

**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 2024



Athou Athou receives her net from Malaria Consortium registrars in Mayom Akoon Village, Aweil West, South Sudan

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# Reference and administrative details

<b>Status</b>	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 3 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.
<b>Company Number</b>	04785712
<b>Charity Number</b>	1099776
<b>Registered Office</b>	The Green House, 244–254 Cambridge Heath Road, London E2 9DA, UK Malaria Consortium, during this period, also had offices in Uganda, Burkina Faso, Chad, Ethiopia, Mozambique, South Sudan, Nigeria, Togo, Thailand, Cambodia and Myanmar
<b>Website</b>	<a href="http://www.malariaconsortium.org">www.malariaconsortium.org</a>
<b>The Trustees</b>	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:
<b>(CHAIR)</b>	Professor Wilfred Mbacham (appointed 31 July 2023) Professor Marcel Tanner (resigned 31 July 2023)
<b>(TREASURER)</b>	Rachel English (appointed 20 March 2024) Jehangir (Joe) Gandhi (resigned 20 March 2024)

Sherifatu (Sheri) Adigun  
Marc Booty (resigned 19 January 2024)  
Ian Boulton  
Sarah De Tournemire  
Dawa Dem  
Jane Edmondson  
Professor Oumar Gaye  
Michelle Gilligan (Pham)  
William (Edwin) Godfrey  
Dr Linus Igwemezie (resigned 13 August 2023)  
Halima Mwenesi (appointed 15 May 2024)  
The Rt. Hon. Baroness Sheehan (resigned 29 February 2024)  
Professor Jayne Webster

**Chief Executive** Dr James Tibenderana

**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

**Lawyer (pro bono)** Linklaters (London)  
1 Silk Street, Moorgate EC2Y 8HQ, United Kingdom

## Foreword by the Board Chair

It is with great joy that Malaria Consortium's Board of Trustees presents its Annual Report and Accounts for the 2023–24 financial year. As we reflect on the last 12 months, and our 20 years of partnering with countries, we are proud of Malaria Consortium's work saving lives and improving health for communities in Africa and Asia.

As I embark on this exciting journey, I want to thank Marcel for his warm welcome and stewardship over the last seven years as Board Chair. During his tenure the organisation has achieved many milestones including reaching 25 million children across seven countries with seasonal malaria chemoprevention (SMC), being granted Independent Research Organisation status and demonstrating resilience and leadership through the COVID-19 pandemic. I also want to acknowledge the Trustees for supporting the transition and embracing my leadership. I am eager to set forth on this journey with Malaria Consortium, working together in partnership with countries, to promote better health for all.

This past year has been a momentous one for the malaria community. In October 2023, a second malaria vaccine received a positive recommendation from the World Health Organization (WHO) and, in January this year, my home country Cameroon began the world's first routine vaccine programme against malaria, a milestone I long hoped to see become a reality.

Together with our existing interventions and commitment to reaching everybody, new innovations, such as vaccines, can help us to save the lives of more children and ensure access to basic healthcare for communities across Africa and Asia. I would like to take the opportunity to thank our staff without whose commitment we would not be able to achieve the work we do.

This year we are developing Malaria Consortium's next strategy for 2025–2028. This period is significant as we look towards achieving malaria elimination in the Greater Mekong Subregion countries where we work. Sharing the experiences and successes from this region will support other countries striving to reach the same goal to prepare for elimination. Our longstanding partnerships and established networks, built on the foundations of our work on malaria, will also enable us to continue expanding our support to reduce the burden of other preventable and treatable diseases, including delivering human papilloma virus (HPV) vaccination in Cambodia and integrating vitamin A delivery with SMC. As we look to the future, we are excited to continue working with governments and communities to ensure good health is a reality for even the most hard-to-reach and marginalised populations.

**Professor Wilfred Mbacham**



# Who we are

## Our mission

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 we work with. 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 we work with.

### INTEGRITY

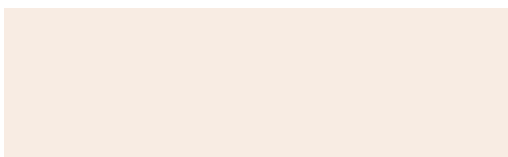
We are committed to delivering the right interventions and doing what we believe in.

### DIGNITY

We are dedicated to support and value 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 can access services and participate in every step of our programming.



# Report of the Trustees

The Trustees, who are the directors for the purposes of company law, present their Annual Report and Accounts, including the Strategic Report, together with the financial statements of Malaria Consortium for the year ended 31 March 2024. The Trustees' Report also contains the information required in a Strategic Report as set out on pages 19 to 30.

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: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with Financial Reporting Standard 102.

# Structure, governance and management

## The Board of Trustees

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

### **Professor Wilfred Mbacham, Chair**

Wilfred has three decades of experience working in science and research, including serving as Coordinator of the Antimalaria Drug Resistance Network, at the World Health Organization's Special Programme for Research and Training in Tropical Diseases, Chair of the Programme Management Committee of the International Atomic Energy Agency's African Regional Cooperative Agreement for Research, Development and Training related to Nuclear Science and Technology in Vienna and Founding Executive Secretary of the Multilateral Initiative on Malaria Society. Wilfred has a unique blend of expertise encompassing public health

biotechnology, implementation research, host and pathogen genomics, socioeconomics and health systems, and strategic planning and curriculum development.

### **Rachel English, Treasurer**

Rachel brings a wealth of expertise as an economist, chartered accountant and over 15 years' experience as a board director, including chairing the board of a FTSE 250 company. Rachel has led a variety of board committees, including audit and risk, remuneration, nominations and governance, and sustainability and safeguarding. Rachel also served as a member of the Department for International Development's Audit Committee for six years. With substantial experience in finance, corporate strategy, mergers and acquisitions, and business development from a global career in large, complex and multi-jurisdictional organisations, including PwC and the World Bank Group, Rachel provides support to the organisation to ensure it carries out its financial responsibilities, and oversees the preparation of the annual accounts.

### **Sheri 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.

### **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, and supported several public-private partnerships developing new treatments of diseases affecting low- and middle-income countries.

### **Sarah de Tournemire**

Sarah offers extensive knowledge of leadership from over 25 years' experience in the nonprofit 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, and board relations. Sarah supports the organisation to build collaborations and translate evidence into action.

### **Dawa Dem**

Dawa has over 19 years of experience in various aspects of fundraising. Recently, as the Lead Advisory Manager at the Charities Aid Foundation, she has advised high-net-worth individuals, donor advisors, FTSE 100 companies and charitable organisations regarding private sector partnerships and philanthropic giving. Dawa previously worked for UNICEF, SNV (The Netherlands Development Organisation) and the Loden Foundation. She has also been an account director for a marketing company, driving individual giving for numerous charities. Dawa's extensive expertise makes her a valuable asset in the field of fundraising and strategic philanthropy.

### **Jane Edmondson**

Jane provides policy and political expertise from her 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.

### **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 that improved policymaking on malaria. Oumar draws on experience from chairing the organising committees of the Multilateral Initiative on Malaria and the Developing Excellence in Leadership, Training and Science (DELTAS) Africa Scientific Conference.

### Edwin Godfrey

Edwin brings a broad range of legal and commercial experience, having retired from a long career practising international business law at major law firms in the City of London, including senior roles in the International Bar Association. He has also served on the boards of several organisations relating to disability in the UK and overseas, and among other appointments he is currently chair of CBM Global, an international federation of charities supporting people with disabilities in the poorest communities across Africa, Asia and Latin America.

### Michelle Pham

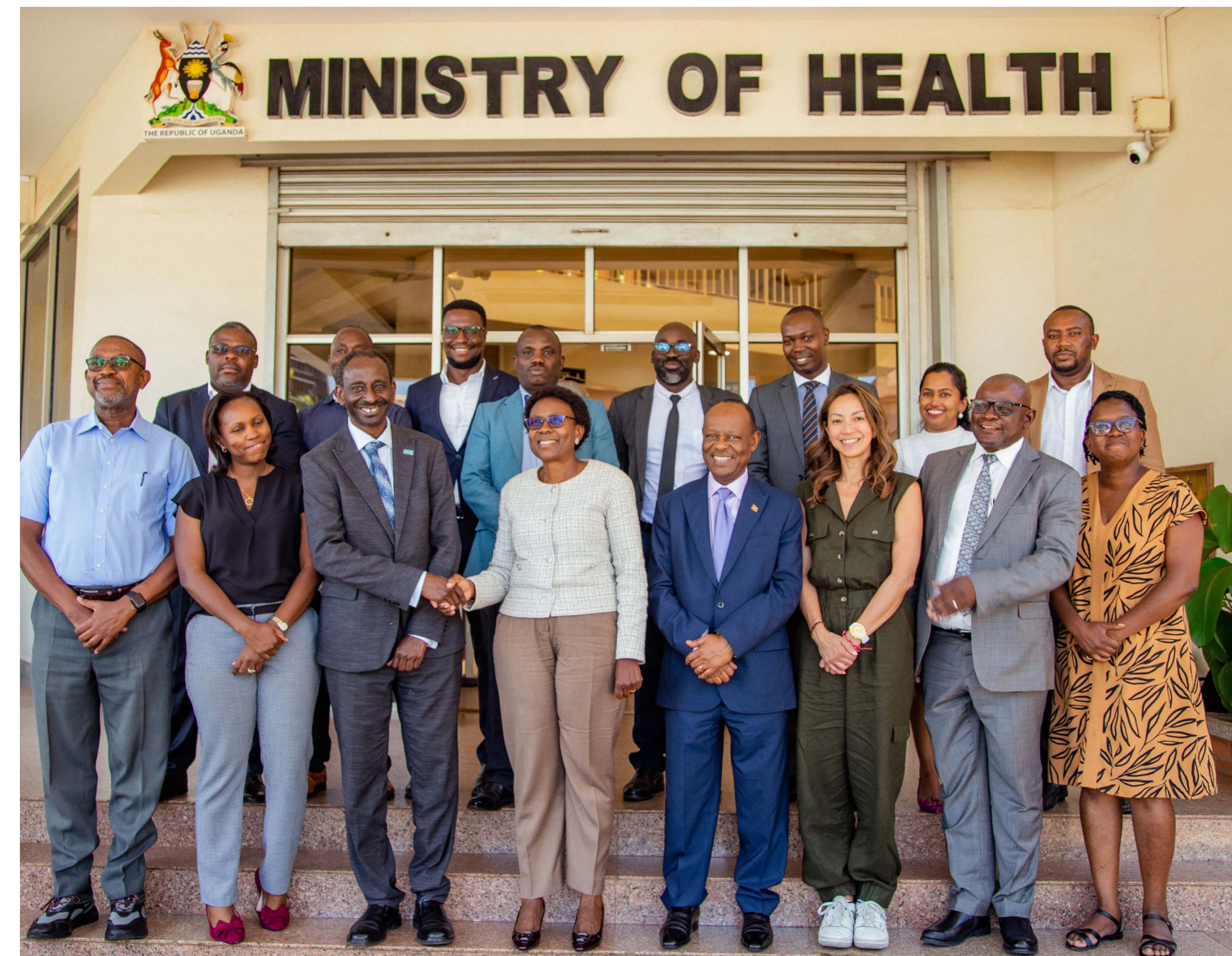
Michelle provides legal advice and support on strategy, policy and procedures, corporate governance, risk management and compliance. Michelle draws on her extensive experience as a senior lawyer, with over 20 years of international experience in roles including general counsel, company secretary and compliance officer, advising management and various stakeholders. Michelle has worked in jurisdictions across Asia, Europe and North America. Prior to being in-house counsel, Michelle held voluntary roles with international social services and as the pro-bono coordinator at her previous law firm.

### Professor Jayne Webster

Jayne offers extensive knowledge of conducting health research in collaboration with national governments, international bodies and non-governmental organisations (NGOs). 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, and programme design and evaluation.

### Halima Mwenesi

Halima is a public health and policy expert with over 30 years of experience. Currently a global health consultant, she was previously the Director of Infectious Diseases at FHI 360, managing a comprehensive public health portfolio. She has led several complex malaria projects and collaborated with health ministries and researchers in over 49 countries. Halima also chaired the Multilateral Initiative on Malaria's taskforce on capacity building, served on the RBM Partnership's Board, and contributed to the Global Fund's Technical Review Panel. Her extensive experience in research, policy, and program implementation complements the diverse expertise of the Trustees.



Malaria Consortium staff meeting with the Ugandan Ministry of Health

## Governance arrangements

Malaria Consortium is a charitable company, governed by a Board of Trustees [minimum 3 - maximum 18] under the Articles of Association. The Board meets quarterly, and for the Annual General Meeting (AGM) — usually held in the Autumn — where the audited accounts are normally presented after approval at the July Board meeting. At the AGM, one third of the Trustees retire or are eligible for re-election. The eligibility for re-election is usually capped after serving for a continuous period of six years.

There are three sub-committees of the Board:

- The Governance Committee reviews and makes recommendations regarding Board effectiveness and ongoing Board development, and leads the process of Board renewal. Currently, the Committee comprises three Trustees and the Chief Executive (non-voting).
- The Finance, Audit and Risk Committee (FARC) 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 and the Finance Director (non-voting).
- The Compensation and Human Resources (HR) Committee reviews and make recommendations on the Chief Executive’s remuneration, the framework for the Global Management Group’s remuneration and the organisation’s HR strategy and policies. Currently, the Committee comprises a minimum of three Trustees including the Treasurer. 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 necessary to review ongoing alignment of practice with the needs of the Medicines and Healthcare products Regulatory Agency (MHRA) licence required as a UK NGO moving pharmaceuticals across international borders.

Attendance at board and statutory committee meetings 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	9	75%
Board meeting	4	11	78%
Governance Committee meeting	4	3	93%
Finance, Audit and Risk Committee meeting	4	4	100%
Compensation and HR Committee meeting	2	3	100%

The Trustees also have two informal groups, the Board of Trustees Research Advisory Group (BoTRAG) and the Board of Trustees Funding Interest Group (BoTFIG). The BoTRAG advises on research strategies and positioning, and provides guidance related to research studies, research areas and publications. The BoTFIG is a similar advisory grouping providing advice and guidance

around fundraising and new business development from non-institutional resources. During this financial year the BoTRAG and BoTFIG each met three times.

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, Trustees are invited to make visits to national offices and programmes to be fully informed about Malaria Consortium’s activities, thus enabling them to effectively support the organisation’s 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

### **Dr James K Tibenderana**

CHIEF EXECUTIVE

James is a malaria and public health expert, bringing 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 financial functions, as well as programmes at regional and country level. In 2023, James joined GiveWell's Research Council which comprises experts who share their insights on GiveWell's research questions and grant investigations. James is also a member of the Access & Product Management Advisory Committee which gives advice to Medicines for Malaria Venture's Access team on appropriate strategies to achieve access objectives.



Dr James K Tibenderana, Malaria Consortium  
Chief Executive

### **Tirivake Mutambasere**

FINANCE DIRECTOR

Tiri brings a wealth of financial experience to his role as Finance Director, having provided leadership to finance teams across several organisations with a career spanning across Africa and the UK. Tiri has 15 years' experience in the UK's National Health Service (NHS) where he worked with teams to navigate the challenges of a changing healthcare landscape, aligning financial governance to the delivery of patient care. Tiri supports the organisation to understand its financial position and carry out its financial responsibilities, overseeing the preparation and scrutiny of annual accounts.

### **Dr Godfrey Magumba**

EAST AND SOUTHERN AFRICA DIRECTOR

Godfrey 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 disease 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 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 Chartered Institute for Professional Development, 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 whilst being a great place to work.

### **Tom Heslop**

GLOBAL OPERATIONS SUPPORT AND ASIA DIRECTOR

Tom harnesses more than 10 years' experience in managing finance, logistics, HR, information and communications technology and 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, leading Malaria Consortium's operations support teams and overseeing programming in Asia.

**Dr Kolawole Maxwell**  
WEST AND CENTRAL AFRICA DIRECTOR

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 Programmes Director, Maxwell provides support and oversight to all regional country directors. He also leads Malaria Consortium's Nigeria country programme.

**Dr Katherine Theiss-Nyland**  
TECHNICAL DIRECTOR

Katherine brings 15 years' experience in epidemiology, having worked in diverse public health settings from leading community health programming to providing technical advice to governments and organisations including the World Health Organization. Katherine supports the organisation to drive key partnerships with international stakeholders to develop policy and implementation recommendations. Katherine also shares her topic-specific expertise in malaria, vaccines, reproductive health, and health systems strengthening, as well as a range of qualitative and quantitative research methods to address public health challenges.

**Mor Ben-Atar**  
DEVELOPMENT DIRECTOR

Mor brings over a decade of experience in the development and humanitarian sector. Specialising in identifying emerging opportunities, forging partnerships and nurturing external relations, Mor leads the organisation's growth strategy, focusing on expanding impact and reach in combating targeted diseases and promoting universal health coverage. Mor advances the

organisation's strategic planning, financial management, programme development, donor relations and partnership management. Mor also has extensive experience with key institutional and philanthropic donors, as well as working alongside ministries of health and key global health partners.



Malaria Consortium board member Michelle Pham meeting Malaria Consortium workers

## Management arrangements

The Global Management Group — who constitute the organisation's key management personnel — meet quarterly in support of organisation-wide and executive level decision-making, strategy implementation and stewardship of strategic initiatives. In addition, they hold quarterly operations calls with the leadership of each region and the SMC programme.

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. Our regional office for East and southern Africa in Kampala, Uganda, covers Ethiopia, Mozambique, South Sudan and Uganda; the office for West and Central Africa, in Abuja, Nigeria, covers Cameroon, Chad, Burkina Faso, Nigeria and Togo. The Asia office in Bangkok, Thailand, covers 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, East and southern Africa, national malaria control programmes, bilateral and multilateral funders, international foundations, philanthropic donors, civil society organisations, development

projects, the private sector and, most importantly, communities affected by malaria, other communicable diseases and malnutrition.

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

Malaria Consortium's income is predominantly restricted, but the funding portfolio is changing; 90 percent of our income is raised through project-based contract and grant applications. Income on these projects is recorded at the same time as expense is incurred. 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 funders to future funding allow us to plan for both continuities in existing areas for the following two to three years, and expansion to cover further eligible children.

Malaria Consortium Chief Executive meets Nigerian government member



## 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 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 are 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.



Walk for World Malaria Day, Uganda

## 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.

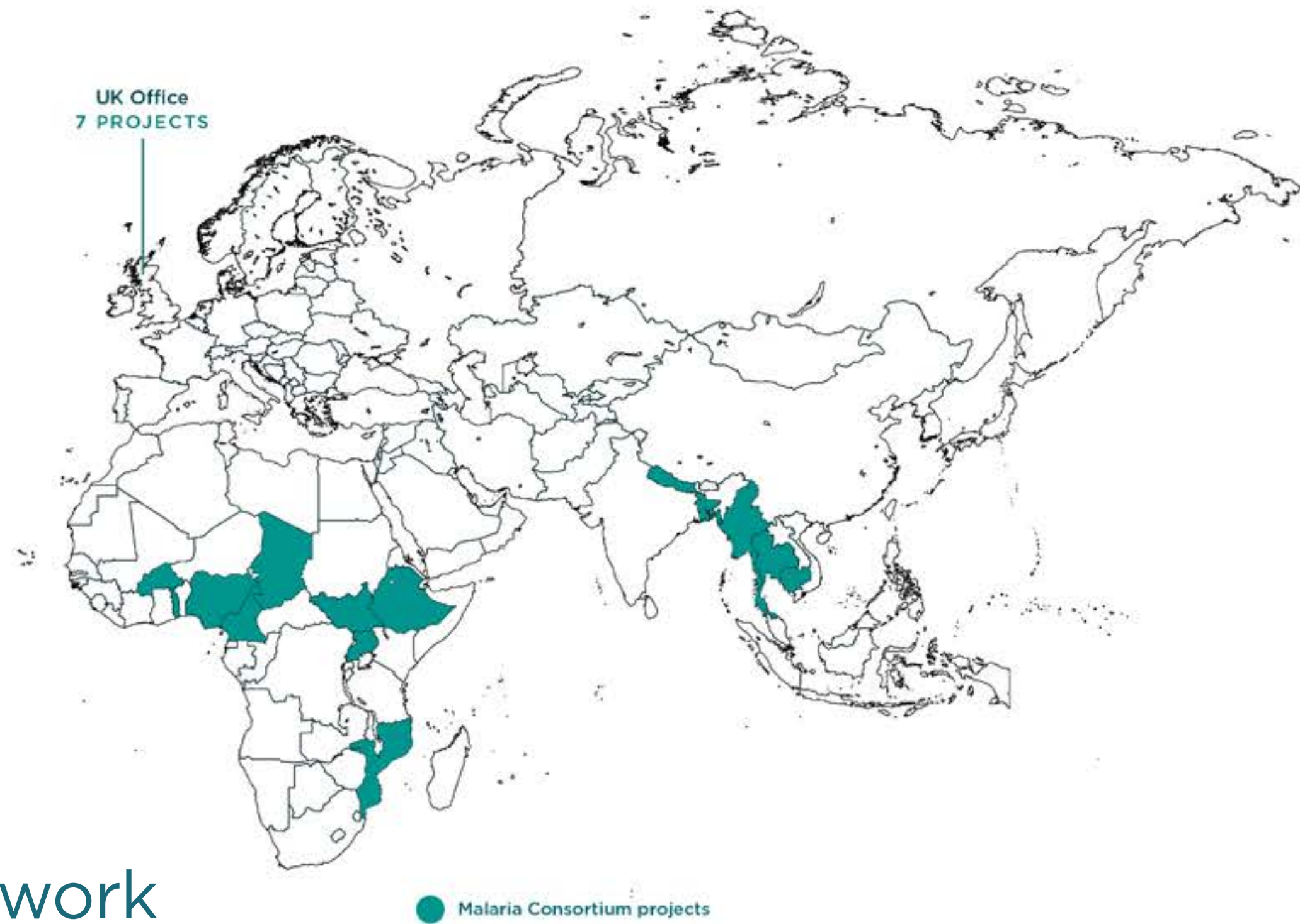
## Partnerships

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.

## Diversity and inclusion

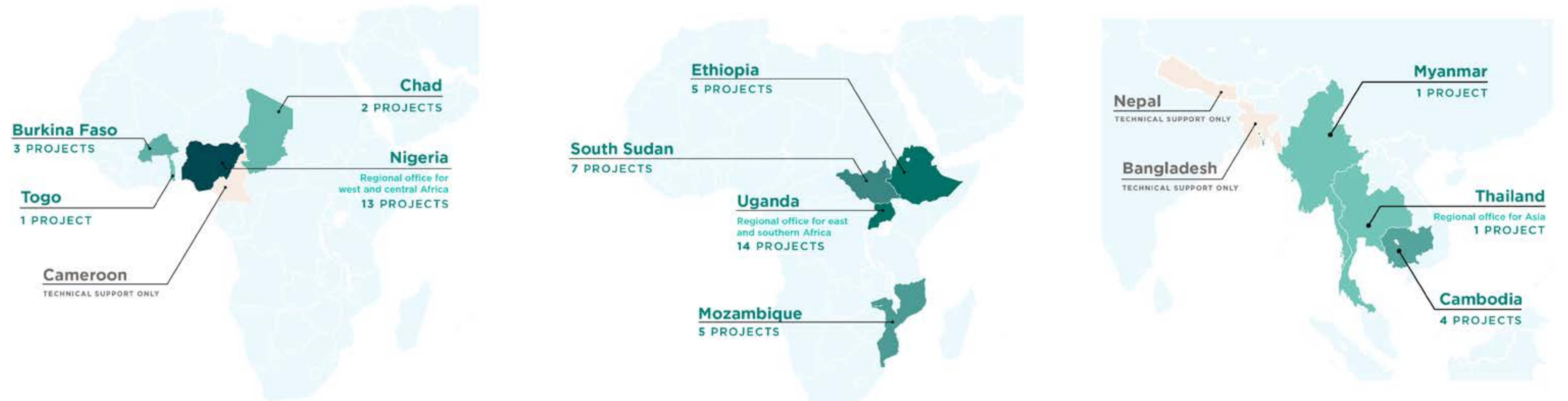
As part of a newly launched diversity and inclusion action plan, we are focusing on understanding disability and making accommodations for new employees hired with a declared disability.

# Active projects by country at 31 March 2024



- ASIA REGIONAL (THAILAND)**  
Support to the APMEN Vector Control Working Group
- BURKINA FASO**  
IPTsc Burkina Faso - Understanding malaria burden and evaluating innovative intermittent preventive treatment approaches for malaria burden reduction in older children and adolescents in Burkina Faso - MCUS  
Philanthropic SMC  
SEND-Malaria Vaccine
- CAMBODIA**  
Cervical cancer - MCUS  
HPV Catch-Up - MCUS  
GFATM/Regional Artemisinin Initiative 3 Elimination (RAI3E)
- CAMEROON**  
5% Initiative
- CHAD**  
Philanthropic SMC  
Pneumonia Strategy - MCUS
- ETHIOPIA**  
SENNAY Reducing malaria burden among seasonal mobile workers through innovative approaches in the Amhara Region  
Happy Feet - MCUS  
Long Covid Research - MCUS  
PATH Tools for Integrated Management of Childhood Illness (TIMCI) project  
Pneumonia Strategy - MCUS
- MOZAMBIQUE**  
BMFG Gen Moz  
Institutionalising upSCALE into MoH through stronger data ownership and data informed decision making for community health program  
Malaria capacity strengthening (MCAPS) USAID Mozambique  
Philanthropic SMC  
SMC BMGF Phase 2 MZ & UG
- MYANMAR**  
UNICEF Sustaining essential newborn and emergency paediatric care program (MNEPCP)
- NIGERIA**  
Global Fund GC7  
Global Fund NFM3  
IPTi: Effect Nigeria  
SMC Impact (KOICA)  
Ondo Anambra ITN Campaign  
Monitoring entomological, epidemiological and operational indicators to assess outcomes and impacts of an insecticide-treated net campaign in Ondo State, Nigeria  
Philanthropic SMC  
Planning grant to expand REACH in Nigeria  
Severe Malaria Kano - MCUS  
SMC Staff Cost Support - MCUS  
SNT Kano (Sub-National Tailoring)  
WAMCAD The West Africa mathematical modeling capacity development
- SOUTH SUDAN**  
Boma Health Initiative (BHI) optimal digital health - MCUS  
BHI scale up in Northern Bahr El Ghazal  
Emergency response to Malaria Services  
South Sudan Health Pooled Fund Phase 3 Lot 16  
Philanthropic SMC  
SS UNICEF COVID-19 Emergency Resp (CERHSP)-Lot 5  
SS UNICEF COVID-19 Emergency Resp (CERHSP)-Lot 7  
UNICEF LLIN Jonglei SS  
UNICEF LLIN SS
- TOGO**  
Philanthropic SMC
- UGANDA**  
Catalyzing Community Health in Uganda - MCUS  
Cold Chain Activities to Malaria Services  
Forecasting outbreak risks from extreme climate with active surveillance technology (FORECAST)
- ICCM Buikwe mHealth UG - MCUS**  
Long Covid Research - MCUS  
Mossie-Go Trials  
Philanthropic SMC  
SMC BMGF Phase 2 - MZ & UG  
SMC GF UGANDA  
Strengthening Uganda's preparedness against arboviral threats (SUPAAT) - MCUS  
Supporting Uganda's Malaria Reduction and Elimination Strategy-(SUMRES)  
UNICEF WHO Polio campaign  
Value Chain Analysis
- UK**  
Co-star Leeds University  
RBM-SME platform for strengthening routine malaria surveillance  
NIHR Digital Diagnostics Imperial College  
Philanthropic SMC  
PMI Evolve  
RAFT LSHTM  
SMC GW Rapid Assessment  
Vector Control IDIQ

## Where we work



# Spotlight — From resource centre to Independent Research Organisation: 20 years of Malaria Consortium

In 2023, Malaria Consortium celebrated its 20-year anniversary as an NGO. The organisation was founded in 2003 by a small team of individuals who were committed to improving and saving lives. When they started this journey they had a vision, a mission, but they could not have known the significance of the foundations that were being laid for the future. At the helm was Sylvia Meek, small in stature but with a giant passion for saving lives.

## Building foundations

The Malaria Consortium initially began in 1994 as a resource centre, funded by the formerly named UK Department for International Development, to provide technical assistance and advice to help shape government policy on malaria control. The centre included academics from the London School of Hygiene and Tropical Medicine and the Liverpool School of Tropical Medicine working across different areas of malaria research.

## Creating the global architecture

During the early years, those in the resource centre worked hard to ensure malaria was kept as a front-of-mind issue for senior officials in the UK Government. In 1998, the hard work of the Malaria Consortium and partners paid off and malaria was placed on the agenda at the G8 summit at Gleneagles in Scotland. This was the first time a health issue had been on the agenda at this forum, and the discussions at the G8 set in motion the creation of other organisations including the RBM Partnership to End Malaria (formerly Roll Back Malaria). During the late 1990s, the Malaria Consortium formed part of the core team that helped to create and shape the strategy for the RBM Partnership to End Malaria. In 2002, the malaria landscape welcomed a new global partner: the Global Fund to Fight AIDS, Tuberculosis and Malaria.

## Charting a country-led course

At the same time, the UK Department for International Development was changing course and moving away from single disease programmes towards a general health resource centre. The change in direction meant funding for the Malaria Consortium was coming to an end. However, one academic saw this as an opportunity.

Sylvia Meek, an entomologist by training, had a vision to go beyond policy and support countries to adopt effective malaria control strategies. In 2003, Malaria Consortium was registered as a UK charity with a vision of working with partners to control malaria and other diseases to achieve better health.

**“We wanted to work with ministries to do more with the resources available, trying out new approaches to shape comprehensive malaria control programmes.”**

Sylvia Meek

The aim of the organisation was to improve capacity in partner countries and organisations, provide responsive and proactive management and technical support to partners on the control of malaria and other diseases, and contribute to human resource and health systems development.

## Scaling up interventions

The first five years of Malaria Consortium, as the global charity, continued to provide internationally recognised advice on policy, strategy and implementation for the effective control of malaria and other diseases. At the same time the founders were building partnerships with countries and other implementers to scale up and increase access to prevention and treatment services. At times, Malaria Consortium was paving the way where others believed it was not feasible. In Uganda, Malaria Consortium was the first to show that community health workers could deliver malaria diagnosis and treatment — a delivery mechanism that is now used widely to overcome a lack of access to health care.

During the first five years the organisation set up offices in Cambodia, Ethiopia, Ghana (closed in 2014), Mozambique, South Sudan, Thailand, Uganda and Zambia (closed in 2013).

## Monitoring progress

In 2008, monitoring and evaluation work started to track the delivery of programmes and to monitor drug resistance that was developing in Asia. In the years that followed, the team also worked to strengthen health systems, train health workers and engage communities in our work to build sustainable programmes. Through our partnerships, built on the foundation of malaria control, we began projects to improve quality of care in Ethiopia and Uganda, train health workers in Mozambique, Nigeria and Uganda and reduce neglected tropical diseases and malnutrition in South Sudan.

Approaching the organisation's 10-year anniversary, greater focus was placed on disease surveillance, supporting countries to conduct malaria indicator surveys that would identify where interventions were needed most. At the same time, seasonal malaria chemoprevention was recommended for scale up by the World Health Organization. This set the next 10 years firmly in motion for Malaria Consortium, which is today the largest implementer of SMC. With a leap forward for malaria control, the organisation expanded its portfolio, commencing projects to improve child and maternal health, and reduce pneumonia and diarrhoea. During this period the organisation expanded, opening offices in Nigeria and Myanmar.



The Community Dialogue Approach in action in Nepal

## Innovating to eliminate

The last decade has been one of substantial progress. The team in Asia continues to work with partners to make strides towards eliminating malaria in Cambodia and Thailand. In Africa we have strengthened our relationships with governments and partners to progress towards universal health coverage. We have opened country offices in Burkina Faso, Chad and Togo. Our high-quality research has also been recognised and, in 2020, Malaria Consortium was designated an Independent Research Organisation by UK Research and Innovation.

However, progress has not been without the emergence of new challenges for our teams, including insecticide and drug resistance, working in complex operating environments, continuing to deliver services during a pandemic and adapting to an increase of extreme weather events, all of which required resilience of spirit and adaptation to continue with our mission. The funding landscape has also become more challenging as countries look inwards during times of economic strain. But with new challenges has also come new technology. Digital technologies are helping us to target and optimise our interventions, respond in real-time and do more with less.

Philanthropic donors have stepped in with remarkable generosity to help us continue to partner, research, evaluate, develop and deliver our work. Achieving GiveWell's top charity status for our SMC work has allowed us to expand our SMC programme to

new geographies. In 2023, Malaria Consortium delivered SMC to 25 million children in seven countries. In addition, unrestricted funding, such as that from philanthropists such as MacKenzie Scott, provides catalytic funding that will help us to break new ground and start working on the challenges of the future.

**Today, Malaria Consortium delivers programmes, documents learning, develops and trains others, shapes policy and advocates for progress. Although the world looks different and the organisation has grown, the mission remains the same — to build partnerships to save and improve lives across Africa and Asia.**

## Looking to the future

As the organisation develops its next strategy, we recognise the vision the founders of the organisation had and the progress that has been achieved in the last 20 years. In the next strategic period, we expect to see more countries in Asia eliminate malaria. As we look further into the future, we will continue our work to empower communities to expect

more from their leaders, support countries to build strong and resilient health systems and strive to build a more inclusive and equitable world bringing healthcare to everyone, wherever they are.



Research mosquitoes

# Strategic Report — Creating value in 2023–2024

## 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

Thanks to the generous support of donors, in 2023 Malaria Consortium reached 25 million children with SMC across seven countries — Burkina Faso, Chad, Mozambique, Nigeria, South Sudan, Togo and Uganda. This accounts for approximately 47 percent of the 53 million children reached with SMC globally.

### **Integrating SMC and vitamin A supplementation in Nigeria**

Vitamin A deficiency increases the risk of death from common childhood illnesses such as diarrhoea and pneumonia. Despite vitamin A supplementation being a proven low-cost intervention, each year approximately 190 million children aged under five years are affected by vitamin A deficiency globally. In Nigeria, around 30 percent of children under

five are deficient in vitamin A. Although vitamin A supplementation is delivered through twice-yearly campaigns during Maternal, Newborn and Child Health Weeks — alongside other interventions such as routine immunisation, nutrition screening and growth monitoring — coverage has remained low.

In 2019, Malaria Consortium carried out a study to understand if it was possible to deliver vitamin A supplementation alongside SMC. In 2021, we built on this work, carrying out a large-scale study in Bauchi state, Nigeria. This study of 165,000 children across two local government areas showed impressive results, increasing the proportion of children who received at least one dose of VAS in the last six months from 2 to 59 percent. Caregivers interviewed during the study liked the intervention due to the increased perceived health benefits for their children. The study concluded that full integration of SMC and vitamin A supplementation is feasible, with minimal incremental cost, and is acceptable to implementers and communities. In 2024, Malaria

Consortium will deliver an integrated vitamin A supplementation and SMC campaign in Bauchi and Niger states.

### **Identifying improvements through SMC digitalisation in Mozambique**

Digital tools have the potential to transform the way health campaigns such as SMC are delivered, by strengthening campaign quality, efficiency, accountability, equity and cost-effectiveness. Multiple use cases exist for digital tools in SMC, cutting across most intervention components and supporting overall campaign management and oversight. However, efforts to digitalise SMC can only be sustainable if they are situated within an overarching digital architecture that enables multi-use, integrated approaches across different health campaigns and incorporates case management and surveillance, as well as interoperability with routine health management information system platforms.

Together with the National Malaria Control Programme — Programa Nacional de

Controlo da Malária — the Bill & Melinda Gates Foundation and eGovernments Foundation (eGov), Malaria Consortium is developing a digital SMC tool for eGov's DIGIT health campaign management platform in Mozambique. The platform, known as Salama in Mozambique, is a free, open-source product that uses modular, configurable building blocks, which means it can be adapted and scaled for campaigns across multiple diseases. This platform was first adopted by the National Malaria Control Programme for delivering insecticide-treated net and SMC campaigns, but it has the potential to be expanded to cover other health areas. In October 2023, Malaria Consortium attended a workshop hosted by eGov to discuss future plans for the platform, as well as the role of implementing partners such as Malaria Consortium in building and supporting the rollout of specific use cases, such as SMC. The tool is being used to collect and digitise administrative data during the 2023–2024 SMC round across all districts of Nampula province.



Malaria Consortium and GiveWell staff being shown SMC medication during community distribution on a visit to Mozambique

## 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

### Raising awareness to prevent podoconiosis in Ethiopia

Globally, an estimated four million people are affected by podoconiosis, a non-infectious neglected tropical disease. Podoconiosis is caused by exposure to irritants in red clay soils which results in swelling of lower limbs (known as lymphoedema). Poor and marginalised people are most affected as they are less likely to wear shoes which prevent exposure. Ethiopia accounts for the largest number of cases worldwide, with more than one million people affected. More women than men are affected due to lower access to shoes. Within communities, many people have limited knowledge of the causes of podoconiosis, or how to prevent and control it, and it can be difficult to access services for managing the condition.

Malaria Consortium's Happy Feet project in Ethiopia has provided training on podoconiosis and lymphoedema morbidity management to 36 health workers across 10 health centres. In addition, we have trained 52 health extension workers at 52 health posts to enable them to detect, refer and manage cases within the community. As a result of integrating podoconiosis services into primary healthcare, 1,366 podoconiosis patients have received lymphoedema morbidity management at a health facility since July 2023.

To raise awareness of podoconiosis and prevention measures, Malaria Consortium has also trained 50 health extension workers, 10 health facility workers and seven staff members from district health offices on Community Conversation — an approach that gathers community members to collectively discuss their concerns. Radio communications in local languages have also been used to disseminate messages on podoconiosis — including the causes, prevention measures, care-seeking, management and treatment and misconceptions — to an estimated two million people.

### Improving diagnosis and management of severe malaria in Nigeria

Nigeria remains the country with the highest morbidity and mortality from malaria. Although Kano state has demonstrated a reduction in malaria prevalence from 32 percent in 2018 to 26 percent in 2021, the quality of malaria laboratory diagnosis required for appropriate case management, effective disease surveillance and public health response remains substandard.

Diagnostic quality is affected by gaps in the skills and competency of laboratory technicians, lack of resources and limited participation of public and private health facilities in an external quality assurance scheme. In addition, health system readiness to implement clinical standards in Kano state is insufficient. Healthcare workers fail to adhere to guidelines, frequently providing malaria treatment without a positive diagnostic test, prescribing substandard treatment and failing to monitor patient adherence to treatment regimens.

To bridge the gaps in laboratory and clinical practice in Kano state, Malaria Consortium is introducing an approach that integrates two distinct yet individually effective interventions:



Woman holding specially created shoes provided to podoconiosis sufferers as part of the Happy feet project

external quality assurance for malaria diagnosis and continuous quality improvement for inpatient malaria care. In partnership with the Kano state Ministry of Health and other key stakeholders, the initial phases of the project have been completed: first establishing an implementation framework that integrates clinical and laboratory interventions for inpatient malaria care and then designing a state-led rollout plan to operationalise the intervention. An evaluation protocol has also been developed to assess the effectiveness, feasibility and acceptability of the integrated intervention, and monitor improvements in the management of severe malaria cases in Kano state.

### Using new technologies to improve diagnosis of childhood pneumonia

Pneumonia remains the leading cause of infectious mortality in children globally. Traditionally, pneumonia is diagnosed with chest X-ray, however this is rarely available in low- and middle-income countries, especially outside of hospital settings, where most cases occur. Instead, diagnoses are made based on respiratory rate and the presence of cough or breathing difficulties. However, manual counting of respiratory rate in children is challenging for health workers and can result in misdiagnosis of pneumonia.

Analysis of video data has previously been used to

successfully measure respiratory rate but existing models have not explicitly focused on measurements in children or those with pneumonia. Malaria Consortium is conducting a study to assess the feasibility of using artificial intelligence (AI) to determine respiratory rates in children under five using videos captured on mobile devices.

Between January 2022 and March 2024, we used video data collected in concurrent and historical research studies in Cambodia, Ethiopia, Malawi and Nigeria to support the AI respiratory rate development process. The AI algorithm was developed and assessed to measure respiratory rate and identify signs of pneumonia, including chest indrawing and nasal flaring. In partnership with Karolinska Institute, we developed a standardised, pragmatic testing protocol for capturing respiratory rate video as a reference standard, which considers duration of measurement, video quality and optimal camera positioning. Malaria Consortium is now developing an AI-assisted application to allow health workers to capture respiratory rate using their mobile phones as well as conducting focus group discussions with research teams and healthcare providers.

# 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

## **Building national capacity for high-quality data and surveillance systems**

Malaria Consortium is the secretariat of the RBM Partnership's Surveillance Practice and Data Quality Committee — part of the RBM Partnership's Surveillance, Monitoring and Evaluation Working Group. The Committee is dedicated to documenting and coordinating malaria surveillance and data quality strengthening efforts.

Over the last year the committee has seen improved visibility and progress across its activities, demonstrated through an increase in membership from 38 to 126 members across national programmes, ministries of health, implementing partners, academia and donor organisations.

In early 2024, the committee organised a south-south exchange visit to Cambodia, hosted by the National Center for Parasitology, Entomology and Malaria Control, for 11 African-based national malaria programmes. The exchange focused on learning how to transition surveillance systems for low and pre-elimination contexts, as well as building and creating guidance for cross-border surveillance and data sharing.

In addition, the third year of data collection was completed. A total of 49 surveillance-related projects were added to the implementing partners surveillance projects dashboard and then uploaded to the Global Malaria Dashboard.

We also launched the national malaria control programme surveillance operational milestones tracker — a self-assessment tool for national programmes to understand the current operational status of their surveillance systems and identify key areas of focus for improvement. The tool helps national malaria programmes and partners to monitor the uptake of the WHO surveillance assessment toolkit and enables the committee and its members to provide targeted advice on the priority modules and components

of surveillance assessment that may be required in-country as well as identifying links with WHO and implementing partners to aid toolkit operationalisation.

A qualitative desk review is also being conducted to understand data quality audit implementation across national malaria programmes. The outputs will help identify tools and good practice, and inform global data quality discussions with WHO and partners.

## **Improving data quality in Mozambique**

The Malaria Capacity Strengthening Program (MCAPS) has entered its second year of implementation with the aim of improving routine data quality and use in three provinces in Mozambique. To date, the team have supported 487 data quality audit visits to health facilities across the three provinces, with facilities receiving between one and three visits in total. Initial results indicate an improvement in the accuracy of data reported upon a second data quality audit visit overall, although this is not consistent across health facilities. In addition, data review meetings have been supported at provincial and district levels to improve data use in district-level planning.

### Reducing malaria in seasonal workers in Ethiopia

Seasonal mobile workers — people who move from their home to another area of the country for a short period of time to undertake seasonal work opportunities — are at increased risk of malaria infection for a variety of reasons including reduced access to malaria prevention and case management services. The Sennay project contributes to reducing malaria morbidity and mortality in five districts of the Amhara region in Ethiopia, by targeting this specific population. The aim of the project is to improve uptake of and access to malaria diagnostic and treatment services, as well as to strengthen and tailor the surveillance system to incorporate these mobile population groups in surveillance and response. Due to conflict in the Amhara region, the implementation has been delayed. However, Malaria Consortium has begun providing capacity building support to a local implementing partner, Health, Development and Anti-Malaria Association, on the topics of surveillance, monitoring and evaluation, social and behaviour change communication and safeguarding.

### Detecting drug resistance and gene deletions through genetic surveillance in Mozambique

Genomic surveillance has the potential to identify the main drivers of local malaria transmission as well as understand the mechanisms by which the parasite can evade diagnosis and resist treatment.

The GenMoz project in Mozambique focuses on genomic surveillance to understand malaria transmission drivers, resistance mechanisms and parasite diversity. By integrating genomic data into routine surveillance, the project aims to inform the national malaria control programme and aid decision-making on the deployment of interventions. The project maps molecular markers indicating parasite undetectability or resistance to antimalarials and is developing a spatial malaria model for assessing intervention efficacy.

Over the last year, Malaria Consortium has trained 139 health workers in genomic surveillance and established a malaria molecular surveillance system in 64 health facilities across different transmission settings in the country. Blood samples were collected from 11,310

patients and entered into the malaria molecular surveillance system. The establishment of a sample collection system has increased data availability, which can be used to inform programming, and enhanced health worker expertise in molecular surveillance.

Key learnings from the project include the importance of ongoing supervision, training on genomic data collection, and effective communication with health workers. Overall, the project sets a precedent for future public health strategies in Mozambique and similar settings globally, emphasising the value of genomic surveillance in malaria control and elimination efforts.

# 4.

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

### Preparing for malaria elimination in Cambodia

Cambodia has made impressive progress in reducing malaria incidence and mortality and eliminated *Plasmodium falciparum* in 2023. The country aims to be malaria-free by 2025 and is already taking steps toward certification such as setting up prevention of reestablishment measures. Under the guidance of the National Center for Parasitology, Entomology and Malaria Control, and funded by the Global Fund to fight AIDS, Tuberculosis and Malaria, Malaria Consortium is delivering adaptive and responsive malaria testing, treatment and preventive services to hard-to-reach communities. In 2023, Malaria Consortium supported 101 mobile malaria workers (MMWs) who provide mobile malaria services in areas where access to healthcare is limited in six northern provinces in Cambodia. This work focuses on the

international borders and on isolated pockets of deep forest with high risk of transmission.

The key remit of the MMWs is the delivery of a tailored package of active case detection activities to remote populations, including establishing mobile malaria posts, which are positioned at forests entry and exit points. MMWs also conduct outreach activities to target the more remote and hard-to-reach locations, and they often stay overnight at plantations or in the forest so they are available when forest goers return home. Reactive case detection is also conducted to test anyone travelling with someone who has had a positive test result. MMWs also carry out active fever screening by visiting and testing anyone with a fever within the community, which has shown a high test positivity rate. As these malaria services are delivered by MMWs who are known by the local population, symptomatic people often spontaneously present themselves at the MMWs' houses for malaria testing and treatment.

Between April 2023 and March 2024, 79,261 people were tested for malaria and 96 returned a positive test. Additionally, MMWs distributed

13,055 long-lasting insecticide nets and 100 long-lasting insecticidal hammock nets. A tailored approach is key to achieving malaria elimination. Throughout the programme, monitoring data have been used to adapt and improve the targeting of services.

### Delivering integrated community case management in Nigeria

The Government of Nigeria has fully implemented integrated community case management (iCCM) as a component of the National Primary Healthcare Development Agency's Community Health Influencers, Promoters, Services (CHIPS) Programme supported by the Basic Health Care Provision Fund. The strategy is to transition and integrate all community-based workers from vertical programmes and to harmonise all community-based programmes into a single national programme. The CHIPS programme was designed to bridge equity, gender and human rights gaps among underserved populations in hard-to-reach areas with healthcare services. The goal of the programme is to reduce maternal and child morbidity and mortality by creating demand for and increasing equitable access to essential primary healthcare services.

With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria between 2021 and 2023, Malaria Consortium supported 26 local government areas in Jigawa state and 16 in Niger state to implement CHIPS. Under the grant, Malaria Consortium provided technical support to Niger state to fully integrate and harmonise the iCCM strategy into the CHIPS programme. In Jigawa state, Malaria Consortium collaborated with UNICEF to deliver diarrhoea and pneumonia management via the CHIPS programme.

In the last quarter of 2023, community-level interventions delivered malaria tests to 62,491 children under five and artemisinin-combination therapy to 47,611 children under five who were confirmed with malaria across Jigawa and Niger states. The implementation of iCCM/CHIPS programme has expanded access to management of childhood illnesses in the implementing states and has had a direct impact on reducing the burden of malaria in Nigeria. In the next grant cycle (2024–2026), Malaria Consortium will scale up CHIPS technical assistance to other states supported by the grant.

### **Integrating maternal and newborn health into community health services in Uganda**

Malaria Consortium is committed to expanding the scope and scale of the iCCM programme in Uganda. The innovative iCCM+ programme expands on routine iCCM activities by including additional community-based maternal and newborn health interventions in rural, hard-to-reach areas. The iCCM+ programme offers an efficient service delivery model, as village health teams who are already trained in iCCM services offer a unified source of service delivery for disease prevention and maternal and newborn health services. The iCCM+ model also builds community ownership structures to expand community participation in promoting uptake and sustainability of maternal and newborn health services. Between 2017 and 2018, Malaria Consortium, with funding from Grand Challenges Canada, conducted a pilot of the iCCM+ model in two districts in Uganda.

Building on the success of this project, Malaria Consortium has been awarded further funding to transition this project to scale. Over the next 24 months, Malaria Consortium will extend the iCCM+ model to five additional districts. This expansion involves training and equipping

5,933 village health teams and 276 healthcare workers to deliver integrated maternal, newborn and iCCM services effectively. In addition, we will establish an SMS platform to encourage women to attend antenatal and postnatal care appointments and to deliver their babies in the presence of skilled birth attendants. To facilitate this in hard-to-reach areas, we will select and train 135 motorcycle drivers to provide an emergency transport system within the community. Furthermore, we will establish 270 village health clubs to promote community participation and raise awareness of maternal and newborn health issues.

Alongside the service provision, Malaria Consortium will conduct a qualitative study to assess the acceptability, effectiveness, feasibility and quality of community-based kangaroo mother care — a method of care in which preterm infants are carried with skin-to-skin contact, usually by the mother — by gathering insights from village health teams, caregivers and heads of households. Overall, these efforts seek to improve maternal and child survival rates and enhance community-based healthcare services in Northern Uganda.

# 5.

**Policy and practice — To develop a portfolio of operational research projects covering malaria intervention innovations, COVID-19 interactions, pneumonia and dengue in multiple countries to contribute strongly to changes in policy and practice**

## **Presenting research at scientific conferences**

Malaria Consortium is dedicated to ensuring we share our research widely to inform best practice and influence policy. In 2023, we presented five oral presentations and 21 posters at the American Society of Tropical Medicine and Hygiene meeting in Chicago.

Malaria Consortium's Principal Advisor Dr Jane Achan showcased our research portfolio by presenting the results of studies conducted in Burkina Faso and Uganda to determine the malaria burden in school-aged children. The increasing burden of severe disease in this age group is likely to lead to increased mortality. This is an important area of research as malaria infection in this age group not only impacts on

children's health and education, but also serves as a source of onward parasite transmission, undermining elimination efforts.

Malaria Consortium Senior Research Advisor Dr Kevin Baker organised a symposium in which Malaria Consortium researchers presented and facilitated discussions on malaria chemoprevention. The symposium included presentations by Senior Country Technical Coordinator for Nigeria Dr Olusola Oresanya on chemoprevention options in areas not eligible for SMC and Senior Technical Advisor Craig Bonnington who gave an update on the efficacy of SMC.

## **Publishing in peer-reviewed journals**

Malaria Consortium is committed to publishing our work in internationally recognised peer-reviewed journals. In 2023, we published 34 peer-reviewed articles on studies across 15 countries. Of these publications, 73 percent of first authors were based in the study country and 50 percent of Malaria Consortium's published authors were women.



Dorcas Essien, Digital Health Manager Malaria Consortium explaining her poster at the MIM conference 27

### **Maintaining Independent Research Organisation status**

In 2020, Malaria Consortium was granted Independent Research Organisation status by UK Research and Innovation as a recognition of our high-quality independent research programme. To be eligible for this status organisations must possess in-house capacity that demonstrates an independent capability to undertake and lead research programmes. This status is granted for five years and enables our organisation to apply for UK Research and Innovation funding. To maintain this status, we are required to:

- demonstrate that we conduct complex and innovative research projects
- maintain a pool of key research personnel with a visible track record of research, including a requisite number of publications
- secure at least £500k of research funding each year
- ensure our research projects contribute to capacity building (via studentships, PhDs and post-doctoral researchers)
- show a strong track record of maximising the wider impact and value of our research to the benefit of the UK economy and society.

### **Investigating interactions between long-COVID and malaria**

The COVID-19 pandemic has caused significant direct and indirect effects on individuals, communities and populations. In 2021, Malaria Consortium published a cohort study which investigated the acute complications of patients with COVID-19 admitted to hospital in Uganda, and the interactions between COVID-19 and malaria. Building on this work, we conducted a case-control study in Ethiopia and Uganda to understand the long-term effects of COVID-19 on individuals, communities and health systems. Currently evidence is extremely limited on the prevalence, treatment and impact of long-COVID on daily life for African communities. Our understanding is also limited on whether living with long-COVID has an impact on malaria outcomes.

Between 2022 and 2024, we conducted a study that included participants with a previously confirmed SARS-CoV-2 infection — the virus that causes COVID-19 — and controls with no previous SARS-CoV-2 infection. This study will provide some of the strongest results to date on the effects of long-COVID across an African population. The results will be analysed and disseminated in the coming months.

# 6 ■

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

## Implementing digital data collection in Mozambique

In Mozambique, community health workers — known locally as *agentes polivalentes de saúde* (APS) — are a critical component of the health infrastructure and the health workforce. APSs are the primary providers of health information and services at the community level, especially in rural or underserved areas where people live far from health facilities. APSs carry out health promotion, case management, referrals for maternal, newborn and child health, family planning and nutrition, and follow-up care for conditions such as HIV and tuberculosis.

Since 2016, Malaria Consortium has been a leading technical partner of the Mozambique Ministry of Health. With funding from UNICEF, we are supporting a scaled digital community health information system called upSCALE, which aims to support improved quality and

coverage of health services at the community level. The upSCALE platform helps to address three key barriers to a high-quality community health service: inadequate adherence to clinical guidelines, insufficient supply of commodities and lack of access to community health information. The upSCALE platform includes a smartphone application that guides community health workers and advises on treatment and referrals. A tablet-based application is provided to supervisors to monitor community health worker performance and the stock levels of critical commodities.

During 2023–2024, Malaria Consortium supported the continued implementation of upSCALE in seven of the 11 provinces of Mozambique. A total of 3,771 APSs and almost 650,000 patients are now registered on the platform. In addition, the programme has increased focus on several key areas: strengthening the platform, building government ownership of upSCALE data, use of community-level data in provincial and national decision making, and integration of upSCALE data into the Ministry of Health's health information system (SISMA), which is due to be completed in 2024.

## Providing real-time disease surveillance systems in Uganda

Since 2020, Malaria Consortium has collaborated with the Ugandan Ministry of Health to develop and implement the Electronic Community Health Information System (eCHIS). The eCHIS platform incorporates a digital tool to enhance quality service provision and provide real-time surveillance support for community health.

The digital tool assists village health teams with case management for a variety of conditions — including reproductive, maternal, neonatal and child health, HIV and tuberculosis — and provides support tools for health areas such as nutrition and water, sanitation and hygiene. The eCHIS platform is led by the Ministry of Health and is the only community mobile health tool endorsed for use in Uganda.

Malaria Consortium has been the key implementing partner supporting Uganda's community health digitalisation, having developed eCHIS iCCM+ and stock monitoring modules, as well as training and equipping Uganda's first fully digitised district – Buikwe, known as the 'model eCHIS district'.

In 2023, Malaria Consortium developed, tested and implemented a local language version of the eCHIS platform to provide village health teams with a choice of English or Luganda when using the digital tool. In addition, we moved into a new phase of eCHIS implementation with funding from Malaria Consortium US, which includes continuing to support the implementation of eCHIS in Buikwe through supervision, mentorship and technical assistance, while building the capacity of village health teams and supervisors to enable the expansion of eCHIS to new districts.

### **Deploying digital tools to improve quality of care in South Sudan**

In South Sudan, Malaria Consortium has launched a new project supporting the digitalisation of the Ministry of Health's national community health programme, known as the Boma Health Initiative. With funding from

Malaria Consortium US and working in close partnership with the Ministry of Health, Malaria Consortium is developing a new digital health tool that will focus on digitalising community case management in South Sudan.

The project aims to address reporting gaps, improve data quality and enhance the quality of care provided by health workers in Aweil South and Aweil Centre. To achieve this, we are developing and implementing a digital health tool that supports health workers to deliver high quality healthcare to children in their communities, particularly for the treatment of diarrhoea, respiratory tract infections and malaria. The impact of the digital intervention will then be compared with standard practice through a cluster-randomised control trial. The findings of the trial will be used together with results from a feasibility and acceptability study and cost analysis to determine the project's suitability for scale-up.

Since the project launched in June 2023, Malaria Consortium has started an inclusive participatory co-design process with a range of community health stakeholders including representatives from the Government, donors, NGOs and technology organisations. Through a series of inception meetings, design workshops and draft application demonstrations, we have developed consensus on the design and content of the tool, ensuring the challenges and needs of health workers are understood and included in the design. To ensure sustainability and local ownership, application development is being led by the Ministry of Health's preferred technology partner, HISP Tanzania. The solution will be integrated with the national health management information system, using existing in-country data servers and housing data within the government system to ensure the Ministry of Health has full ownership of the data. The application is due to be rolled out in 2024.

# Future priorities

## New strategy development

We are currently developing our new strategy for 2025–2028. This will be a critical period for regaining progress in malaria elimination and achieving the Sustainable Development Goals. During this strategic period, we expect to see countries in the Greater Mekong Subregion get closer to the 2030 target to eliminate *falciparum* malaria after sustained efforts and great commitment. We will also start to see the impact of rolling out new innovations such as malaria vaccines and next-generation insecticide-treated nets. We also anticipate an increased focus on universal health coverage amongst national governments in Sub-Saharan Africa.

However, the next strategy period will also be one of great challenges. Our new strategy must enable us to stay ahead of evolutionary advances, including drug-resistant parasites and invasive mosquito species, and emerging threats such as climate change that will have direct and indirect effects on the spread of vector borne diseases including malaria and dengue. Financing for health requires innovative approaches to generate new funding for health interventions and health systems resilience. As an organisation we must maintain our resilience, while being adaptive to the changing environment before us.

The next strategic period will also be a time of great opportunity. As more countries eliminate malaria, we can share lessons and experiences that will support others to accelerate progress towards elimination. We work closely with key stakeholders to create value, through our capabilities in community engagement, reaching hard-to-reach communities, community-based service delivery, surveillance, research and results measurement.

The development of our new strategy provides us with an opportunity to reflect on our experiences and achievements between 2021 and 2025 and build on our long-standing partnerships with countries so we can continue to save lives and improve health for all.

## Delivering cervical cancer prevention services in Cambodia

Cervical cancer is a significant global health problem ranking as the fourth most common cancer in women worldwide. Approximately 90 percent of cases and deaths from the disease occur in low- and middle-income countries. In Cambodia, the disease is the second most common cancer among women with an estimated 1,135 new diagnoses and 643 deaths in 2020. The primary cause of cervical cancer is infection with human papilloma virus (HPV) which is transmitted through sexual

contact. HPV vaccines are an effective method to prevent the disease, and regular screening and treatment of pre-cancerous lesions can avoid progression to cervical cancer.

Awareness of cervical cancer in Cambodia among the at-risk female population and the general population is low and, where knowledge exists, this is accompanied by a strong fear of cancer and a perception that it is untreatable or expensive to treat. In addition, cervical cancer services are extremely limited with treatment only available in two hospitals in the country and palliative care services are provided by a single NGO.

The Ministry of Health in Cambodia is beginning an HPV vaccination programme in schools and providing screening for women aged 30–49 at health facilities. However, girls who do not attend school and women in hard-to-reach areas living far from health facilities are likely to be missed by these programmes. Malaria Consortium has been working with the National Center for Parasitology, Entomology and Malaria Control in Cambodia for over a decade and, since 2021, has been supporting the Sub-Technical Working Group for Breast and Cervical Cancers. The Cambodian Ministry of Health has requested Malaria Consortium to use our knowledge and experience of providing malaria services to hard-to-reach communities to deliver cervical cancer services to remote, marginalised and ethnic minority populations.

Malaria Consortium will support the Cambodian Government to deliver a strategy for cervical cancer by identifying and

addressing the barriers to prevention of cervical cancer among remote, marginalised and ethnic minority populations in Oddar Meanchey, Ratanakiri and Stung Treng provinces. The project aims to encourage uptake of HPV vaccines, screening and preventive treatment services for cervical cancer through community engagement, training and supervision of health workers and improved resourcing. Malaria Consortium will use culturally appropriate methods to improve access to quality screening services — including supporting women to use self-collection sampling for HPV — and support three health centres in each province to improve provision of cervical cancer services.

### Leveraging SMC programmes to identify zero-dose children

The Essential Programme on Immunisation (EPI) provides life-saving childhood vaccines that protect against more than six critical preventable diseases around the world. These vaccines prevent approximately 4.4 million deaths every year. The identification and catch-up vaccination of children who are unvaccinated (zero-dose children) and under-vaccinated is an important goal for many countries, to ensure that these life-saving vaccines are reaching as many children as possible. Often, the children who are missed by the EPI programme are considered “hard-to-reach” and may also be missing other critical health programmes.

SMC is an important part of both malaria prevention and child health programmes in countries where it is implemented. One of

the hallmarks of the SMC programme in many countries is its ability to reach families through a door-to-door routine campaign delivery style. This, coupled with targeted programming in traditionally hard-to-reach communities, means that SMC interactions with families can be used to identify zero-dose and under-vaccinated children, and link them with EPI services.

This year Malaria Consortium will initiate a programme in Burkina Faso and Togo to identify at-risk children during SMC distribution. Through collaborations with the EPI programmes in country, targeted strategies can then be designed to increase vaccination access and coverage where needed. During household visits SMC implementers will collect key indicators related to vaccination and will provide families with locally tailored information on vaccine services and the benefits of immunisations. Malaria Consortium will work closely with the EPI programme to identify communities with under-vaccination and provide them with outreach and mobile vaccination services.

## Supporting staff to maximise impact

At Malaria Consortium, our employees have always been our greatest asset. Our work would not be possible without the talent, skillsets, commitment and experiences that they bring to work every day. We believe in creating a high performing culture that creates an environment of continuous improvement and which motivates us to do our best.

We have built a performance management process that engages both employees and managers by encouraging two-way feedback. Our process aligns to our values of accountability, integrity, respect and equity and we will continue to embed our values into performance management as a way of strengthening our culture.

We have listened to the feedback of our staff and in the last year have moved our performance management systems and tools online. By streamlining the administration of performance reviews, we have made the process smoother and easier to use so people can engage more meaningfully in conversations

and seek to continuously improve what they do. It also allows us to identify more quickly the learning needs of employees. As we approach the new strategy this will help us to make more strategic and targeted investments in our future learning programmes.



Reagan Wamaji, Malaria Consortium Policy & Advocacy Manager at Malaria Consortium Uganda's celebration of 20 years of Malaria Consortium

# Financial review

## Income

Total income for the year was £88.6 million. This is a decrease of £12.1 million (12 percent) from the previous year; this was primarily due to currency devaluation in Nigeria which impacted the organisation's reported sterling income and expenditure, but did not impact project delivery. The majority of Malaria Consortium's income remains restricted, with £47 million relating to SMC. Notably, unrestricted income increased significantly this year, bolstered by a one-off gift of £8 million.

## Expenditure

Charitable expenditure on programmes decreased in line with the reduction in charitable income. Expenditure totalled £73.7 million, down from £94.3 million in the previous year.

## Financial results

The total net movement in funds for the

year showed an increase of £14.5 million in unrestricted reserves, bringing the total to £31.3 million (2023: £16.8 million).

## Reserves policy

In July 2023, the Malaria Consortium Board of Trustees approved a new General Reserves policy aimed at enhancing financial resilience while ensuring timely use of funds. The policy establishes a target range of £13 million to £20 million for general reserves. This level is designed to:

- manage financial risks and short-to-medium term income volatility
- enable planning and management of country programmes and research expenditure
- ensure financial commitments can be met as they fall due.

The policy is based on principles of resilience to financial shocks, timely spending of charitable

donations, and maintaining funds for new initiatives and opportunities. It balances the organisation's mission with the need for financial stability, protecting against unplanned adverse events such as political instability in programme countries or unexpected tax liabilities.

Annual targets have been set to rebuild reserves to achieve financial resilience. The policy will undergo a periodic review by the Finance, Audit and Risk Committee.

## General reserves

As of 31 March 2024, general reserves stood at £31.3 million (31 March 2023: £16.8 million). This figure exceeds the upper target of £20 million, primarily due to the receipt of a one-off gift of £8 million and higher interest earnings. These unrestricted funds are not designated for any particular purpose and provide flexibility for the organisation's operations, programmes and future initiatives.

### Designated funds

No funds have been designated in the year ending 31 March 2024. This is reviewed on an annual basis by the Finance, Audit and Risk Committee.

### Going Concern Statement

The financial statements for the year ended 31 March 2024 have been prepared on a going concern basis. The Board of Trustees has carefully considered the appropriateness of this basis and deems it suitable for the following reasons:

- a. Current financial health: Despite the challenges faced in the past year, Malaria Consortium maintains a robust financial position, with reserves exceeding our target range. This provides a solid foundation for navigating future uncertainties.
- b. Funding pipeline: We continue to secure significant multi-year grants and contracts, ensuring a stable income stream for ongoing and planned programmes.

- c. Adaptability: Malaria Consortium has demonstrated its ability to adapt to changing circumstances, including the impacts of currency fluctuations and inflation in key operational areas.

While acknowledging the complex global landscape in which we operate, the Board is confident in Malaria Consortium's ability to fulfil its mission and meet its financial obligations for the foreseeable future. This assessment is underpinned by our strong reserves position and proven track record of adapting to changing circumstances.

Further rationale supporting this going concern assessment is in Note 1a to the financial statements for the year ended 31 March 2024.

# Risk management

The current risk landscape for Malaria Consortium is characterised by a blend of opportunities and challenges. Advancements in technology and innovative interventions offer promising avenues for disease control and elimination. These include the development of new diagnostics, drugs and vector control tools, as well as the growing capacity for data-informed decision-making and surveillance.

However, alongside these opportunities, Malaria Consortium faces a multitude of risks inherent to its operational context. Persistent challenges such as the emergence of drug-resistant malaria strains, gender inequality, or disruptions caused by political instability, conflict and natural hazards add layers of complexity to the risk landscape. This necessitates an agile and adaptive risk management strategy to mitigate risks and sustain progress towards reducing targeted infectious diseases.

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.

The Risk Management Policy, updated in 2023, outlines the approach to identify and manage risks across the organisation, as well as the Board-approved risk appetite, for seven risk categories (Figure 1).

The operating environment driving the trajectory of each risk, and progress made in implementing mitigation actions, is outlined in this section.

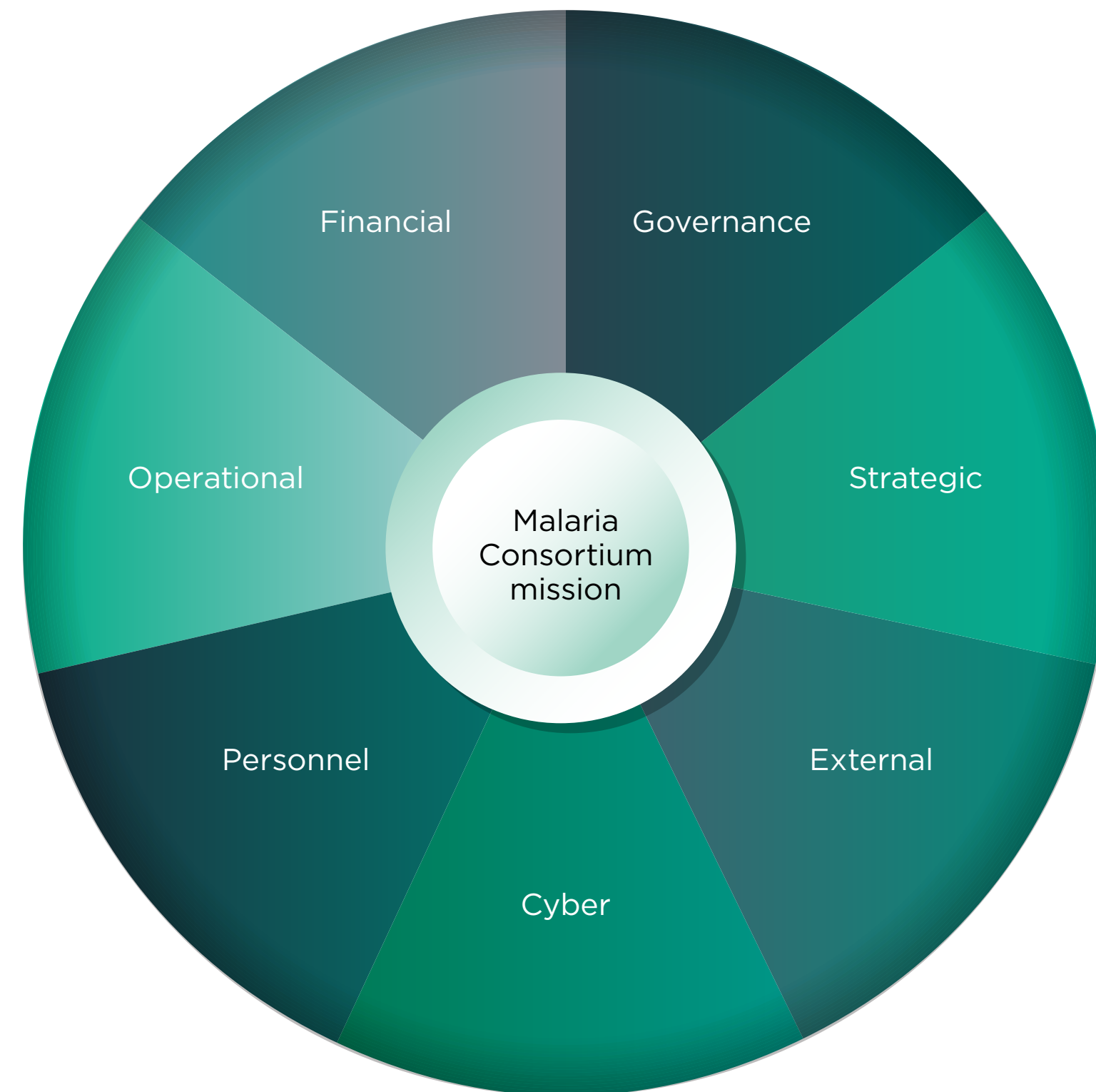


Figure 1: Risks that may impact the ability of Malaria Consortium to achieve its mission have been identified and are being managed through a Risk Management Framework

## Governance

After nearly seven years as Chair of the Board, Marcel Tanner handed over the role to Wilfred Mbacham in July 2023. Wilfred was successfully recruited through an open and competitive executive search led by a Selection Committee comprised of Trustees, working closely with an independent charities recruitment firm, Russam.

The Selection Committee also led an open recruitment for a new Treasurer and Chair of the Finance, Audit and Risk Committee; Rachel English was appointed and took over from Joe Gandhi who resigned in March 2024 to take up a position with Médecins Sans Frontières.

Several other Trustees reached their end of tenure and the Governance Committee is completing a skills gap analysis to provide guidance for any upcoming appointments. The Board and committees remain well-resourced and will gather in-person for their annual retreat in November 2024 to review their performance and set priorities.

Investment in strengthening our internal capabilities to comply with data protection regulation continues across our various country

locations, including increasing the number of roles in country with data protection responsibilities, organisation-wide awareness and training activities, and ongoing revision of tools and policies to ensure best practice.

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 laws and regulations will be developed.

## Strategic

As we enter the final year of our 2021-2025 strategy, the focus is on achieving strategic objectives whilst also understanding and preparing for risks that may emerge in the next strategy cycle. The ability to deliver malaria control and elimination programmes is driven by many external factors, some of which Malaria Consortium has a limited ability to influence. This is amidst changing donor funding priorities for a global health portfolio that is already experiencing funding gaps. Malaria Consortium will need to continue building capacity and resilience to address any coverage gaps in

the areas where we are currently working, and for areas where the burden of malaria and other communicable diseases remains unacceptably high.

A framework, developed at the mid-point of the current strategy, to optimise Malaria Consortium's impact, its organisational resilience and its futureproofing, is starting to take effect. Risk management systems and processes are being strengthened, our internal audit function has been further resourced, as has our research and programmatic quality assurance. These internal capacity building measures, alongside our standing as a reputable research organisation, are positioning Malaria Consortium in good stead to address the challenges of delivering high-quality programmes in complex and often hard-to-reach environments.

To guide our next strategy and organisational objectives, engagement will take place with partners across the global health community to determine the level of ambition towards achieving our mission. This level of ambition will need to be balanced with our increasing organisational capacity and guided by our overall risk culture. Importantly, opportunities

that could support achieving our mission must be considered, such as innovations in new technologies and disease diagnostics, treatment, prevention or vector control.

## External

The global public health landscape is rapidly changing in countries where we work and beyond. New challenges in malaria, including *Anopheles stephensi*, urban malaria transmission, zoonotic malaria, sub-national resurgence and increased transmission are all creating new and shifting goals. And more broadly, insecurity, humanitarian crises and political unrest continue to be a major concern in many of the regions where we work.

Resistance, both vector-based insecticide resistance and parasite-related drug resistance, continue to increase in Africa and Asia, making our control tools vulnerable to future failures.

Climate change is creating instability in previously predictable rain patterns, which challenge the successful implementation of seasonal programmes such as SMC. Increasingly frequent severe weather events, such as

flooding, droughts and intense storms, threaten communities and put additional strains on health services where homes, infrastructure, crops and livelihoods are negatively impacted.

To address the changing disease dynamics and local malaria resurgence, Malaria Consortium is working closely with prestigious malaria modellers to better understand and predict shifting seasonality patterns for improved programmatic tailoring. We are also working closely with our national partners in country on optimising sub-national tailoring approaches to bring interventions together in layered programmes. This includes supporting the malaria vaccine rollout, ensuring both demand generation and clear messaging are integrated to build on existing and ongoing malaria programmes.

In the context of humanitarian settings, Malaria Consortium is engaging with key international stakeholders, such as UNICEF, and designing purpose-built programmes to deliver essential services in these challenging locations. Given our experience and footprint in challenging settings, we are leaning into our experience for cross-boarder learnings and best-practices, to ensure

we are providing high quality health service delivery to all populations where we work.

Leveraging our status as an Independent Research Organisation, Malaria Consortium is leading research that actively monitors drug and insecticide resistance within vector control and disease prevention programmes, to ensure we are at the forefront of adaptive solutions. By generating local and current data, we can adjust programmes and provide key partnership to governments when planning and tailoring interventions for the local context.

Our programmes are supporting governments to create and implement data-informed and local context specific programmes, based on the current realities of disease dynamics and public health. We will continue to engage in research that supports local priorities and answers key questions on disease prevention.

## Cyber

Cyber risk facing Malaria Consortium has never been higher. We increasingly rely on IT systems to be able to function as an organisation and are vulnerable to the disruption or failure of

these. Financial expansion and growth of our profile makes us a more attractive target, as does our position in the global health space. Malicious actors that may seek to target us grow increasingly sophisticated year on year.

We have continued to complete the recommended actions outlined in the IT consultancy &Partners' Security Management and Governance Diagnostic audit. These include the extension of multi-factor authentication to all users, enablement of encryption and remote locking of computer equipment, tracking and limitation of use of third party software, and increased restrictions placed on the sharing of data outside of the organisation. This has been accompanied by additional training of staff.

&Partners re-audited Malaria Consortium in late 2023 and noted an overall improvement in the maturity level of our systems, as well as highlighting a number of areas for improvement that will be the focus of the coming year. This includes improving compliance management capabilities, review of the IT team structure and improvement of risk management.

## Personnel

We can only achieve our ambitious strategy if we are able to attract, develop and retain talented staff from a diverse range of backgrounds. We achieve this by focusing on new recruitment strategies and investing in systems to improve the candidate experience. Internally, we invest in leadership development and focus on learning for all employees. We have put more focus on objective setting and performance reviews for individuals and teams to ensure we are all working towards our global mission.

Working across multiple jurisdictions creates the challenge of compliance with the various legal and regulatory frameworks in these locations. We mitigate this by ensuring Malaria Consortium has international management experience, and that we have access to local legal expertise. We also ensure we have strong internal controls through our policies and procedures.

Malaria Consortium recognises that if we want to be a great place to work, staff need to be comfortable being their full-selves and feel psychologically safe. Toxic or harassing behaviour

is not tolerated and 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 we work with. 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 we work with, as well as the people who work for us.

## Operational

### Security

The world Malaria Consortium operates in remains a dangerous place. Our growth has led us to operate across a wider geographical space than at any time in our history. At the same time we employ more staff and work with more community members and partners than ever before. The nature of our work often directs us to areas where government presence and service provision are at their weakest, and where a breakdown of law and order is more likely to occur.

We have worked to put in place policies, processes and tools to support staff to manage their own security, and the security of those that we work with. Risk assessments are conducted prior to programme implementation. Incident reporting mechanisms are centralised, allowing us to track these globally and take necessary action as required. We maintain close contact and share information with stakeholders operating in the same space to ensure detailed contextual understanding. Most of our programmes are led by nationals of the country of operation, which gives us a deeper understanding of the operational context. Senior management team members receive annual critical incident management training, and the Crisis Management Plan has been upgraded to provide greater clarity on how incidents should be dealt with.

An audit of our security approach took place in late 2023, and a number of recommendations have been made which will inform work for the coming year. These include review of the security oversight structure, provision of additional training to safety and security focal points, investigation of additional training

provided to staff deployed to high-risk locations, and a review of duty-of-care obligations toward non-staff.

### Logistics

Malaria Consortium spends tens of millions of pounds each year through its procurement system. Where transactions involve large amounts of money or money equivalents, the incentives for individuals to act in a corrupt manner increase, as the perceived negative consequences of their actions are outweighed by the potential gains. Attitudes to corruption vary across the world, and in some locations aspects of this are tolerated or even systematised.

Malaria Consortium maintains several 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 \$40,000. 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 as the value of the procurement increases. Long-term framework agreements are used where practicable, although this has been challenging in high inflationary environments. Our procurement policy is regularly reviewed and updated. The size of the Logistics team has been increased in the past year to provide better support to staff and greater oversight of processes.

We will continue our work towards limiting corruption within Malaria Consortium and those we work with, through developing a new Partnership Policy to better regulate who we work with. Longer term, the adoption of a procurement system that can be used in all locations and monitored centrally will increase oversight and limit the scope for corruption.

Malaria Consortium's drug and medical supply chain management is subject to Good Distribution Practice regulations and standards set out by the UK Medicines and Healthcare

Products Regulatory Agency. For example, we procure medical commodities such as SMC drugs only from manufacturers who have been assessed by WHO and found to be acceptable for procurement by UN agencies. International supply chain constraints such as shipping disruptions, labour shortages and port congestion pose a risk to the timely availability of commodities. Malaria Consortium mitigates this risk by placing orders well in advance and having framework agreements with reputable freight forwarders with a track record of operating in the countries where we work.

In-country supply chain, storage and distribution capacity will continue to be a challenge to ensuring on-time delivery of commodities. An improved procurement system and increasing use of digital tools will enhance our ability to monitor stock levels and last mile distribution, especially for SMC programmes, where on time delivery is critical to ensuring maximum impact. However, coordinated approaches by the global health sector continue to be needed to support national capacity building in this area, and Malaria Consortium is engaging with our partners towards this aim.

## Finance

Our services are provided across several geographies, and we navigate a complex landscape of financial risks that could impact our mission. These risks include market fluctuations, currency exchange rate volatility and managing multi-year income streams. Understanding these challenges, we have developed and implemented comprehensive risk management strategies to ensure our financial stability and programme sustainability.

The root causes of these risks are multifaceted. The global economic environment is inherently volatile, influenced by political events, economic policies and unforeseen crises such as pandemics. These factors can cause significant fluctuations in financial markets, affecting our investments and income streams. Additionally, our international operations involve multiple currencies, making us vulnerable to exchange rate volatility.

In Nigeria, specifically, we have witnessed a sharp depreciation of the Naira against major currencies since June 2023, coupled with rising inflation. This has directly impacted the income

from projects earned in Naira, resulting in lower income when converted to GBP, our reporting currency. Despite these challenges, there has been no reduction in the services delivered.

Moreover, programmes such as SMC require multi-year funding commitments, necessitating precise financial planning and resource allocation amidst changing circumstances.

To mitigate these risks, we have established several key strategies. First, maintaining a reserve fund is crucial. This reserve acts as a financial buffer, allowing us to manage uncertainties and continue our operations smoothly even during financial disruptions. By setting ambitious reserve targets and exploring additional investment opportunities, we aim to enhance our financial resilience further.

Proactive cash and resource management is another vital strategy. We maintain cash balances in multiple currencies to mitigate the impact of adverse exchange rate movements. By continuously refining our currency risk management strategies, we are better prepared to anticipate and respond to exchange rate fluctuations.

Managing multi-year income streams, particularly for SMC, requires stringent financial planning and monitoring processes. Regular reviews and adjustments ensure that funds are utilised efficiently and align with the long-term goals of our programmes. Developing comprehensive financial models that incorporate various scenarios and potential risks will allow for more accurate forecasting and resource allocation, ensuring sustained programme impact.

Delivering programmes at scale requires processing payments to large numbers of implementers who are typically not directly employed by Malaria Consortium. To ensure transparency and accountability of those payments, Malaria Consortium uses cashless payment methods wherever possible, either via bank transfer or via mobile money. Managing those payment processes requires substantial resources, for example in terms of negotiating with service providers and verifying justification documents such as attendance lists. On occasion, this has resulted in delayed programme implementation. Malaria Consortium will continue to strengthen our

cashless payment procedures, favouring bank payments where possible.

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

### Strengthening risk management

Malaria Consortium has grown significantly over recent years, which has necessitated the establishment of a dedicated function to strengthen risk management and oversee the continual improvement of processes, systems and tools. The role of Risk Manager has been appointed to lead this work.

A priority for 2024 is to develop an integrated risk management system that encompasses clear roles, responsibilities and accountability mechanisms. This system will facilitate effective decision-making, promote a culture of risk awareness and, importantly, enhance our monitoring of risks across all levels of the organisation.

These enhancements will be critical in promoting greater resilience, agility and

adaptability as we navigate uncertainties in the operating environment, and as we prepare for our next strategy period in pursuit of achieving our strategic goals.

# Statement of Trustees' 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 which give a true and fair view of the state of affairs of the charitable company and of 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 then apply them consistently
- observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice 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.

The Trustees' Annual Report, including the Strategic Report, is approved by the Trustees and signed on their behalf by:

A handwritten signature in black ink, appearing to read 'W. Mbacham', is written over a horizontal line. The signature is fluid and cursive.

Wilfred Mbacham  
Chair  
30<sup>th</sup> July 2024

# 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 2024 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 2024 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 as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable 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.



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

01 August 2024

# Consolidated Statement of Financial Activities

Including income and expenditure account

	Note	GROUP 2024			GROUP 2023	
		Restricted funds		Unrestricted	Total	
		SMC £000s	Other £000s	Funds £000s	Funds £000s	
<b>Income from:</b>						
Donations and Legacies	2a			8,856	8,856	950
Donated Services	2b	-	-	35	35	4
Charitable activities	2c	46,992	22,546	7,604	77,142	99,426
Investments		-	-	2,535	2,535	300
Other		-	-	24	24	25
<b>Total Income</b>		<b>46,992</b>	<b>22,546</b>	<b>19,054</b>	<b>88,592</b>	<b>100,705</b>
<b>Expenditure on:</b>						
Raising funds		-	-	412	412	410
Charitable activities	3	46,992	22,546	4,140	73,678	94,308
<b>Total Expenditure</b>	7	<b>46,992</b>	<b>22,546</b>	<b>4,552</b>	<b>74,090</b>	<b>94,718</b>
Net income and movement in funds		-	-	14,502	14,502	5,987
<b>Reconciliation of funds</b>						
Total fund brought forward at 1 April		-	-	16,766	16,766	10,779
<b>Total fund balances carried forward at 31 March</b>	<b>8</b>	<b>-</b>	<b>-</b>	<b>31,268</b>	<b>31,268</b>	<b>16,766</b>

All income and expenditure derive from continuing activities during the above two financial periods. Figures for the charity are identical to the figures presented for the group.

# Balance Sheets

As at 31 March 2024

	Note	CHARITY 2024		GROUP 2024	
		2024 £000s	2023 £000s	2024 £000s	2023 £000s
<b>Fixed assets</b>					
Tangible assets	9	464	494	464	494
<b>Total fixed assets</b>		<b>464</b>	<b>494</b>	<b>464</b>	<b>494</b>
<b>Current assets</b>					
Debtors	10	5,150	2,900	5,145	2,823
Short term deposits		139,283	118,601	139,283	118,601
Cash at bank and in hand		51,397	68,069	51,402	68,146
<b>Total current assets</b>		<b>195,830</b>	<b>189,570</b>	<b>195,830</b>	<b>189,570</b>
<b>Current liabilities</b>					
Creditors falling due within one year	11	(162,351)	(170,658)	(162,351)	(170,658)
<b>Net current assets</b>		<b>33,479</b>	<b>18,912</b>	<b>33,479</b>	<b>18,912</b>
<b>Total assets less current liabilities</b>		<b>33,943</b>	<b>19,406</b>	<b>33,943</b>	<b>19,406</b>
<b>Provisions</b>					
Provisions for liabilities	12	(2,675)	(2,640)	(2,675)	(2,640)
<b>Net assets</b>		<b>31,268</b>	<b>16,766</b>	<b>31,268</b>	<b>16,766</b>
<b>Represented by:</b>					
Unrestricted income funds					
General	8	31,268	16,766	31,268	16,766
<b>Total unrestricted funds</b>		<b>31,268</b>	<b>16,766</b>	<b>31,268</b>	<b>16,766</b>
<b>Total funds</b>		<b>31,268</b>	<b>16,766</b>	<b>31,268</b>	<b>16,766</b>

The financial statements on pages 49-51 were approved by the Board, authorised for issue and signed on its behalf by:



Rachel English  
Treasurer  
30<sup>th</sup> July 2024

Company registration number: 04785712

The attached notes on pages 52–66 form an integral part of these financial statements.

# Consolidated Statement of Cash Flows

For the year ended 31 March 2024

		2024 £000s	2023 £000s
<b>Cash flows from Operating Activities</b>	Note		
Cash inflow from operating activities	A	<b>1,407</b>	<b>50,507</b>
<b>Cash flows from Investing Activities</b>			
Interest income		2,535	300
Movement of short term deposit		(20,682)	(118,601)
Purchase of fixed assets		(4)	(1)
<b>Cash used in investing activities</b>		<b>(18,151)</b>	<b>(118,302)</b>
<b>Decrease in cash in the year</b>		<b>(16,744)</b>	<b>(67,795)</b>
Cash at the beginning of the year	B	68,146	135,941
<b>Cash at the end of the year</b>	B	<b>51,402</b>	<b>68,146</b>

## Notes to the Consolidated Statement of Cash Flows for the year ending 31 March 2024

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

	2024 £000s	2023 £000s
Net income for the year	14,502	5,987
Depreciation and amortisation charge	34	50
(Increase) in debtors	(2,322)	(1,584)
(Decrease) increase in creditors	(8,307)	46,364
Increase (decrease) in provisions	35	(10)
Investment income	(2,535)	(300)
<b>Cash inflow from operating activities</b>	<b>1,407</b>	<b>50,507</b>

### B Analysis of changes in net debt

	At 31 March 2024 £000s	At 31 March 2023 £000s
Cash at bank and in hand	51,402	68,146
<b>Total cash</b>	<b>51,402</b>	<b>68,146</b>

Malaria Consortium does not have any borrowings or lease obligations. Net debt consists therefore of the cash at bank and in hand.

# Notes to the financial statements

For the year ended 31 March 2024

## 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.

Our activities during the financial year have been carried out for the public benefit, in accordance with the Charity Commission's guidance.

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, in which case expenditure incurred is deemed to be the most reliable basis for estimating the right to receive payment for the work performed on such funding.

The financial review in the Trustees' Report reviews the finances of the charity for the year ended 31 March 2024 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 2024/25, 2025/26 and 2026/27 has been received in advance from donors. Funds received in advance for restricted activities are retained as deferred income - the total of £145.92m deferred at year end includes £134.70m for seasonal malaria chemoprevention. £190.69m held as cash and short term deposits. 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. No material uncertainties exist.

## 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.

**c 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.

**d 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.

**e 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.

**f 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.

**g 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.

**h 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.

**i 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 three months or less from the date of acquisition or opening of the deposit or similar account. Any cash investment with a maturity date of more than three months but less than a year is classified as a short-term deposit

**j 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.

**k 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.

**l 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.

**m 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.

**n 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

	<b>CHARITY 2024</b>	<b>GROUP 2024</b>	<b>CHARITY 2023</b>	<b>GROUP 2023</b>
<b>Unrestricted Funds</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Other donations	8,856	8,856	950	950
<b>Total</b>	<b>8,856</b>	<b>8,856</b>	<b>950</b>	<b>950</b>

## 2b Donated services

Linklaters in London provided pro-bono legal advice valued at £29,400 (2023: £1,000). Linklaters also provided use of meeting rooms, including catering, valued at £5,235 (2023: £3,000).

## 2c Income from charitable activities

	CHARITY 2024		GROUP 2024		CHARITY 2023		GROUP 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	34,483	-	34,483	-	34,221	-	34,221	-
Silicon Valley Community Foundation	11,829	-	11,829	-	25,485	-	25,485	-
Catholic Relief Services / The Global Fund to Fight AIDS, Tuberculosis and Malaria	7,507	-	7,507	-	11,644	-	11,644	-
Effective Altruism	5,571	-	5,571	-	9,458	-	9,458	-
United Nations Children's Fund (UNICEF)	5,347	-	5,347	-	3,143	-	3,143	-
Malaria Consortium US	3,196	-	3,196	-	890	-	890	-
Bill & Melinda Gates Foundation	1,975	-	1,975	-	4,393	-	4,393	-
Health Pooled Fund	1,215	-	1,215	-	1,746	-	1,746	-
United Nations Office for Project Services (UNOPS) / The Global Fund to Fight AIDS, Tuberculosis and Malaria	907	-	907	-	804	-	804	-
The Global Fund to Fight AIDS, Tuberculosis and Malaria	779	-	779	-	574	-	574	-
The Aids Support Organisation (TASO) Uganda / The Global Fund	776	-	776	-	854	-	854	-
Good Ventures (non-SMC)	649	-	649	-	3,308	-	3,308	-
Medicines for Malaria Venture / Korea International Cooperation Agency (KOICA)	638	-	638	-	570	-	570	-
MCDI / United States Agency for International Development (USAID)	584	-	584	-	270	-	270	-
Fundação Manhiça / Bill & Melinda Gates Foundation	286	-	286	-	322	-	322	-
Foreign, Commonwealth & Development Office (FCDO)	254	-	254	-	152	-	152	-
Ministry of Health Uganda	181	-	181	-	-	-	-	-
United Nations Children's Fund (UNICEF) / The Global Fund to Fight AIDS, Tuberculosis and Malaria	160	-	160	-	141	-	141	-
The Life You Can Save Australia	153	-	153	-	161	-	161	-
Asia Pacific Leaders Malaria Alliance (APLMA)	138	-	138	-	30	-	30	-
PATH / Unitaid	91	-	91	-	39	-	39	-
Reachout / 5% Initiative	55	-	55	-	131	-	131	-
Imperial College / National Institute for Health and Care Research	49	-	49	-	29	-	29	-
New Venture Fund	43	-	43	-	-	-	-	-
HDAMA / Expertise France	35	-	35	-	-	-	-	-
Abt Associates Inc. / USAID	29	-	29	-	1	-	1	-
Leeds University / UK Research and Innovation	25	-	25	-	57	-	57	-
University of Ghana	7	-	7	-	-	-	-	-
James Percy Foundation	-	-	-	-	139	-	139	-
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	-	-	-	-	116	-	116	-
University of California San Francisco / Bill & Melinda Gates Foundation	-	-	-	-	51	-	51	-
The Task Force for Global Health / Bill & Melinda Gates Foundation	-	-	-	-	35	-	35	-
Health Forefront Organization / University of California San Francisco	-	-	-	-	34	-	34	-
Norwegian Research	-	-	-	-	5	-	5	-
SMC Donors of less than £100,000 each	142	-	142	-	131	-	131	-
Grants and Contracts for projects of less than £100,000 each	4	35	4	35	4	-	4	-
Unrealised foreign exchange gains	-	-	-	-	-	488	-	488
Transfer to unrestricted SMC	(5,497)	5,497	(5,497)	5,497	(7,819)	7,819	(7,819)	7,819
Transfer to unrestricted Other	(2,072)	2,072	(2,072)	2,072	(1,274)	1,274	(1,274)	1,274
<b>Total income from charitable activities</b>	<b>69,539</b>	<b>7,604</b>	<b>69,539</b>	<b>7,604</b>	<b>89,845</b>	<b>9,581</b>	<b>89,845</b>	<b>9,581</b>

### 3 Details of charitable activities

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

	CHARITY 2024				GROUP 2024				CHARITY 2023				GROUP 2023			
	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2024 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2024 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	54,165	4,633	3,500	62,298	54,165	4,633	3,500	62,298	75,312	4,566	3,969	83,847	75,312	4,566	3,969	83,847
Universal Health Coverage	5,165	-	308	5,473	5,165	-	308	5,473	4,395	41	220	4,656	4,395	41	220	4,656
Strengthening digital solutions	1,750	-	104	1,854	1,750	-	104	1,854	3,210	-	159	3,369	3,210	-	159	3,369
Research projects and Influencing policy	3,564	261	228	4,053	3,564	261	228	4,053	2,321	-	115	2,436	2,321	-	115	2,436
<b>Total spent — charitable activities</b>	<b>64,644</b>	<b>4,894</b>	<b>4,140</b>	<b>73,678</b>	<b>64,644</b>	<b>4,894</b>	<b>4,140</b>	<b>73,678</b>	<b>85,238</b>	<b>4,607</b>	<b>4,463</b>	<b>94,308</b>	<b>85,238</b>	<b>4,607</b>	<b>4,463</b>	<b>94,308</b>

	CHARITY 2024				GROUP 2024				CHARITY 2023				GROUP 2023			
	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2024 total £000s	Operational programmes £000s	Grants to partners £000s	Support costs £000s	2024 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	1,334	3,070	262	4,666	1,334	3,070	262	4,666	1,322	3,028	216	4,566	1,322	3,028	216	4,566
Chad	1,085	1,026	126	2,237	1,085	1,026	126	2,237	1,712	977	134	2,823	1,712	977	134	2,823
Ethiopia	481	-	29	510	481	-	29	510	418	-	21	439	418	-	21	439
Mozambique	8,810	-	525	9,335	8,810	-	525	9,335	7,104	80	357	7,541	7,104	80	357	7,541
Nigeria	23,251	-	1,385	24,636	23,251	-	1,385	24,636	36,109	41	1,795	37,945	36,109	41	1,795	37,945
South Sudan	5,320	-	317	5,637	5,320	-	317	5,637	4,994	-	248	5,242	4,994	-	248	5,242
Togo	462	537	59	1,058	462	537	59	1,058	639	481	56	1,176	639	481	56	1,176
Uganda	4,885	261	306	5,452	4,885	261	306	5,452	4,103	-	204	4,307	4,103	-	204	4,307
Africa multi-country	17,204	-	1,024	18,228	17,204	-	1,024	18,228	27,590	-	1,371	28,961	27,590	-	1,371	28,961
Cambodia	879	-	52	931	879	-	52	931	796	-	40	836	796	-	40	836
Myanmar	33	-	2	35	33	-	2	35	61	-	3	64	61	-	3	64
Asia multi-country	121	-	7	128	121	-	7	128	67	-	3	70	67	-	3	70
United Kingdom	779	-	46	825	779	-	46	825	323	-	15	338	323	-	15	338
<b>Total spent — charitable activities</b>	<b>64,644</b>	<b>4,894</b>	<b>4,140</b>	<b>73,678</b>	<b>64,644</b>	<b>4,894</b>	<b>4,140</b>	<b>73,678</b>	<b>85,238</b>	<b>4,607</b>	<b>4,463</b>	<b>94,308</b>	<b>85,238</b>	<b>4,607</b>	<b>4,463</b>	<b>94,308</b>

## 4 Support costs

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

	CHARITY 2024 total £000s	GROUP 2024 total £000s	CHARITY 2023 total £000s	GROUP 2023 total £000s
Communications	480	480	416	416
Finance	614	614	390	390
Human Resources	656	656	607	607
Information Technology	232	232	216	216
Management	532	532	357	357
Programme Support	2,904	2,904	2,653	2,653
Governance	178	178	132	132
Foreign Exchange Gain	(1,456)	(1,456)	(307)	(307)
	<b>4,140</b>	<b>4,140</b>	<b>4,464</b>	<b>4,464</b>

## 5 Personnel and staff costs

Average number	CHARITY 2024			GROUP 2024			CHARITY 2023			GROUP 2023		
	UK	Overseas	Total	UK	Overseas	Total	UK	Overseas	Total	UK	Overseas	Total
Project and technical staff	24	173	197	24	410	434	24	180	204	24	439	463
Operations and logistics staff	1	61	62	1	101	101	1	60	61	1	96	97
Management, finance and administration staff	40	34	74	40	49	89	37	30	67	37	44	81
	<b>65</b>	<b>268</b>	<b>333</b>	<b>65</b>	<b>560</b>	<b>624</b>	<b>62</b>	<b>270</b>	<b>332</b>	<b>62</b>	<b>579</b>	<b>641</b>

	CHARITY 2024 total £000s	GROUP 2024 total £000s	CHARITY 2023 total £000s £000s	GROUP 2023 total £000s £000s
Aggregate costs				
Fees, salaries and agency staff costs	10,710	13,012	9,801	13,736
Social security costs	477	1,070	425	1,437
Pension contributions	280	654	237	961
Overseas staff allowances	299	299	298	298
	<b>11,766</b>	<b>15,035</b>	<b>10,761</b>	<b>16,432</b>

## 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:

	<b>CHARITY 2024 number</b>	<b>GROUP 2024 number</b>	<b>CHARITY 2023 total number</b>	<b>GROUP 2023 total number</b>
£60,001 - £70,000	11	11	13	13
£70,001 - £80,000	9	9	6	6
£80,001 - £90,000	4	4	6	6
£90,001 - £100,000	3	3	5	5
£100,001 - £110,000	1	1	0	0
£110,001 - £120,000	0	0	1	1
£120,001 - £130,000	2	2	1	1

During the year, pension costs on behalf of these employees amounted to £101,941 (2023: £76,252).

The total remuneration of 10 key management personnel, including employer national insurance and pension contributions, was £825,126 (2023: £751,038).

The salary of the Chief Executive was £129,600 (2023: The outgoing Chief Executive received salary payments of £79,720 for the period April to November 2022. 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 Technical Director, and did so until September 2023, when the new Technical Director took up the post full-time).

The Chief Executive received pension contributions of £9,266 (2023: The outgoing Chief Executive did not receive any pension contributions. The new Chief Executive received pension contributions of £2,516 for the period November 2022 to March 2023).

## 6 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.

## 7 Expenditure

The expenditure figures are stated after charging:

	<b>CHARITY 2024</b>	<b>GROUP 2024</b>	<b>CHARITY 2023</b>	<b>GROUP 2023</b>
Operating lease rentals	535	535	502	502
Depreciation	34	34	50	50
Auditors' remuneration:	95	98	91	105
Trustees' reimbursed expenses	5	5	3	3

Auditors' remuneration is further detailed as follows:

<b>Auditors</b>	<b>Country</b>	<b>Statutory audit 2024</b>	<b>Other audit services 2024</b>	<b>Total 2024</b>	<b>Statutory audit 2023</b>	<b>Other audit services 2023</b>	<b>Total 2023</b>
Buzzacott	UK	70	-	70	73	-	73
Sam Bisase & Co	Uganda	-	11	11	-	5	5
BDO	Cambodia	-	5	5	-	8	8
Crystal & Co. Certified Accountants	South Sudan	-	4	4	-	4	4
KPMG	Uganda	-	4	4	-	-	-
PKF	Nigeria	-	3	3	-	8	8
Mekonnen G. Audit Service	Ethiopia	-	1	1	-	1	1
Jackson, Etti & Edu	Nigeria	-	-	-	-	6	6
<b>Total Audit Fees (including VAT)</b>		<b>70</b>	<b>28</b>	<b>98</b>	<b>73</b>	<b>32</b>	<b>105</b>

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 the year (2023: 0). Three trustees were reimbursed costs of £4,913 during the year (2023: three trustees were reimbursed £2,846).

## 8 Statement of funds

	CHARITY					GROUP				
	As at 31 March 2023 £000s	Total income	Total Expenditure	Inter-fund transfers	As at 31 March 2024 £000s	As at 31 March 2023 £000s	Total income	Total Expenditure	Inter-fund transfers	As at 31 March 2024 £000s
<b>Restricted Funds</b>										
Seasonal Malaria Chemoprevention (SMC)	-	46,992	(46,992)	-	-	-	47,747	(47,747)	-	-
Other	-	22,546	(22,546)	-	-	-	22,607	(22,607)	-	-
<b>Total Restricted Funds</b>	-	<b>69,538</b>	<b>(69,538)</b>	-	-	-	<b>70,354</b>	<b>(70,354)</b>	-	-
<b>Total Unrestricted Funds</b>										
Free reserves	16,766	19,054	(4,552)	-	31,268	16,766	18,238	(3,736)	-	31,268
<b>Total Unrestricted Funds</b>	<b>16,766</b>	<b>19,054</b>	<b>(4,552)</b>	-	<b>31,268</b>	<b>16,766</b>	<b>18,238</b>	<b>(3,736)</b>	-	<b>31,268</b>
<b>Total Funds</b>	<b>16,766</b>	<b>88,592</b>	<b>(74,090)</b>	-	<b>31,268</b>	<b>16,766</b>	<b>88,592</b>	<b>(74,090)</b>	-	<b>31,268</b>

Restricted Funds	CHARITY				
	As at 31 March 2023 £000s	Total income £000s	Total Expenditure £000s	Inter-fund transfers £000s	As at 31 December 2023 £000s
Philanthropic SMC	-	46,222	(46,222)	-	-
Global Fund NFM3	-	7,044	(7,044)	-	-
UNICEF LLIN SS	-	2,591	(2,591)	-	-
SMC BMGF Phase 2 - MZ & UG	-	1,130	(1,130)	-	-
MC US SMC Staff Cost Support	-	1,188	(1,188)	-	-
Lot16-Essential Health Care Serv-Awei	-	1,134	(1,134)	-	-
Institutionalising upSCALE UNICEF	-	875	(875)	-	-
MC US Inc Funded SMC	-	770	(770)	-	-
TASO Supporting Uganda's Malaria Reducti	-	763	(763)	-	-
Long Covid Research MCUS	-	642	(642)	-	-
KOICA SMC Impact	-	565	(565)	-	-
UNICEF COVID-19 CERHSP - Lot 5	-	530	(530)	-	-
Implementation of RAI2E	-	519	(519)	-	-
MCAPS	-	497	(497)	-	-
SMC GW Rapid Assessment	-	418	(418)	-	-
IPTi Effect	-	459	(459)	-	-
Ondo Net Campaign M&E	-	365	(365)	-	-
Rai3e Regional	-	334	(334)	-	-
ICCM Buikwe mHealth UG	-	315	(315)	-	-
Catalyzing Community Health in Uganda	-	298	(298)	-	-
Cold Chain Activities to Malaria Service	-	265	(265)	-	-
LLIN ITN Campaign	-	235	(235)	-	-
GenMoz BMGF	-	244	(244)	-	-
RAFT LSHTM UK	-	241	(241)	-	-
Value Chain Analysis	-	182	(182)	-	-
Global Fund GC7	-	170	(170)	-	-
BHI Scale up in Northern Bahr El Ghazal	-	154	(154)	-	-
MERG	-	151	(151)	-	-
IPTsc Burkina Faso MC US	-	142	(142)	-	-
Happy Feet	-	124	(124)	-	-
VCWG APMEN	-	121	(121)	-	-
Emergency response to Malaria Services	-	109	(109)	-	-
UNICEF WHO Polio campaign	-	108	(108)	-	-
Severe Malaria Kano MCUS	-	94	(94)	-	-
PATH Pneumonia Research	-	78	(78)	-	-
BHI optimal digital health	-	66	(66)	-	-
5% Initiative Cameroon	-	51	(51)	-	-
XX	-	45	(45)	-	-
Pneumonia Strategy MCUS	-	39	(39)	-	-
SUPAAT	-	36	(36)	-	-
Costar	-	34	(34)	-	-
UNICEF Sustaining MNEPCP	-	33	(33)	-	-
SENNAY	-	32	(32)	-	-
NIHR Digital Diagnostics Imperial Colleg	-	31	(31)	-	-
MC US - Cervical cancer	-	26	(26)	-	-
Vector Control IDIQ	-	27	(27)	-	-
Planning grant to expand REACH in Nigeria	-	24	(24)	-	-
FORECAST	-	12	(12)	-	-
WAMCAD	-	6	(6)	-	-
PMI Evolve	-	1	(1)	-	-
SNT Kano (Sub-National Tailoring)	-	1	(1)	-	-
<b>Total restricted funds</b>	-	<b>69,541</b>	<b>(69,541)</b>	-	-
<b>Unrestricted funds - Free reserves</b>	<b>16,766</b>	<b>19,054</b>	<b>(4,552)</b>	-	<b>31,268</b>
<b>Total Funds</b>	<b>16,766</b>	<b>88,595</b>	<b>(74,093)</b>	-	<b>31,268</b>

## 9 Fixed assets

Cost	Intangible Assets			Tangible Assets		
	Software Applications	Leasehold Land & Buildings	Office Equipment	Furniture & Fixtures	Motor Vehicles	Total
At 31 March 2023	171	542	103	10	739	1,394
Additions	-	-	4	-	-	4
<b>At 31 March 2024</b>	<b>171</b>	<b>542</b>	<b>107</b>	<b>10</b>	<b>739</b>	<b>1,398</b>
<b>Depreciation</b>						
At 31 March 2023	(171)	(104)	(103)	(10)	(683)	(900)
Charge for the period	-	(8)	-	-	(26)	(34)
<b>At 31 March 2024</b>	<b>(171)</b>	<b>(112)</b>	<b>(103)</b>	<b>(10)</b>	<b>(709)</b>	<b>(934)</b>
<b>At 31 March 2024</b>	<b>-</b>	<b>430</b>	<b>4</b>	<b>-</b>	<b>30</b>	<b>464</b>
<b>At 31 March 2023</b>	<b>-</b>	<b>438</b>	<b>-</b>	<b>-</b>	<b>56</b>	<b>494</b>

## 10 Debtors

	CHARITY 2024 £000s	GROUP 2024 £000s	CHARITY 2023 £000s	GROUP 2023 £000s
Amounts due from donors	762	762	475	475
Accrued income	4,060	4,055	2,093	2,016
Prepayments	328	328	332	332
	<b>5,150</b>	<b>5,145</b>	<b>2,900</b>	<b>2,823</b>

## 11 Creditors

	CHARITY 2024 £000s	GROUP 2024 £000s	CHARITY 2023 £000s	GROUP 2023 £000s
<b>Creditors: amounts falling due within one year</b>				
Trade creditors	1,152	1,152	13,577	13,577
Other creditors	550	550	484	484
Taxation and social security	665	665	630	630
Accruals	14,062	14,062	1,209	1,209
Deferred Income (note 13)	145,922	145,922	154,758	154,758
	<b>162,351</b>	<b>162,351</b>	<b>170,658</b>	<b>170,658</b>

Pension contributions were made during the year to defined contribution schemes in Ethiopia, Nigeria, South Sudan, Uganda, and the UK. As at 31 March 2024, there were £109k (2023: £135k) of outstanding contributions to such schemes, that are included in Other Creditors above.

## 12 Provisions for liabilities

	2024					2023
	Programme £000s	Overseas tax £000s	Staff costs £000s	Grants £000s	Total £000s	Total £000s
At the beginning of the year	753	90	551	1,246	2,640	2,650
Utilised during the year	-	-	-	-	-	(7)
Charged to the SoFA for the year	(22)	-	25	32	35	(3)
<b>As at 31 March 2024</b>	<b>731</b>	<b>90</b>	<b>576</b>	<b>1,278</b>	<b>2,675</b>	<b>2,640</b>

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:

	2024 £000s	2023 £000s
Deferred income at 1 April 2023	154,758	117,077
Income deferred in the year	63,360	66,536
Amounts deferred from previous years and released in the year	(72,196)	(28,855)
<b>Deferred income at 31 March 2024</b>	<b>145,922</b>	<b>154,758</b>

## 14 Operating lease commitments - land and buildings

The amount payable on leases:	2024 £000s	2023 £000s
Within 1 year	391	433
More than 1 year and less than 5 years	55	76
	<b>446</b>	<b>509</b>

## 15 Analysis of net assets between funds

	Restricted funds 2024 £000s	Unrestricted funds 2024 £000s	Total funds 2024 £000s	Restricted funds 2023 £000s	Unrestricted funds 2023 £000s	Total funds 2023 £000s
Fixed Assets	-	464	464	-	494	494
Net Current assets less provisions	-	30,804	30,804	-	16,272	16,272
	-	<b>31,268</b>	<b>31,268</b>	-	<b>16,766</b>	<b>16,766</b>

## 16 Related parties

Malaria Consortium has a 100% interest in Malaria & Public Health Nigeria Limited, a company registered in Nigeria. Malaria & Public Health Nigeria Limited has net liabilities of £3k at 31 March 2024 (2023: net assets of £260) and had expenditure of £3.7 million in the financial year (2023: £5.9m).

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 2023/24

Entity	Related Parties (Trustees)	Description	Expenditure GBP
London School Hygiene and Tropical Medicine (LSHTM)	Wilfred Mbacham is an employee of LSHTM.	Training	3,000
		Tuition fee	10,070
		SP-IPTi services provided in selected implementation arms of study sites Nigeria - SP resistance monitoring	15,038

### 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

### Malaria & Public Health Nigeria Limited Statement of financial position as at 31 March 2024

	2024 £	2023 £
<b>Assets</b>		
<b>Current assets</b>		
Receivables	34,122	65,825
Bank balances	4,940	77,213
<b>Total assets</b>	<b>39,062</b>	<b>143,038</b>
<b>Current liabilities</b>		
Payables	42,276	142,778
<b>Total liabilities</b>	<b>42,276</b>	<b>142,778</b>
<b>Net assets</b>	<b>(3,214)</b>	<b>260</b>
<b>Fund balance</b>		
Accumulated fund	(3,214)	260

malaria  
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