	(176)	-	-
PATH Pneumonia Research	-	35	(35)	-	-
BHI Scale up in Northern Bahr El Ghazal	-	137	(137)	-	-
Severe Malaria Kano MCUS	-	18	(18)	-	-
Ebola response UNICEF	-	79	(79)	-	-
Institutionalising upSCALE UNICEF	-	94	(94)	-	-
VCWG APMEN	-	67	(67)	-	-
Implementation of RAI2E	-	430	(430)	-	-
Vector Control IDIQ	-	2	(2)	-	-
Implementation of SMC & Support to NMEP	-	(9)	9	-	-
Niger State TA for CBHW Program	-	431	(431)	-	-
SuNMaP 2	-	19	(19)	-	-
Strengthening community-based malaria	-	113	(113)	-	-
Lot16-Essential Health Care Serv-Awei	-	1,630	(1,630)	-	-
UNICEF-Digital HSS-MZ	-	8	(8)	-	-
BMGF-Functional Malaria Survv-MZ	-	1,837	(1,837)	-	-
SuNMaP 2 - PBR	-	(43)	43	-	-
SuNMaP Commodities	-	48	(48)	-	-
MY SCHOOL	-	6	(6)	-	-
MERG	-	103	(103)	-	-
IPTi Effect	-	545	(545)	-	-
RAFT LSHTM UK	-	142	(142)	-	-
5% Initiative Cameroon	-	84	(84)	-	-
Other	-	43	(43)	-	-
Global Fund NFM3	-	11,877	(11,877)	-	-
Rai3e Regional	-	331	(331)	-	-
LLIN ITN Campaign	-	2,609	(2,609)	-	-
GenMoz BMGF	-	279	(279)	-	-
KOICA SMC Impact	-	485	(485)	-	-
Research in Health Campaign Effectiveness	-	27	(27)	-	-
Ondo Net Campaign M&E	-	449	(449)	-	-
LLIN Mass Campaign in Jongolei State	-	451	(451)	-	-
Costar	-	52	(52)	-	-
Total restricted funds		89,845	(89,845)	-	-
Unrestricted funds - Free reserves	9,390	10,372	(4,865)	1,869	16,766
Unrestricted funds - Designated funds	1,389	488	(8)	(1,869)	-
Total Funds	10,779	100,705	(94,718)	-	16,766

9 Fixed Assets

Cost	Intangible Assets		Tangible Assets			Total
	Software Applications	Leasehold Land & Buildings	Office Equipment	Furniture & Fixtures	Motor Vehicles	
At 31 March 2022	171	542	103	10	738	1,393
Additions	-	-	-	-	1	1
Disposals	-	-	-	-	-	-
At 31 March 2023	171	542	103	10	739	1,394
Depreciation						
At 31 March 2022	(170)	(97)	(103)	(10)	(641)	(851)
Charge for the period	(1)	(7)	-	-	(42)	(49)
Disposals	-	-	-	-	-	-
At 31 March 2023	(171)	(104)	(103)	(10)	(683)	(900)
At 31 March 2023	-	438	-	-	56	494
At 31 March 2022	1	445	-	-	97	542

10 Debtors

Cost	CHARITY	GROUP	CHARITY	GROUP
	2023 £000s	2023 £000s	2022 £000s	2022 £000s
Amounts due from donors	2,414	2,414	758	758
Other debtors	154	77	247	139
Prepayments	332	332	342	342
	2,900	2,823	1,347	1,239

11 Creditors

Creditors: amounts falling due within one year	CHARITY	GROUP	CHARITY	GROUP
	2023 £000s	2023 £000s	2022 £000s	2022 £000s
Trade creditors	13,577	13,577	4,912	4,912
Other creditors	484	484	546	546
Taxation and social security	630	630	530	530
Accruals	1,209	1,209	1,229	1,229
Deferred Income (note 13)	154,758	154,758	117,077	117,077
	170,658	170,658	124,294	124,294

Pension contributions were made during the year to defined contribution schemes in Ethiopia, Nigeria, South Sudan, Uganda, and the UK. As at 31 March 2023, there were £135k (2022: £85k) of outstanding contributions to such schemes, that are included in Other Creditors above.

12 Provisions for Liabilities

	2023					2022
	Programme £000s	Overseas tax £000s	Staff costs £000s	Grants £000s	Total £000s	Total £000s
At the beginning of the year	769	256	405	1,220	2,650	2,254
Utilised during the year		-	(7)	-	(7)	-
Charged to the SoFA for the year	(16)	(166)	153	26	(3)	396
As at 31 March 2023	753	90	551	1,246	2,640	2,650

The programme provisions are potential liabilities on contracts that may become payable. The provision for overseas tax relates to obligations in countries where Malaria Consortium is operating or has operated in the past. The staff provision includes amounts for severance payments on contract completion. The grant provision is for the payment by results risks on the RAFT and SuNMaP2 projects.

13 Deferred Income

The deferred income relates to funding received for activities in a future period and is analysed as follows:

	2023 £000s	2022 £000s
Deferred income at 1 April 2022	117,077	72,381
Incoming resources deferred in the year	66,536	183,482
Amounts deferred from previous years and released in the year	(28,855)	(138,786)
Deferred income at 31 March 2023	154,758	117,077

14 Operating lease commitments - land and buildings

The amount payable on leases:	2023 £000s	2022 £000s
Within 1 year	433	352
More than 1 year and less than 5 years	76	80
	509	432

	Restricted funds 2023 £000s	Unrestricted funds 2023 £000s	Total funds 2023 £000s	Restricted funds 2022 £000s	Unrestricted funds 2022 £000s	Total funds 2022 £000s
Fixed Assets	-	494	494	-	543	543
Net Current assets less provisions	-	16,272	16,272	-	10,236	10,236
	-	16,766	16,766	-	10,779	10,779

Related Parties

“Malaria Consortium has a 100% interest in Malaria Public Health Limited, Nigeria, a company registered in Nigeria. Malaria Public Health Limited, Nigeria has net liabilities of £143k at 31 March 2023 (2022: £124k) and expenditure of £5.9 million in the financial year (2022: £5.0m).”

The Board of Trustees as key management personnel are considered related parties. During the year transactions with the Board of Trustees were limited to the reimbursement of expenses as disclosed in note 7. Additional disclosure in connection with organisations that the trustees are affiliated to or involved with is provided here:

Summary of related parties 2022/23			
Entity	Related Parties (Trustees)	Description	Expenditure GBP
London School Hygiene and Tropical Medicine (LSHTM)	Jayne Webster is a company director of LSHTM.	Training	4,600
		Tuition fee	35,330

Summary of related parties 2021/22			
Entity	Related Parties (Trustees)	Description	Expenditure GBP
American Society of Tropical Medicine and Hygiene (ASTMH)	Marcel Tanner is an International Honorary Fellow of ASTMH.	Membership fee for fourteen staff.	2,969
London School Hygiene and Tropical Medicine (LSHTM)	Jayne Webster is a company director of LSHTM.	Reimbursement for PLOS publication fees.	2,181
		iPTi mapping research.	35,272
		Course fee for one member of staff.	12,796
		Support to the National Malaria Programme - Phase II in Nigeria (SuNMaP2).	33,630

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