

**IMPROVING HEALTH
UNLOCKING POTENTIAL**



SCI Foundation

**Annual Report and Financial Statements for
the year ending 31 March 2021**

THURSDAY



AAGJ1JUH

A06

04/11/2021

#40

COMPANIES HOUSE

Contents

List of acronyms	3
Foreword by the Chair of the Board of Trustees	4
Report of the Trustees.....	5
Our purposes and activities	5
Public Benefit Statement	9
Grant Making Policy	9
Achievements and Performance.....	10
Plans for Future Period	21
Financial Review	24
Reserves Policy.....	27
Investment Policy	28
Principal Risks and Uncertainties	29
Structure, Governance and Management	31
Trustees' responsibilities in relation to the financial statements	33
Reference and Administration Details	34
Independent Auditor's Report to the members of SCI Foundation.....	35
Statement of Financial Activities (incorporating an income and expenditure account)	39
Balance Sheet.....	40
Notes to the financial statements	42

List of acronyms

Ascend	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
BCC	Behaviour change communications
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease
FGS	Female Genital Schistosomiasis
GSA	Global Schistosomiasis Alliance
MDA	Mass Drug Administration
MoH	Ministry/ies of Health
MORBID	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
NNN	NTDs non-governmental organisations network
NTDs	Neglected Tropical Diseases
PPE	Personal protective equipment
PZQ	Praziquantel
RAMA	Risk assessment and mitigation action
SCIF	SCI Foundation
SCH	Schistosomiasis
SMT	Senior Management Team
SOP	Standard operating procedures
STH	Soil-transmitted helminthiasis
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Foreword by the Chair of the Board of Trustees



The past year has been a challenging one for SCI Foundation, as can be anticipated, with the ongoing COVID-19 pandemic affecting every aspect of life of the communities whose needs we aim to serve, our government partners, and our own staff and operations. Nonetheless, it has been a year in which, despite the many challenges, important successes have been achieved.

The impact of the pandemic on our work was felt immediately as the previous financial year drew to a close, with the World Health Organization requiring a suspension of all mass-drug administration and survey activities in-country. SCIF joined our partners to help define new risk assessment and mitigation tools, as well as reinforced standard operating procedures, to enable programmes to re-start without risking the health of community members and frontline health staff. Based on this work, activities resumed in July 2020, allowing a delivery of 62% of the treatments that were originally planned for this

financial year. This has brought the total of treatments delivered with support from SCIF to 300 million since 2010 – a testament to the commitment and resilience of our Ministry of Health partners, who have continued on their mission under the most challenging conditions.

More encouraging news came in January 2021 with the launch of the new **WHO 10-year road map on Neglected Tropical Diseases**, with its new focus on eliminating schistosomiasis, as well as important shifts towards increased accountability, cross-sector action, health systems strengthening and country ownership. Sincere congratulations are due to Dr Malacela Director of the WHO NTD department and observer to the SCI Foundation Board on the achievement of the visionary roadmap. With its operational model that places partnership with Ministries of Health at the heart of its mission, SCIF is committed to helping fulfil the vision of the road map. This year saw the organisation support WHO to develop two 'companion documents' to the road map, on water, sanitation and hygiene (WASH) and on One Health – work that will continue for the next decade in line with the sustainable development agenda.

The challenges we face and those that are yet to come on the way to achieving a world free of preventable diseases are significant, but I am encouraged by the direction we have set ourselves for the next financial year. The widespread cuts to the UK Government's Overseas Development Aid, announced in April 2021, are of particular concern. However, we will be viewing these challenges as opportunities for new thinking to drive our resource mobilisation agenda and our communications work. Importantly, we will seek to continue and broaden our engagement within the broader global health community, to generate further support to resilient health systems. I am confident SCI Foundation is well on its way to delivering this ambitious agenda.

A handwritten signature in black ink, appearing to read "Trees".

Lord Trees of The Ross
Chair of the Board of Trustees

Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of the SCI Foundation (SCIF) for the year ended 31 March 2021. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 40 to 45 of the attached notes to the financial statements and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Our purposes and activities

SCI Foundation purpose

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

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

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.

Drug	Schistosomiasis (SCH)	Soil-transmitted helminths (STH)	Lymphatic Filariasis (LF)
<i>Pre-SAC</i>	Paediatric praziquantel <i>in development</i>	Not supported by SCIF	-
<i>School-aged Children (SAC)</i>	Praziquantel (PZQ)	Albendazole/Mebendazole	Ivermectin and Albendazole
<i>Adults</i>	Praziquantel (PZQ)	Albendazole/Mebendazole (where indicated)	Ivermectin and Albendazole

Table 1 : Drugs treatments and target age groups for Schistosomiasis and Soil-transmitted helminths

Our Goals

Our vision is a world free of preventable disease, in which everyone everywhere can reach their full potential

- **Goal 1:** Those affected by parasitic worm infections receive treatment and care.
- **Goal 2:** Communities change their behaviours to reduce the risk of infection.
- **Goal 3:** Environmental changes are put in place to reduce the transmission of infection.
- **Goal 4:** Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.
- **Goal 5:** All resources – economic and human – are effectively and sustainably managed.

Our Approach

We are experts at supporting national governments in sub-Saharan Africa to deliver cost effective and impactful health programmes. We help to create a world that is free from preventable disease.

1. **Partnerships:** We are collaborative, promoting inclusion and synergy. We act as catalysts in the creation of successful cross-sectoral partnerships that generate the greatest impact on disease transmission. We have put in place a model of technical and financial support to Ministries of Health to implement programmes in line with their own strategies and plans, to enhance sustainability, and strengthen health systems.
2. **Operational Excellence and Innovation:** We are agile, adapting to changing local and global environments. We aim to constantly improve and innovate, to ensure that we optimise our efforts and use resources most cost-effectively.
3. **Sustainability:** We ensure that our work is sustainable and supports broader development. We support governments to strengthen systems and processes, so that they are dynamic, responsive and deliver results. We implement a holistic approach to tackle parasitic worm infections: reducing infections through increased access to cost-effective treatment; supporting environmental and behavioural interventions through multi-sector collaboration; enhancing knowledge and capacity on treatment of severe morbidities; and investing in research and evidence.

4. **Evidence-based:** We generate evidence to inform decisions and guide our work. We improve processes and develop preferred practices for global health policy. We share knowledge to ensure that everyone can benefit from improved health.

Our Values

We are a team of people passionate about creating a world free of preventable disease.

Everyone that works at the SCI Foundation, as well as our partners and supporters, shares these same values and beliefs:

1. **Equality:** We are a small and dynamic team in which every staff member's contribution is crucial and equally valued.
2. **Inclusion:** We are working towards a fairer world where no-one is left behind.
3. **Transparency:** We believe that openness and transparency create trust and a culture of continuous improvement.

Our 3-year priorities

Over the next three years, we will continue to work within our four defined goals, while enhancing our scope and quality of the activities under each. To achieve this, we have defined the following change objectives:

Goal 1:

- Policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases.
- Evidence on best practice for country-led programme delivery is generated.
- The sustained impact of public health programmes on parasitic worm infections and child health is effectively demonstrated.
- The delivery of programmes by national authorities is supported effectively.
- Programme delivery is optimised through implementation and refinement of available evidence-based tools and processes.

Goal 2:

- Evidence-based behaviour change strategies for disease prevention are effectively supported and implemented by national authorities.

Goal 3:

- National programmes are supported to plan and implement environmental strategies for effective and sustained elimination of preventable diseases.
- Control and elimination strategies for preventable infectious diseases are developed and implemented by national authorities in collaboration with the veterinary public health sector.

Goal 4:

- Services for the control and elimination of parasitic worm infections are accessed equally by all those at risk.
- Evidence on inclusion of morbidity management in programming and health service delivery is generated and used effectively for policy influencing and advocacy.
- Morbidity management of the effects of parasitic worm infections is effectively embedded in health services.

Goal 5:

- Increase SCIFs capacity for **sustainable resource mobilisation** to support all strategic goals.
- Develop a **positive, diverse and impactful values-based organisation** where all team members can contribute their best work.
- Invest in **strategic, high-impact communications** for advocacy, public engagement, and fundraising under a new brand.

Public Benefit Statement

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit in reporting on the Charity's Achievements, Performance and Future Plans.

Grant Making Policy

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

Achievements and Performance

Goal 1: Those affected by parasitic worm infections receive treatment and care.

Key Achievements:

- Supported the Ministry of Health (MoH) in eleven countries to deliver over 50 million* treatments for NTDs (Table 2) despite interruptions and delays due to the COVID-19 pandemic (Figure 1). On 1st April 2020, the World Health Organization (WHO) issued interim guidance to postpone until further notice mass treatment campaigns and community-based surveys¹. Considerations for restarting NTD activities in the context of COVID-19 guidance were further issued by WHO on 27th July 2020 to support governments wishing to recommence implementation, which allowed programmes to safely restart with appropriate mitigation measures in place:
 - Burundi, Cote d'Ivoire, Ethiopia, Madagascar and Malawi completed their planned mass drug administrations (MDA), distributing over 34 million treatments to children and adults.
 - DRC and Tanzania completed their interrupted MDAs which had been ongoing when COVID-19 restrictions were imposed, delivering a further 5.8 million treatments.
 - Mauritania, Niger, Uganda and Zanzibar undertook their postponed MDAs from the previous year delivering over 12.9 million treatments.

Drug	Praziquantel	Albendazole/Mebendazole	Ivermectin
Burundi	SAC	SAC & Adults	
Cote d'Ivoire	SAC & Adults	SAC	
DRC	SAC	SAC & Adults	
Ethiopia	-	SAC	
Madagascar	SAC	SAC	SAC & Adults
Mauritania	SAC	SAC	
Malawi	SAC & Adults	-	
Niger	SAC & Adults	SAC & Adults	
Tanzania	SAC	SAC	
Uganda	SAC	-	
Zanzibar	SAC & Adults	SAC & Adults	SAC & Adults

Table 2: Treatments and target age groups of NTD programmes in countries supported by SCI Foundation.

* Final numbers to be confirmed from Malawi and Zanzibar.¹

https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/

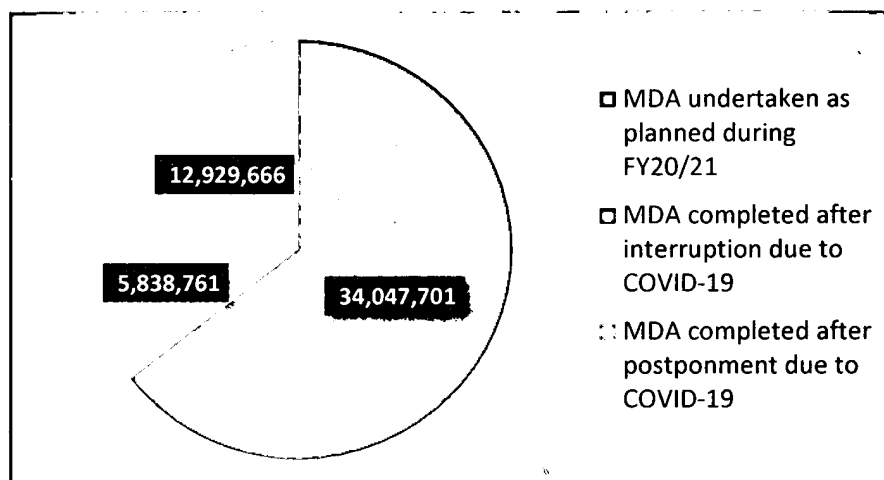


Figure 1: Treatments delivered by MoH utilising support from SCIF, either wholly or in a cost-share capacity with other NTD partners. Note treatment numbers are provisional and will be updated pending final confirmation from the MoHs in Malawi and Zanzibar where figures are still being finalised.

- Of the eleven supported countries, six reached all the districts (or equivalent administration units) with treatment as planned despite COVID-19 restrictions. Ethiopia's MDA had been interrupted during March 2020 and could not be completed due to the outbreak of civil unrest in the Tigray region; however, the 2nd planned MDA for soil-transmitted helminths (STH) could proceed as planned later in 2020. Madagascar implemented MDA across two phases to account for the evolving COVID-19 situation and to integrate treatment for lymphatic filariasis as the first triple drug administration in the country. Malawi did not intend to treat for STH due to a lack of albendazole; however, 12 districts with sufficient stock did administer it alongside praziquantel. Niger's MoH chose to treat only for schistosomiasis (SCH) when the postponed MDA was could safely restart to ensure quantities of praziquantel set to expire across June-Sept 2020 were prioritised for distribution.

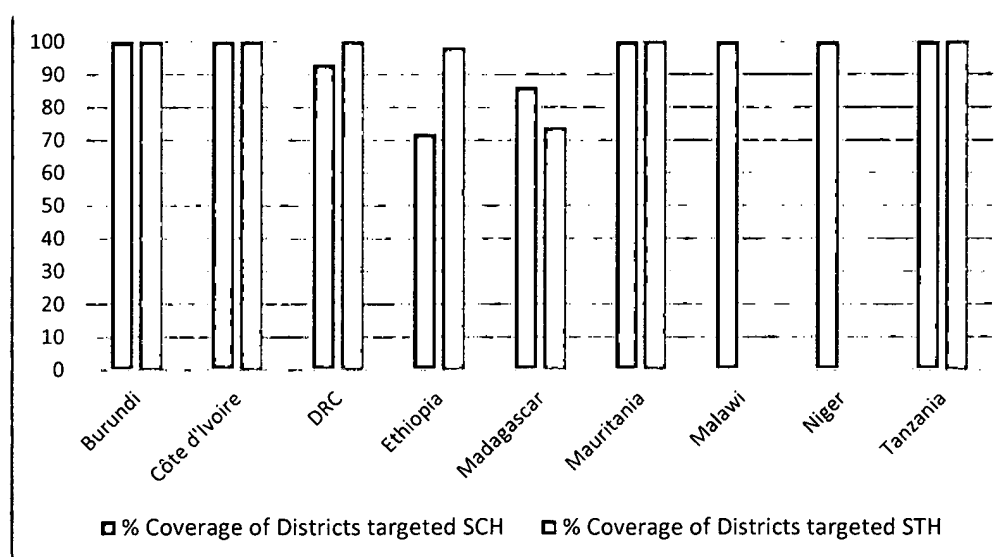


Figure 2: Geographic coverage of supported MDAs. Bars denote the percentage of districts reached during planned MDAs against number targeted. Note that Malawi did not intend to treat for soil-transmitted helminths (STH) however 12 districts had existing Albendazole stock which were distributed alongside praziquantel.

- Supported the training of at least 282,622 community drug distributors, health workers, teachers, community mobilisers and supervisors involved in drug distribution campaigns (figure 3).

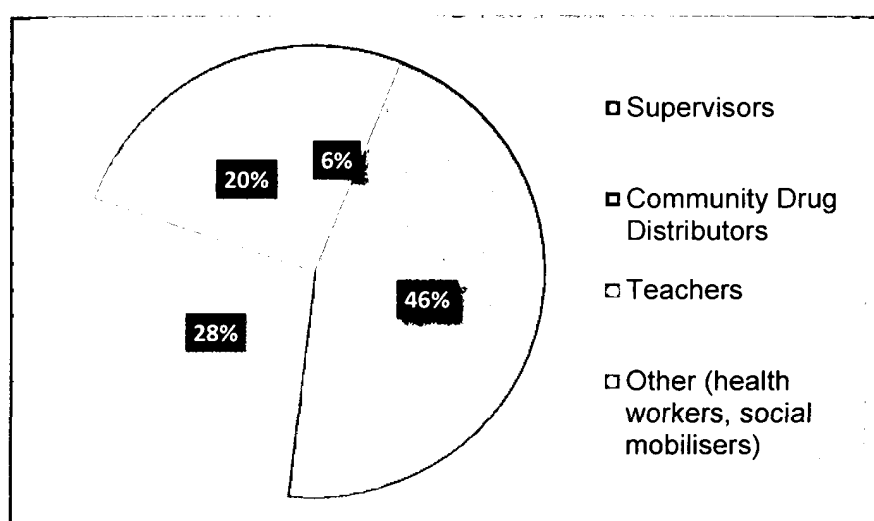


Figure 3: Individuals trained to participate in treatment campaigns across ten countries receiving SCIF support (overall 282,622). Note that no additional training was required in DRC where MDA has been interrupted due to COVID-19, with treatment continuing with mitigation in place.

- Working in partnership with colleagues from Sightsavers, the Liverpool School of Tropical Medicine (LSTM) and Mott McDonald, developed a risk assessment and mitigation action (RAMA) tool and accompanying procedure to support government decision making when determining if appropriate to restart activity in the context of COVID-19. RAMA has been adopted by all countries supported by SCIF and beyond.
- Supported the MoH across all countries in the development of comprehensive Standard Operating Procedures (SOPs) for MDAs and surveys to include risk mitigation actions for COVID-19, including adapted training, drug delivery and data collection strategies, and provision and guidance on the use of personal protective equipment (PPE) where required.
- Generated data on quality and performance of programmes: SCIF supported five country partners to conduct coverage evaluation surveys in Burundi, Uganda, Madagascar, Malawi and Niger and supported the planning in a sixth, Mauritania (data collection was delayed to 21/22 due to the pandemic). Analysis for these surveys is ongoing and will determine if the WHO threshold for treatment coverage of 75% has been achieved in the survey districts.
- Conducted four epidemiological surveys in Burundi (reassessment), Uganda (reassessment), Ethiopia (reassessment), and Zanzibar (mapping). Analysis is ongoing and we anticipate

these surveys will continue to demonstrate sustained changes in prevalence and intensity of SCH and STH infections over time. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other interventions. An illustration of this can be seen in Figure 4 where, in this last year, data from three phases of reassessment in Malawi (2017 – 2019) have been analysed together and maps created to highlight changes in prevalence over time due to the impact of preventive chemotherapy and used to determine revised treatment strategies within each implementation unit (district).

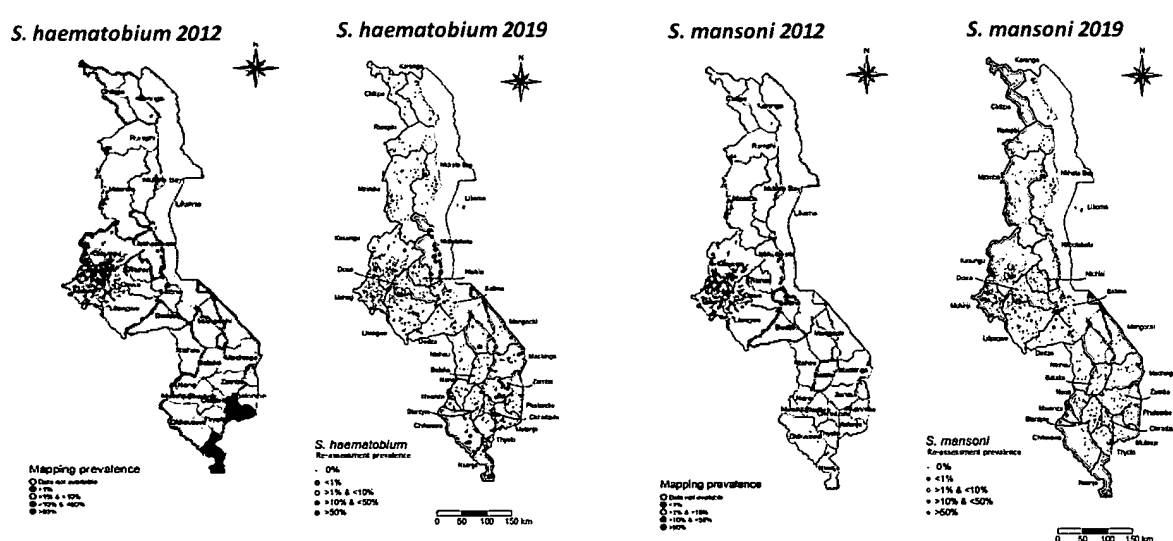


Figure 4: Changes in *S. haematobium* and *S. mansoni* prevalence within implementation units (districts) between 2012 and 2019 due to the impact of annual preventive chemotherapy in Malawi.

- The aforementioned epidemiological surveys included the piloting of two innovative survey designs:
 - SCIF worked with the Federal Ministry of Health, Ethiopia (FMOH) and spatial epidemiologists based at the London School of Hygiene and Tropical Medicine (LSHTM) to design and implement a novel geo-spatial survey to determine schistosomiasis endemicity classification of sub-district level administrative units. Working with partners at the Ethiopian Public Health Institute (EPHI), LSHTM and FMOH phase I of data collection – a parameter calibration survey – was conducted in September 2020 to determine the most efficient design for the national reassessment survey in 2021 (phase II).
 - With the MoH in Zanzibar, SCIF used high resolution map data generated by the Zanzibar Mapping Initiative (led by the Revolutionary Government of Zanzibar's Commission for Lands), combined with GPS wayfinding for enumerators, to determine *S. haematobium* and STH prevalence at the smallest administrative level on the islands (shehia).
- Supported the MORBID pilot operational research project in Malawi to responsibly come to a temporary close in April 2020 due to the COVID-19 pandemic and then, ensuring COVID-19 mitigation measures were in place, restart in January 2021. The study, funded by USAID through the Task Force for Global Health's NTD Support Centre, will support identifying

meaningful and measurable targets for the control of schistosomiasis-related morbidity in Africa.

- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal).
- Published papers as co-authors within the special supplemental issue of the American Journal of Tropical Medicine and Hygiene led by the Schistosomiasis Consortium for Operational Research and Evaluation (*Volume 103 (2020): Issue 1_Suppl (Jul 2020)*). The papers within the issue focused on operational aspects of schistosomiasis control and elimination efforts, from evaluating the impact of alternative treatment strategies, to the use of novel rapid diagnostic methods, deeper investigations of the challenges involved in achieving coverage targets and determining thresholds for measuring impact.
- Led working groups within global SCH and STH communities of practice (Global Schistosomiasis Alliance and NTDs NGO Network (NNN)) inclusive of and with the remit to advance WASH, Sustainability, One Health and Monitoring and Evaluation (M&E) agendas.
- Actively participated in task teams and working groups (iChords, Health Systems Global, NNN) to improve community health outcomes through research, dialogue and systems strengthening, to facilitate positive change in medicines availability, access, affordability, quality and use, and share best practice on programme adaption to COVID-19.
- Led peer-participatory workshops at annual meetings of relevant networks (NNN, Coalition for Research on NTDs, American Society for Tropical Medicine and Hygiene) and co-chaired the first technical meeting on the implementation of the new paediatric praziquantel formulation.
- As Country Principal, led the coordination of the FCDO-funded Ascend West and Central Africa project in Cote d'Ivoire, Liberia and Niger, alongside additional implementation and technical support for SCH/STH to DRC, contributing to the successful outputs of the project, particularly in terms of health system strengthening and preventive treatment coverage.
- Contributed expert technical guidance through position papers and reviews via the Technical Support Forum and Technical Consultative Committee for FCDO's Ascend West and Central Africa project to ensure best practice for implementation.
- Led and facilitated multiple remote training sessions designed to build MoH and partner capacity for reassessment and coverage surveys, QSATs (quality standards assessment tool) and FGS, promoting their ability to cascade training within each country.
- Co-authored on a draft book chapter, *Epidemiology and economics of deworming*, (Bundy DA *et al.*), to be submitted to Springer Nature in May 2021 as part of the book, "Helminth infections and their impact on global public health" 2nd edition (Ed: Bruschi F), and provided a comprehensive update to a chapter on waterborne infections as part of the "Encyclopedia of Sustainability Science and Technology" (Ed. Shulman L).
- Improved internal knowledge management processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.

- Provided extensive policy and communications support to WHO on activities running up to and including the launch of the NTD road map 2021-2030 in January 2021, including a series of topical webinars throughout 2020.

Goal 2: Communities change their behaviours to reduce the risk of infection.

Key Achievements:

- Led in the development of a systematic review examining the effectiveness of behaviour change intervention for schistosomiasis control in Low- and Middle-Income countries, in partnership with the Global Schistosomiasis Alliance. The review will be submitted for publication in July 2021.
- Played an active role in the development of a guidance document on the design and implementation of behaviour change programmes for the control of NTDs, being co-developed by the NTDs NGO Network (NNN) and the Global Schistosomiasis Alliances (publication expected 2022).
- Published a systematic review examining the barriers to treatment uptake during MDAs in Sub-Saharan Africa and provided programmatic recommendations (Torres-Vitolas CA, Dhanani N and Fleming FM (2021). Factors affecting the uptake of preventive chemotherapy treatment for schistosomiasis in Sub-Saharan Africa: A systematic review. *PLoS neglected tropical diseases*, 15(1), e0009017).
- Results from the social assessment conducted in Niger were contrasted with those from similar studies previously conducted in Malawi and Madagascar. A detailed presentation was developed containing a comparative assessment of beneficiaries' knowledge of schistosomiasis and MDAs, attitudes towards treatment, access to information as well as self-reported barriers and facilitators for participating in MDA campaigns. This assessment led to a knowledge exchange activity with SCIF's programme advisors as well as to a round of consultations with programme managers from the countries' MoH to discuss how results could inform future programme optimisation.

Goal 3: Environmental changes are put in place to reduce the transmission of infection.

Key achievements:

- Published and began rolling out a **SCIF organisational approach to water, sanitation and behaviour change** for disease control, setting out key technological and planning considerations for different disease transmission settings, based on consultation with key stakeholders. Established an internal reference group to operationalise and pilot the approach. The COVID-19 pandemic delayed the piloting of the approach in-country, but funding has been secured to undertake this work in 2021.
- Supported collaboration between NTD programmes and water, sanitation and hygiene (WASH) agencies through a) rolling out of the **global toolkit** "WASH and Health working

together: a 'how to' guide for neglected tropical disease programme" through technical support to both 'lots' of the Ascend Programme (West and Central Africa, and East Africa).

- To support the implementation of the toolkit, SCIF developed a WASH-NTD a new tool – a decision matrix – and associated data collection tools, which have been approved by WHO for inclusion in the toolkit. The matrix allows countries to rapidly identify areas where additional WASH development is needed, allowing for effective allocation of infrastructure resources. Use of the WASH-NTD decision matrix and associated tools was successfully piloted by the Vector Control Division (VCD), MoH Uganda. SCIF additionally supported this effort by creating maps to help visualise areas of high NTD risk and low WASH infrastructure/practices. SCIF worked to implement the WASH-NTD decision matrix in multiple countries under Ascend East funding.
- SCIF led the development of several new tools to support national frameworks on WASH and NTDs, working directly with several MoH to develop such frameworks. During the reporting period, a national framework was completed by the Uganda MoH as a result of direct support from SCIF.
- Provided technical advice and support on **WASH coordination within the Ascend programme** (both East and West/Central Africa) through the development of the technical approach used in both Ascend lots, ongoing support to in-country activities, and significant work on the development and delivery of a six-webinar workshop series on WASH and NTDs to representatives of the NTD and WASH sectors from ten East and Southern African countries under the Ascend programme.
- Led the development of best practices on WASH and NTDs through chairing the **NNN WASH Working Group** and continued engagement with WHO. This included significant input into the writing and launch processes of the WHO Global Strategy on WASH and NTDs 2021-2030, a companion document to the WHO NTD Road Map 2021-2030, as well as the initiation of the development of a WASH and NTDs research agenda as part of a WHO-led process.
- Assessed the co-endemicity of schistosomiasis with the zoonotic parasite *Taenia Solium* that causes the clinical syndrome taeniasis/cysticercosis and assessed the burden of this the co-endemicity. This provides evidence through modelling studies of the impact of delivery of praziquantel as part of national schistosomiasis programmes on the burden of taeniasis/cysticercosis.
- Established a leading role in the development of best practice guidance and advocacy on a **One Health approach to NTDs** through the chairing of the NNN One Health working group, engagement with the Lancet Commission on One Health, and conducting a consultation on areas of integration between veterinary public health and NTD programmes. Provided expert support to the Royal Society for Tropical Medicine and Hygiene and the Uniting to Combat NTDs partnership for the development of One Health policy recommendations to the G7 Summit.
- Initiated collaboration with the WHO Department on the Control of NTDs on a **One Health companion document** to the NTD road map, to be completed in 2021. SCIF will support the WHO NTD department in participatory process to support programmes adopting a One Health approach to NTD control.

- Explored joint research and implementation partnerships with multiple research and implementation organisations on WASH for schistosomiasis prevention.
- Secured joint-funding (€60,000) from Bayer AG and Merck KGaA to i) conduct a modelling study to assess the impact of both the historical implementation of PZQ through national SCH programmes (mainly to school-age children) on *Taenia solium* prevalence, in co-endemic districts of Uganda, and the requirements for supplementary PZQ to adult populations towards achieving the WHO NTD 2021-2030 milestones for *T. solium* (“intensified control” in “hyperendemic areas” of Uganda), and ii) undertake a global mapping analysis to review the co-endemic distribution of *T. solium* and SCH, alongside a situational analysis of *T. solium* in SSA. This project has been initiated and runs from February 2021- February 2022.
- Led a contemporary review of the parasitology, immunology, epidemiology of each of the *T. solium* life-cycle stages, including an assessment of the burden of disease, intervention options and discussion of the future avenues for research on *T. solium*. (Dixon MA, Winskill P, Harrison W, Basáñez MG. *Taenia solium* taeniasis / cysticercosis: From parasite biology and immunology to diagnosis and control. *Adv Parasitol*, in press.)
- Published a modelling analysis to estimate force-of-infection (Fol) for *T. solium* porcine cysticercosis from available age-prevalence data across epidemiological settings, using a Bayesian framework to incorporate uncertainty associated with diagnostic assays. (Dixon MA, Winskill P, Walker M, Harrison WE, Whittaker C, Schmidt V, *et al*. Force-of-Infection in *Taenia solium* porcine cysticercosis: a modelling analysis to assess global incidence and prevalence trends. *Sci Rep*, 2020; 10, 17637).

Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

Key achievements:

- SCIF expanded its role as a key member of the Paediatric Praziquantel (PZQ) Consortium (PPC), which aims to ensure paediatric praziquantel is developed, accessible and sustainably accessible for pre-school children in endemic countries. SCIF has:
 - Become co-chair, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), of the Access Team under the new governance structure of the PPC. The Access team aims to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children suffering from schistosomiasis. It includes aspects ranging from technology transfers and logistics for local manufacturing, to building a sustainable funding strategy and developing investment cases and an overall access strategy for the distribution of the new formulation in endemic countries.
 - Led, in partnership with Swiss TPH, the overall ADOPT project (Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries) and in collaboration with Merck, Lygature, Astellas, the MoH and National Medical Research Institute (KEMRI) in Kenya, the Technical University of Munich, the African Institute for Health and Development, the MoH and research institute (UFHB) in Cote d'Ivoire and the MoH and research institute (Makerere University) in Uganda.

- Been awarded alongside consortium members two grants, from the GHIT Fund (Global Health Innovative Technology Fund) and the EDCTP (European and Developing Countries Clinical Trials Partnership) for the implementation of the ADOPT research programme in Cote d'Ivoire, Kenya, and Uganda. The investment of €2.1 million from GHIT will run for two years (2021-2023), while the investment of €5.7 million from EDCTP will run for five years (2021-2025). A press release was published on 25th February 2021².
 - Initiated the development of a funding strategy, as a co-lead with Merck and Lygature, which will ensure the short-term financial needs for the Access work and set the financial framework for long term sustainability, to ensure access to the paediatric PZQ in endemic countries.
 - Provided thought leadership at Board level to the Consortium.
 - Engaged in strategic communications together with Consortium members towards ensuring access.
- Successfully secured funding from Ascend West and Central Africa's Learning and Innovation Fund for two projects addressing barriers to access for treatment. The first project investigated novel methods, developed by the University of Southampton, to determine population distribution using aerial and satellite imagery and machine learning techniques, resulting in a tool and guidance for programmes to assess and evaluate the reliability of available population data. The second project focused on exploring refugees' access to NTD services in Niger through a systems-thinking approach via a consultation with stakeholders and frontline officers to identify factors conditioning refugees' access to treatment and map out their direct and indirect impacts. An examination of the outputs, from a programmatic perspective, was used to propose measures and strategies to promote more inclusive and equitable preventive chemotherapy activities in Niger.
 - Incorporated questions on relative wealth to measure equity of programme coverage and reach, into coverage evaluation surveys. By utilising these surveys as an opportunity to collect additional indicators (beyond age, sex and school attendance), these data can then be used to inform adaptations to programmes, which will increase access to all, regardless of wealth status.
 - Led the structuring of Ascend West and Central Africa's Leave No One Behind (LNOB) strategy and corresponding engagement with FCDO. As chair of the LNOB working group, SCIF systematised all country-level LNOB initiatives proposed by country partners, identifying strategic areas for the development of socially inclusive planning, sensitisation and beneficiary feedback activities, as well as training for local programme staff. In addition, SCIF was responsible for ensuring LNOB principles were embedded project-wide, including within

² <https://www.pediatricpraziquantelconsortium.org/ghit-and-edctp-co-invest-additional-78-eur-million-pediatric-praziquantel-consortiums-access-program>

Health Systems Strengthening, WASH, Behaviour Change and Communications, and Monitoring and Evaluation components.

- Contributed to increased awareness and prioritisation of Female Genital Schistosomiasis (FGS) within the schistosomiasis and broader health and NTDs community. SCIF has:
 - Organised and led a session on FGS at the annual COR-NTD meeting to discuss knowledge gaps in prevention, treatment and care, and integration in order to determine critical operational research questions as funding priorities.
 - Contributed to the ongoing creation of a consortium to bring together partners from FGS, HIV/AIDS, cervical cancer and female reproductive health. The initial aims of the consortium are to drive forward the research and interventions required to address the issues of FGS whilst ensuring collaboration across all relevant partners.
 - Joined the newly established Global Schistosomiasis Alliance (GSA) Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
 - Led, in partnership with the MoH, ongoing operational research to pilot the integration of FGS prevention measures into the national health system in Côte d'Ivoire, funded by UK Aid through the NTDs Support Center (NTD-SC) at The Task Force for Global Health. Achievements so far include the integration of FGS prevention information and praziquantel into routine health services for HIV/AIDS and reproductive health in healthcare centres to reach women at risk of FGS, health worker training within centres and communities, and development of the processes and tools required to support integration effectively and sustainably.
 - Supported an operational research project in Homa Bay County Kenya led by LVCT Health in collaboration with Frontline AIDS, the MoH and KEMRI, which integrates FGS health education and services into the established HIV prevention programme DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) which targets adolescent girls and young women (aged 15-24).
 - Joined the Technical Advisory Committee for the FGS Accelerated Scale Together (FAST Package) project operating across Madagascar and Ghana to create a pathway to scale of interventions that address the burden of FGS in girls and women. The project aims to improve adolescent girls and women's health by reducing morbidity associated with FGS through preventive and curative efforts and looks to combine and scale up proven interventions that have been shown independently to improve detection and clinical outcomes, while supporting the uptake and demand for preventive chemotherapy through MDA to prevent further infection and disease.
 - Initiated a SCIF position piece to inform the organisation's strategic direction for evidence-based morbidity management, with a particular focus on FGS.

Goal 5: All resources – economic and human- are effectively and sustainably managed.

Objectives under this goal were:

- Strengthen the fundraising approach and capacity within SCIF to support sustainable resourcing to deliver work across all SCIFs goals.
- Further Develop an organisational communications strategy and capacity.
- Ensure effective financial management and analysis of financial data for decision-making.

Key achievements

- Engaged a fundraising consultant with a long and successful track record with a range of organisations to help develop a fundraising approach and funding model for SCIF. A key focus was to consider SCIFs desire to develop an innovative strategy rather than replicating models from other organisations. Based on this work, SCIF recruited a full-time fundraiser with broad expertise who would initially focus primarily on Trusts and Foundations. The successful candidate has both fundraising and senior leadership experience and has taken on the responsibility for the further development of a fundraising strategy and developing a pipeline of funding. SCIF has also recruited a Donor Relations Manager to provide excellent stewardship of our large number of existing individual donors.
- Built up SCIF's brand and voice through strategic communications activities, including website communications, fundraising platforms, news media and social media content and engagement, commissioning photography and video content in-country during restrictions to global travel, and providing communications support to partners including WHO, the Paediatric Praziquantel Consortium, Global Schistosomiasis Alliance, and Non-Governmental Organisations NTD Network (NNN). In March 2020 SCIF recruited a new Finance and Operations Director who has made a significant positive impact on the financial management of SCIF. He has been able to further develop the finance and operations team and improve existing, and introduce new, financial management and reporting processes. These include embedding quarterly budget reforecasting allowing better oversight of developments in programme delivery and the ongoing implications. A strategic finance manager has been recruited who has significantly improved the support for financial planning and forecasting given to the programmes team resulting in more accurate and timely budgeting and reporting.
- Work planned to carry out routine risk-based partner assessments has had to be put on hold due to COVID-19 travel restrictions.

Plans for Future Period

As detailed in the three-year priorities described earlier in this report, SCIF will continue delivery under its four strategic goals.

Activities and rationale

Goal 1: Those affected by parasitic worm infections receive treatment and care

SCIF's long term approach of working directly with Ministries of Health to support public health interventions leading to the reduction in morbidity associated with SCH and STH has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the universal health coverage agenda. As such, SCIF will continue to:

- **Build capacity within health systems** at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases.
- **Continually generate robust data to refine intervention strategies through an evidence-based approach** to ensure that programme delivery is optimised in the most cost-effective and impactful way.
- **Support programmes to monitor progress against WHO NTD roadmap goals and objectives** through the provision of technical support across a range of thematic areas, including progress from control of morbidity to elimination as guided by WHO and aligned to the needs of communities.

Goal 2: Communities change their behaviours to reduce the risk of infection

SCIF recognises that the communities it works to support live incredibly challenging lives and their behaviours reflect the large number of complex risks they face. SCIF's aim has always been to understand as far as possible these complexities and ensure that suggestions on reducing the risks from parasitic worm infections (PWIs) and other diseases are contextualised and consider the realities of the situations these communities face. SCIF has invested in understanding the many barriers and enablers for treatment uptake in several contexts (although not all these findings are generalisable). SCIF will:

- Continue to conduct **context-specific assessments of enablers and barriers to the up-take of treatment for PWIs** in the geographical regions supported by SCIF.
- Implement **effective behaviour change interventions** to increase treatment uptake, ensuring that these are reflective of the specific context and geographical region.
- Continue to develop and implement **cost effective interventions to reduce behaviours that put communities at risk of infection** based on context-specific evidence.

- Continue to **input into best practices** on behaviour change being developed within the global communities of practice on schistosomiasis, NTDs and WASH.

Goal 3: Environmental changes are put in place to reduce the transmission of infection

SCIF's ongoing engagement with national disease control programmes has highlighted that there is significant demand from ministries of health for support to enable them to engage with other sectors for effective disease prevention – through technical programme support, capacity building, and policy and advocacy support. Additionally, the issue of emerging animal-human hybrid species of schistosomes, as well as potential complementary use of praziquantel across multiple diseases, raises the need for effective collaboration with the veterinary public health (VPH) sector. Based on this, SCIF will:

- **Support local planning for environmental control of parasitic worm infections (PWIs)**, through piloting and evaluating an environmental control approach for all PWIs, supporting collaboration with the water, sanitation and hygiene (WASH) authorities, and contributing to WASH and PWI mapping and other data collection and analysis.
- **Support ongoing development and roll out** of innovative tools for cross-sectoral collaboration for disease control, including implementation of the WHO Global Strategy on WASH and NTDs, updates to the WHO-NNN WASH and NTDs toolkit, and tailored support to MoH for policy development and planning at the national level.
- **Contribute to operational research on environmental transmission of PWIs**, by identifying opportunities for participation in research activities and embedding research findings in planning activities.
- **Support national programmes to incorporate veterinary public health components into the control and elimination of PWIs**, by modelling the impact of schistosomiasis treatment on cysticercosis following the confirmation of the donation of PZQ for cysticercosis; supporting implementation of One health approaches that target both schistosomiasis and cysticercosis where possible and supporting the development of a companion document on One Health/VPH to the WHO NTD Roadmap to 2030.

Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.

As SCIF continues to expand its work on the preventative interventions against NTDs, it will endeavour to ensure everyone has access to and are able to benefit from these measures, and that those who are already suffering the symptoms of infection are supported. SCIF will:

- Continue to ensure that **all preventative interventions are accessible to all parts of the community** in accordance with evidence-based strategies to leave no one behind.
- Provide leadership on **access to newly developed technologies**, such as paediatric drug formulations, to ensure that mechanisms are established for inclusivity in routine programme provision. SCIF will deliver the paediatric praziquantel ADOPT project through:

- GHIT (Global Health Innovative Technology) Fund support for a 2-year component co-led by SCIF and Swiss TPH across three countries as a phased approach, including a rigorous acceptability and perception assessment to inform advocacy and social mobilisation strategies and small-scale pilot studies to evaluate and compare potential delivery platforms in terms of feasibility, acceptability, and cost.
- EDCTP (The European and Developing Countries Clinical Trials Partnership) support for a four-year component co-led by SCIF and Swiss TPH to prepare the introduction of paediatric PZQ into endemic countries through a multidisciplinary effort including a set of strategic studies on feasibility and (cost)-effectiveness to ensure acceptance, equitable access to treatment and description of validated approaches for subsequent uptake, policy change and roll-out in Kenya and Côte d'Ivoire.
- Support the implementation of **health facility-based interventions for support to Female Genital Schistosomiasis patients**, which deliver services using appropriate platforms and support health system strengthening.
- Continue to support advocacy on FGS with other disease platforms, including HIV/AIDS, to promote access of women and girls to reproductive and sexual health services.

Goal 5: All SCI Foundation's resources are effectively managed

SCIF is continuing to invest in maintaining a strong and effective control framework to ensure that resources are deployed efficiently and transparently for the best possible impact. SCIF is committed to supporting the delivery of the WHO NTD Road Map 2021-2030, requiring a stronger focus on securing long-term funding, and programme ownership by endemic country governments. SCIF will:

- **Continue the development of a long-term funding model** and fundraising strategy that will ensure sustainability of resourcing for delivering SCIF's work across all goals, through engaging new donors and strengthening in existing funding relationships through enhanced information and reporting management. SCIF had not anticipated any continuation of UK government funding after March 2022 and so the current cuts in FCDO funding do not impact SCIF's longer term funding plans
- Participate in **research funding applications** for priority areas (FGS, WASH, morbidity management, One Health).
- Set out and implement an organisational approach to **sustainability and health systems strengthening**.
- Continue to develop a **positive, diverse and impactful values-based organisation** where all team members are able to contribute their best work.
- Continue to invest in strategic, high-impact communications for advocacy, public engagement, and fundraising. SCIF will also undertake re-branding exercise and associated brand awareness activities.

Financial Review

This is the first full year that SCIF has operated on its own following the organisation's transition from Imperial College.

We have realised an operational deficit of £350,525 (2020, £2,689,086 surplus globally, although SCIF on its own realised a deficit of £494,392), which means that SCIF holds total funds of £20,454,321 (2020, £20,823,908 after taking £21,318,300 transfers from Imperial College into account). These funds are made up of unrestricted general funds of £5,582,941 (2020, £3,152,729), and designated funds of £14,871,379 (2020, £17,671,179), which the trustees have earmarked to be drawdown over the next three years to fund specific programme charitable activities.

SCIF received a total income of £8,651,273 (2020, £12,895,200 (direct SCIF receipts were £6,735,533), while Imperial College London received £3,416,458 on SCIF's behalf and Sightsavers received and paid £2,743,210 to SCIF's partners overseas).

SCIF spent £9,001,798 over the year (2020, £10,206,114, of which direct SCIF expenditure was £7,229,924. Imperial College London paid £232,980 to suppliers on behalf of SCIF).

The COVID-19 pandemic, which lasted the whole of the financial year has had an impact on the delivery of SCIF's work programme as explained in the Principal Risks and Uncertainties section.

The financial year has ended with a strong balance sheet. The recent announcement by the FCDO to close the Ascend contract early (expected to close in September 2021 instead of March 2022) means that SCIF is supporting the Ministry of Health in countries where we have partnerships to finance some project activities that were previously funded by FCDO. SCIF does not have ongoing contractual commitments to these projects beyond that agreed by FCDO, however SCIF is committed to ensuring support for vulnerable beneficiaries that would have otherwise been left unnecessarily exposed.

At the year end, free reserves were £5,582,941 (2020, £3,152,728) and designated funds were £14,871,379 (2020, £17,367,179). There were no restricted funds balances (2020, Nil).

Fundraising

SCIF actively raises funds from the public, trusts and foundations, corporates, and bilateral and multilateral funding institutions.

GiveWell and the Effective Altruism Movement

In our second year of existence as an independent foundation, we are delighted to have maintained high levels of support from the international charity evaluator GiveWell who continue to recognise that we offer donors “an outstanding opportunity to accomplish good with their donations”³. We retain significant support from many other organisations affiliated to the Effective Altruism movement and are enormously appreciative of all the individuals and organisations whose donations they channel. We estimate that approximately 70% of our donations is influenced by the endorsement we receive from GiveWell and the wider Effective Altruism movement.

Individual donors

We continue to benefit from the generosity of many individual donors, many of whom give regularly and for the long-term.

UK government support

Our grant from the UK FCDO represented a 48% of our income this year. Regrettably, due to cuts in the Foreign, Commonwealth and Development Office Overseas Development Assistance budget, we anticipate a significant cut to our FCDO grant in 21/22 (size of cut unspecified at time of writing). Although SCIF had anticipated this funding stream ending in March 2022, it is clearly a significant loss to the ongoing fight against NTDs in the immediate term.

Trusts, Foundations and Corporate donors

We receive substantial donations from several trusts and corporate donors and remain extremely grateful for their support.

Fundraising plans

As COVID-19 confronts us with the unavoidable fact that disease control and access to healthcare is a global issue that concerns us all, we believe it is our responsibility to provide as many people as possible with the opportunity to act effectively upon this realisation.

Our overall fundraising objective is to diversify our sources of funding while maintaining and growing our relationship with GiveWell and the Effective Altruism movement.

Over the coming year, we aim to:

³ <https://www.givewell.org/charities/sci-foundation>

- Significantly expand our trusts fundraising programme.
- Engage our individual supporters more actively, becoming more responsive to their giving preferences and providing new ways in which they can support our work, via digital and other channels.
- Pursue collaboration across the NTD and other sectors in joint bids for funding from bilateral and multilateral funding agencies and institutions.

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

- SCI Foundation does not use external commercial participators for its fundraising function.
- SCI Foundation is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2020/21, there were no breaches of fundraising standards or law, and no complaints were received (2020, none).
- SCI Foundation implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- SCI Foundation does not make persistent approaches, nor does it carry out direct marketing in fundraising.
- SCI Foundation does not undertake telephone or street fundraising.
- Donations from individuals and community groups are generally proactive (not solicited by SCI Foundation), and other donors are asked on an ad-hoc basis, broadly only after it has been ascertained they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- SCI Foundation does not put undue pressure on any person to give money or other property.

Reserves Policy

SCI Foundation's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment. Therefore, the SCI Foundation aims to support Ministries of Health in the countries where we work for a minimum of 5 years, and this is reflected in our sustainable income generation approach and is a key factor in determining the appropriate level of reserves that SCI strives to achieve.

SCI Foundation maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. SCI Foundation normally has two types of reserves:

- **Restricted funds** –These arise where funds have been given to SCI to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. SCI did not have Restricted Funds as at 31 March 2021 (2020, Nil).
- **Unrestricted funds** – The Charity has £20,454,321 (2020, £20,807,908) of unrestricted funds. £14,871,380 (2020, £17,671,180) of these are designated funds from Imperial college at their request for our charitable work and will be spent over the next two years. The balance of General Funds is £5,582,941 (2020, £3,152,728) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:

- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of free General

Funds should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and six-months' worth of unrestricted expenditure budget for the following financial year. The reserve level should therefore fall between **£2,898,296** and **£5,796,592**. The free General Funds as of 31 March 2021 was **£5,582,941** and which is **£213,651** below the higher reserve policy level. The Trustees are confident that this provides an appropriate level of comfort more than the minimum.

Investment Policy

The SCI Foundation Board of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of SCIF investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

SCIF has adopted an ethical investment policy to ensure that its investments do not conflict with its aims.

The COIF Charity Funds (Ethical Investments) that CCLA Fund Managers manage for us performed well in the year and realised +0.9% total return performance after fees and expenses. The funds were placed under the management of CCLA Fund Managers in December 2020.

The Ethical Investment funds total return performance over 12 months to 31 March 2021 was +23.87% against +22.90% for the Fund Comparator.

Principal Risks and Uncertainties

Risk management is central to the ability of SCI Foundation to deliver its objectives. We use multiple ways of managing risks through the senior management team (SMT), Programmes Team, the Finance Risk & Audit Committee (FRAC), and the Board. Central to this is rigorous budget control through which only secured funds are spent, and programmes are planned to optimise cash flow and control. Key funding and expenditure ratios are reviewed periodically.

The SMT meets weekly and monitors and reviews key risks. The Programmes Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with SCIF's financial performance targets.

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

The Board leads on the review and approval of the Risk Register. This helps SCIF to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of beneficiaries continue to be met.

SCI Foundation has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
1. Financial sustainability and income diversification	
<p>a. Following the UK government's cuts to Overseas Development Assistance, the FCDO-supported Ascend programme was at risk and it has been confirmed that the programme will close early (expected September 2021).</p> <p>b. SCIF has for the last nine years been recommended by the charity evaluator GiveWell as one of the most cost-effective charities globally. This recommendation has driven a significant proportion of SCIF's restricted funding. Reliance on this recommendation represents a limited funding stream, increases the risk to financial sustainability, and undermines SCIF's ability to fund all its strategic goals.</p>	<p>a. SCIF, in collaboration with Ministries of Health in the countries where it has partnerships, has been in discussion with other funders and has contributed to WHO-led discussions at the global level on filling the potential gaps in country-led NTD programmes.</p> <p>b. In recognition of the importance of the GiveWell recommendation, SCIF have identified a senior team member to act as a focal point for GiveWell – this has significantly increased the quality of communications and strengthened the relationship. SCIF has engaged a full-time fundraiser reporting to the CEO to lead on fundraising diversification, and a fundraising strategy and pipeline are being finalised. SCIF is also developing an organisational level programme prioritisation criterion in the event that resources are not available to support all programmes.</p>

2.	Compliance with Global Guidance	
	In April 2020, WHO issued guidance to suspend all Mass Drug Administration activities, including against NTDs, due to the COVID-19 pandemic.	During the suspension of activities SCIF were able to work with partners to develop a comprehensive Risk Assessment and Mitigation Action tool for the safe start of MDAs in the outbreak response context and supported countries to develop appropriate mitigation strategies to allow them to resume activities once the suspension was lifted in July 2020. Consequently, SCIF is better equipped to respond to any future changes needed due to COVID-19 restrictions.
3	Long term impact of the COVID-19 Pandemic	
	Like many organisations, SCIF did not specifically identify the risk posed by the global COVID-19 pandemic and the long-term impacts that continue to affect its operating environment 12 months after a global pandemic was announced.	<p>SCIF has been in constant discussion with endemic country governments donors and other stakeholders to adapt to the changing environment and worked with specific donors to 'flex' funding to support MoH COVID-19 control efforts in selected countries⁴. SCIF also worked with MoH to ensure provision of appropriate PPE for the delivery of SCIF-supported programmes.</p> <p>From an organisational perspective, SCIF staff have continued to fully comply with the official advice issued by Public Health England. Many staff members worked remotely prior to the initiation of lockdown and were therefore not significantly impacted.</p>

⁴ SCIF flexed its activities in response to the COVID-19 pandemic, as follows:

- Developed proposals for the utilisation of NTD funds already allocated by the Ascend programme to support ministries of health with their COVID-19 response efforts. This was primarily focused on support for mass behaviour change communication activities and utilising existing NTD platforms for community outreach.
- Worked with a range of partners and stakeholders to develop effective strategies for mitigating the impact of delayed or missed round(s) of treatment on NTD programmes.
- Developed effective approaches to NTD programming following the lifting of the restrictions advised under WHO guidance on the suspension of MDAs to minimise the risk of ongoing COVID-19 transmission.

Structure, Governance and Management

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

SCI Foundation has a Board of Trustees committed to maintaining a high standard of governance. Four of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed by other trustees based on the assessments on the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of four years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

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

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

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

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions.

The Board of Trustees delegates the responsibility for the day-to-day management of the SCI Foundation to the Senior Management Team (SMT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees. The SMT is comprised of the Directors of the four main functions:

- **Policy and Communications**, which includes development of key policy positions, advocacy and communications.
- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Programme Strategy**, which advises and supports country partners on implementation of highest quality NTD programmes.
- **Monitoring, Evaluation and Research**, which supports country programmes to perform high effective monitoring and evaluation strategies and generates policy relevant research.

Remuneration

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

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

As of March 2021, the total salary of the KMP was £408,398 (2020, £245,048). The pension cost for the KMP was £18,243 (2020, £5,642). The 2021 KMP salary costs are higher than those for 2020 mainly because the 2021 salaries cover full year costs compared to 2020 which only covered costs from July 2019 to March 2020. In addition to the pension costs covering a full year in 2020/21, the Pension costs also increased due to some KMP members voluntarily increasing their pension contributions which is matched by SCIF by up to 12%. There is no bonus scheme or car allowance for any members of staff and the KMP have the same pension rights as other staff.

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

Trustees' responsibilities in relation to the financial statements

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

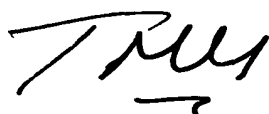
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Signed on behalf of the Trustees



Professor the Lord Trees

Chairman and Trustee

Approved on 21 July 2021

Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and Principal Office: Edinburgh House, 170 Kennington Lane, London
SE11 5DP

Trustees:

- Professor the Lord Trees - Chair (Appointed 14 April 2019)
- Mr Jonathan C. Gorrie - Treasurer (Appointed 14 Apr 2019)
- Dr Justine M Frain (Appointed 18 Jan 2019)
- Mr Peter Dranfield (Appointed 18 Jan 2019)
- Dr Mwele Malacela –Observer (Appointed Jul 2020)

Chief Executive: Dr Wendy Harrison

Key Management Personnel:

- Dr Wendy Harrison
- Dr Fiona Fleming – Director of Monitoring, Evaluation and Operational Research
- Dr Lynsey Blair – Director of Programmes
- Ms Yael Velleman - Director of Policy and Communications
- Mr Joshua Oliech – Director of Finance and Operations

Auditors: Haysmacintyre LLP, Chartered Accountants, 10 Queen
Street Place, London EC4R 1AG

Bankers: Barclays Bank, 1 Churchill Place, London E14 5HP

Solicitors: Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB

Independent Auditor's Report to the members of SCI Foundation

Opinion

We have audited the financial statements of SCI Foundation for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 33, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered

material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to income and grant recognition. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Reviewing the controls and procedures of the group relevant to the preparation of the financial statements to ensure these were in place throughout the year, including during the Covid-19 remote working period;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates, in particular donation recognition, recognition of grant income and the recognition of partner payments/awards and provisions for bad and/or doubtful debts.

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

Use of our report

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

Steven Harper

Steven Harper (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London EC4R 1AG

13 August 2021

Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2021

	Note	Unrestricted Funds	2021 Restricted Funds	Total Funds Year ended 31-Mar-21	Unrestricted Funds	2020 Restricted Funds	Total Funds Period ended 31-Mar-20
		£	£	£	£	£	£
INCOME FROM:							
Donations and legacies	2	4,139,610	-	4,139,610	3,141,704	-	3,141,704
Charitable activities	3	-	4,464,742	4,464,742	-	3,582,804	3,582,804
Investment income	4	46,921	-	46,921	11,024	-	11,024
TOTAL INCOME		4,186,531	4,464,742	8,651,273	3,152,728	3,582,804	6,735,532
EXPENDITURE ON:							
Fundraising and publicity	6	206,580	23,900	230,480	110,069	33,202	143,271
Charitable activities							
Partner awards	6	3,342,050	3,236,589	6,578,639	3,032,164	2,375,114	5,407,278
Other	6	1,304,306	888,373	2,192,679	817,464	861,911	1,679,375
TOTAL EXPENDITURE	6	4,852,936	4,148,862	9,001,798	3,959,697	3,270,227	7,229,924
NET (EXPENDITURE)/INCOME BEFORE TRANSFER FROM IMPERIAL COLLEGE AND INVESTMENT MOVEMENTS		(666,405)	315,880	(350,525)	(806,969)	312,577	(494,392)
Transfer from Imperial College	2	-	-	-	21,318,300	-	21,318,300
Gains/(losses) on investments		(19,062)	-	(19,062)	-	-	-
NET (EXPENDITURE)/INCOME		(685,467)	315,880	(369,587)	20,511,331	312,577	20,823,908
Transfer between funds		315,880	(315,880)	-	312,577	(312,577)	-
NET MOVEMENT IN FUNDS		(369,587)	-	(369,587)	20,823,908	-	20,823,908
Reconciliation of funds:							
Total funds brought forward		20,823,908	-	20,823,908	-	-	-
TOTAL FUNDS CARRIED FORWARD		20,454,321	-	20,454,321	20,823,908	-	20,823,908

All transactions are derived from activities that commenced during the period.

All recognised gains and losses are included in the Statement of Financial Activities.

Balance Sheet

AT 31 MARCH 2021

		2021		2020	
	Note	£	£	£	£
FIXED ASSETS					
Investments	9		2,980,938		
CURRENT ASSETS					
Debtors	12	2,291,984		7,298,056	
Cash at bank and in hand		15,582,752		13,887,204	
		<u>17,874,736</u>		<u>21,185,260</u>	
CREDITORS: amounts falling due within one year	13	<u>(401,353)</u>		<u>(361,352)</u>	
NET CURRENT ASSETS			<u>17,473,383</u>		<u>20,823,908</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			20,454,321		20,823,908
NET ASSETS			<u>20,454,321</u>		<u>20,823,908</u>
FUNDS	14				
Restricted funds					
Unrestricted funds:					
Designated funds			14,871,380		17,671,180
General funds			5,582,941		3,152,728
			<u>20,454,321</u>		<u>20,823,908</u>
			<u>20,454,321</u>		<u>20,823,908</u>

The financial statements were approved and authorised for issue by the Trustees on 21 July 2021 and were signed below on its behalf by:



Professor The Lord Trees
Chair of the Board of Trustees



Mr Jon Gorrie
Treasurer

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2021

	Note	2021	2020
		£	£
Cash Flow from operating activities	20	4,746,572	13,891,070
Cash flows from investing activities			
Income from listed investments		45,748	-
Other interest receivable		1,172	11,024
Purchase of investments		<u>(3,000,000)</u>	<u>-</u>
Cash used in investing activities		<u>(2,953,079)</u>	<u>11,024</u>
Increase/(Decrease) in cash and cash equivalents in the year		<u>1,793,493</u>	<u>13,902,094</u>
Cash and cash equivalents at the beginning of the year		<u>13,887,204</u>	<u>-</u>
		15,680,697	13,902,094
Change due to exchange rate movements		(97,946)	(14,890)
Total cash and cash equivalents at the end of the year		<u><u>15,582,752</u></u>	<u><u>13,887,204</u></u>
Cash and cash equivalents			
Cash at bank and in hand		15,582,752	13,887,204
Cash at bank and in hand at the end of the reporting period		<u><u>15,582,752</u></u>	<u><u>13,887,204</u></u>

Notes to the financial statements

- 1 **Accounting policies:** The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

- a) **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The current year figures are for the year ended 31 March 2021, and the prior year figures are for the period of 15 months ended 31 March 2020.

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

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

- b) **Preparation of the accounts as a going concern:** The financial statements are approved during a period where there are still some uncertainties due to the ongoing international spread of a coronavirus (COVID-19). There has been a cut of more than £5m to one of our projects that was funded by the Foreign, Commonwealth and Development Office (FCDO) Overseas Development Assistance. SCIF has a contract with FCDO for the ASCEND project that was meant to run until 31 March 2022, but which will now only run until August 2021. The Board of Trustees have therefore revised the 2021/22 budget in view of the FCDO Overseas Development Assistance budget cuts. Having revised the budgets, we are still confident that we will still deliver the planned work, and so we believe it is appropriate to prepare the accounts on a going concern basis.

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

- c) **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled. Gift Aid receivable on donations is recognised as unrestricted income.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

- d) **Donated services and facilities:** Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably, and the charity has control over the item. Fair value is determined based on the value of the gift to the charity. For example, the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

Gifts in kind donated for resale are included at fair value, being the expected proceeds from sale less the expected costs of sale. Where estimating the fair value is practicable upon receipt it is recognised in stock and 'Income from other trading activities'. Upon sale, the value of the stock is charged against 'Income from other trading activities' and the proceeds are recognised as 'Income from other trading activities'. Where it is impracticable to fair value the items due to the volume of low value items they are not recognised in the financial statements until they are sold. This income is recognised within 'Income from other trading activities'.

- e) **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

- f) **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes of direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income; and

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- g) **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T, general office and premises and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 9.
- h) **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- i) **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- j) **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- k) **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.
- Investments in subsidiaries are measured at cost less impairment.
- l) **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.
- m) **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- n) **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- o) **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.
- p) **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

2. DONATIONS AND LEGACIES	2021			2020		
	Unrestricted	Restricted	Year ended 31-Mar-21	Unrestricted	Restricted	Period ended 31-Mar-20
	£	£	£	£	£	£
Donations	4,139,610	-	4,139,610	3,141,704	-	3,141,704

SCIF received £4,139,610 in general donations directly from individuals, trusts and corporations for the general charitable work of the charity (2020: £3,141,704). In addition, in the period ended 31 March 2020 £14.5 million was transferred as part of the establishment of the SCI Foundation from Imperial College London. A further £6.9m was accrued at 31 March 2020 and received this year. These monies related to SCI Foundation activities under the Imperial College umbrella as explained in the Financial Review section of the Strategic Report.

3. CHARITABLE ACTIVITIES	Year ended			Period ended		
	Unrestricted	Restricted	31-Mar-21	Unrestricted	Restricted	31-Mar-20
	£	£	£	£	£	£
Grants	-	4,285,305	4,285,305	-	2,949,600	2,949,600
Consultancy income	-	179,437	179,437	-	633,204	633,204
	-	4,464,742	4,464,742	-	3,582,804	3,582,804

4. INVESTMENT INCOME	Year ended			Period ended		
	Unrestricted	Restricted	31-Mar-21	Unrestricted	Restricted	31-Mar-20
	£	£	£	£	£	£
Income from investments	45,749	-	45,749	-	-	-
Other interest receivable	1,172	-	1,172	11,024	-	11,024
	46,921	-	46,921	11,024	-	11,024

5. NET INCOME FOR THE YEAR	Year ended		Period ended	
	31-Mar-21		31-Mar-20	
	£		£	
This is stated after charging the following:				
- Auditors remuneration				
Audit	18,540		18,000	
Other services	4,014		6,660	
- Operating lease rentals	118,102		116,692	

NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 31 MARCH 2021

6. EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 2021

	Support Costs £	Staff Costs £	Other Direct £	Total £
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	-	153,552	76,928	230,480
Expenditure on charitable activities:	332,904	1,487,786	371,989	2,192,679
TOTAL EXPENDITURE	332,904	1,641,338	448,917	2,423,159

FOR THE PERIOD ENDED 31 MARCH 2020

	Support Costs £	Staff Costs £	Other Direct £	Total £
Fundraising and publicity	-	51,361	91,910	143,271
Expenditure on charitable activities:	471,837	935,131	272,407	1,679,375
TOTAL EXPENDITURE	471,837	986,492	364,317	1,822,646

Total expenditure above excludes Partner Awards

b) ANALYSIS OF SUPPORT COSTS

FOR THE YEAR ENDED 31 MARCH 2021

	Office expenses £	Property costs £	Other support costs £	Governance costs £	Total £
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	30,860	128,713	126,897	46,434	332,904
TOTAL SUPPORT COSTS:	30,860	128,713	126,897	46,434	332,904

FOR THE PERIOD ENDED 31 MARCH 2020

	Office expenses £	Property costs £	Other support costs £	Governance costs £	Total £
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	67,806	126,813	195,352	81,866	471,837
TOTAL SUPPORT COSTS:	67,806	126,813	195,352	81,866	471,837

c) GOVERNANCE COSTS

	Year ended 31-Mar-21 £	Period ended 31-Mar-20 £
Legal and professional, including audit	46,434	81,866
	46,434	81,866

NOTES TO THE FINANCIAL STATEMENTS (continued) FOR THE YEAR ENDED 31 MARCH 2021

6. EXPENDITURE (cont)	2021			2020		
	Unrestricted £	Restricted £	Year ended 31-Mar-21 £	Unrestricted £	Restricted £	Period ended 31-Mar-20 £
Partner awards						
Burundi						
Ministry of Public Health and Fight against Aids	242,000	-	242,000	-	95,000	95,000
All Consulting and Logistics	25,645	-	25,645	-	-	-
BRESE Consulting	-	-	-	-	13,308	13,308
Cote d'Ivoire						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	-	1,205,700	1,205,700	37,644	-	37,644
Unité de Coordination des Programmes à Financements Extérieurs, Direction Générale de la Santé	-	295,165	295,165	-	-	-
Democratic Republic of Congo						
Ministère de la Santé Publique de la République Démocratique du Congo	-	1,500,654	1,500,654	-	-	-
United Front Against River Blindness	-	137,703	137,703	-	-	-
Ethiopia						
Federal Ministry of Health of the Federal Democratic Republic of Ethiopia	90,256	73,075	163,331	965,094	422,725	1,387,819
Madagascar						
Ministère de la Santé Publique	192,359	-92,359	100,000	8,432	759,888	768,320
Réseau International Schistosomoses Environnement Aménagement et Lutte	14,746	29,491	44,237	4,920	14,746	19,666
Malawi						
The Government of the Republic of Malawi, Ministry of Health and Population	1,373,837	-	1,373,837		1,029,847	1,029,847
Centre for Health, Agriculture, Development Research and Consulting	58,606	-	58,606	-	39,600	39,600
Mauritania						
The Government of the Islamic Republic of Mauritania, Minister of Health, Programme National de Lutte contre les Schistosomiasis et Geo-Helminthiasis	-	-	-	71,855	-	71,855
Niger						
Ministère de la Santé Publique de la République du Niger	-	48,119	48,119	-	-	-
Institut de Santé Publique du Niger	-	39,041	39,041	-	-	-
Tanzania						
IMA World Health	1,033,150	-	1,033,150	892,035	-	892,035
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	51,996	-	51,996	91,993	-	91,993
Public Health Laboratory Ivo de Cameri	65,365	-	65,365	84,647	-	84,647
Uganda						
Vector Control Division, Biharia and Worm Control						
Programme, Ministry of Health	194,090	-	194,090	875,544	-	875,544
	<u>3,342,050</u>	<u>3,236,589</u>	<u>6,578,639</u>	<u>3,032,164</u>	<u>2,375,114</u>	<u>5,407,278</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

7. STAFF NUMBERS AND COSTS

	2021	2020
	No.	No.
The average number of persons employed during the year were as follows		
Raising funds	2	1
Charitable activities	18	18
Support	6	4
Other	-	-
	<u>26</u>	<u>23</u>
The aggregate payroll costs of these persons were as follows	£	£
Salaries and wages	1,373,023	785,292
Social security costs	132,868	79,184
Pension scheme contributions	75,257	28,313
	<u>1,581,148</u>	<u>892,789</u>

There were five employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2020: Nil).

	2021	2020
	No.	No.
£60,000 - £69,999	4	-
£70,000 - £79,999	1	-
	<u>5</u>	<u>-</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £408,398 (2020: £245,048).

8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES

No remuneration is paid to any Trustee. Reimbursements of travelling expenses totalling £92 were paid to certain Trustees for attendance at Trustee meetings (2020: £1,206).

9. INVESTMENTS

	2021	2020
	£	£
Market value at 31 March 2020	-	-
Additions	3,000,000	-
Unrealised profit/(loss) on revaluation	(19,062)	-
Market value at 31 March 2021	<u>2,980,938</u>	<u>-</u>
Historical cost at 31 March 2021	<u>3,000,000</u>	<u>-</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund managed by CCLA Fund Managers Limited. Distributions from the fund of £45,749 were received during the year.

10. INVESTMENT IN SUBSIDIARY

The Charity holds 100% of the £2 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous period.

11. Taxation

SCI Foundation is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2021

12. DEBTORS	2021	2020
	£	£
Trade debtors	96,093	118,381
Other debtors	32,500	6,889,338
Prepayments and accrued income	<u>2,163,391</u>	<u>290,336</u>
	2,291,984	7,298,056

13. CREDITORS: Amounts falling due within one year	Charity 2021	Charity 2020
	£	£
Trade creditors	46,381	44,499
Other creditors including taxation and social security	68,185	146,020
Accruals and deferred income	<u>286,787</u>	<u>170,833</u>
	401,353	361,352

14. FUNDS	At 31 March 2020	Income	Expenditure	Transfer from Imperial College and Investment movements	Transfers	At 31 March 2021
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds	17,671,180		(2,799,800)	-	-	14,871,380
General Funds	<u>3,152,728</u>	<u>4,186,531</u>	<u>(2,053,136)</u>	<u>(19,062)</u>	<u>315,880</u>	<u>5,582,941</u>
	20,823,908	4,186,531	(4,852,936)	(19,062)	315,880	20,454,321
Restricted Funds						
Grants	-	<u>4,464,742</u>	<u>(4,148,862)</u>	-	<u>(315,880)</u>	-
	<u>20,823,908</u>	<u>8,651,273</u>	<u>(9,001,798)</u>	<u>(19,062)</u>	-	<u>20,454,321</u>

	At 18 January 2019	Income	Expenditure	Transfer from Imperial College and Investment movements	Transfers	At 31 March 2020
	£	£	£	£	£	£
Unrestricted Funds						
Designated Funds			(3,647,120)	21,318,300	-	17,671,180
General Funds		<u>3,152,728</u>	<u>(312,577)</u>	-	<u>312,577</u>	<u>3,152,728</u>
	-	3,152,728	(3,959,697)	21,318,300	312,577	20,823,908
Restricted Funds						
Grants		<u>3,582,804</u>	<u>(3,270,227)</u>	-	<u>(312,577)</u>	-
	-	<u>6,735,532</u>	<u>(7,229,924)</u>	<u>21,318,300</u>	-	<u>20,823,908</u>

Designated funds represents balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

15. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS

	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
At 31 March 2021				
Investments	-	2,980,938	-	2,980,938
Net current assets	-	<u>2,602,003</u>	<u>14,871,380</u>	<u>17,473,383</u>
	-	<u>5,582,941</u>	<u>14,871,380</u>	<u>20,454,321</u>
At 31 March 2020				
Investments	-	-	-	-
Net current assets	-	<u>3,152,728</u>	<u>17,671,180</u>	<u>20,823,908</u>
	-	<u>3,152,728</u>	<u>17,671,180</u>	<u>20,823,908</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 31 MARCH 2021

16. CAPITAL COMMITMENTS

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2021 £	2020 £
Authorised and contracted for	-	-

17. OPERATING LEASE COMMITMENTS

OPERATING LEASE COMMITMENTS	2021		2020	
	Land & Buildings	Other	Land & Buildings	Other
	£	£	£	£
Leases which expire:				
Within one year	113,773	480	110,460	480
In one to five years	9,504	1,320	123,277	1,800
After five years	-	-	-	-
	123,277	1,800	233,737	2,280

18. MEMBERS' LIABILITY

In the event of the company being wound up, they will each have a liability of £1.

19. PENSION COMMITMENTS

SCI Foundation operates a Group pension arrangement. The overall pension charge for the year was £75,257 (2020: £28,313). At 31 March 2021, no contributions were outstanding (2020: £ nil).

The Pension costs in 2021 are higher than those for 2020 mainly because the 2021 pension costs cover full year compared to 2020 which only covered costs from October 2019 to March 2020.

20. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW

	2021 £	2020 £
Net movement in funds	(369,587)	20,823,908
Investment income	(46,921)	(11,024)
(Gains)/losses on investments	19,062	-
Exchange rate loss	97,945	14,890
Increase/ (decrease) in creditors	40,001	361,352
(Increase)/ decrease in debtors	5,006,072	(7,298,056)
Net Cash generated by operating activities	<u>4,746,572</u>	<u>13,891,070</u>

21. RELATED PARTY TRANSACTIONS

There were no related party transactions during the current or previous period.