



# THE MENTOR INITIATIVE

REDUCING DEATHS AND SUFFERING FROM TROPICAL DISEASES



# 2020

ANNUAL REPORT



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## MESSAGE FROM THE CEO

At the end of what has been an exceptional year for all of us, I would like to thank you for your support to the work of MENTOR's life saving teams who have been rolling out emergency disease control programmes throughout 2020, to save lives and reduce suffering from malaria, leishmaniasis, Covid 19, dengue fever, diarrhoeal diseases, and other tropical, and often neglected, diseases, in some of the most challenging places on earth.

The expression "light at the end of the tunnel" has found new meaning, with the start-up of Covid 19 vaccination programmes, heralding the remarkable ability of humanity, working together across all sectors, to develop new vaccines to a new disease, at previously unimaginable speed.

For the 168 million people today, caught up in humanitarian crises in Syria, northern Mozambique, D.R. Congo, northern Nigeria, South Sudan and many other places torn by conflict and natural disasters, surviving each day is the extraordinary challenge they face. With over 70 million displaced from their homes, living in often appalling conditions and under plastic shelters for years, the threat of illness and death is a daily reality. Malaria can kill young children within the same day of the child showing the first disease symptoms, Leishmaniasis can eat away the flesh or the internal organs, leaving devastating facial wounds or killing its victim; dengue fever causes terrible suffering across camps and city slums, and at worst, Ebola-like symptoms and death.

MENTOR's teams are working in to reach the most vulnerable people in the hardest to reach locations in humanitarian crises, to protect them from these diseases, and to ensure effective health care services are accessible when people do fall ill. We work with the support and innovation of wonderful partner organisations who help to fund our work to reach over 10 million people each year, and to create new disease control tools and solutions to improve our teams ability to save lives and reduce suffering.

2020 has been the year to inspire us, and to remind us, just how much can be achieved when we work together, and bring all that we have, to innovate and deliver effective disease control solutions, despite the challenges. As we move ahead into 2021, with your amazing support, and our skilled and dedicated teams and partnerships, we will be working to bring real light and hope into the lives of millions of people, who are depending upon us.



Richard Allan - CEO  
The MENTOR Initiative



# MISSION STATEMENT

## Our Purpose

The MENTOR Initiative is a discrete and agile humanitarian organisation purpose built to relieve human suffering from tropical diseases. We act in some of the world's most austere and vulnerable communities, who are often devastated and forgotten. Regardless of race, creed or nationality, MENTOR strives to deliver disease control to populations at greatest risk of suffering and death. Our first and last considerations are the needs of the people we serve.



As signatories of the International Committee of the Red Cross Code of Conduct, we believe that aid should be given to everyone who is in need, and not be used to further a particular political, social or religious viewpoint.

Experts in malaria and neglected tropical diseases, we establish large scale control during humanitarian emergencies to save lives and reduce suffering, whilst concurrently developing indigenous capacity and long term sustainable control of these diseases. Collaborating with communities, health workers, health authorities and international organisations, MENTOR leaves a lasting impact ensuring effective disease control surveillance, preventative and curative services, and providing learning for the future.

We invest in targeted operational research to bring evidence based and proven disease control solutions to all our programmes. MENTOR use this learning to innovate, influence and implement international policy and practice. In all our endeavours, we strive to attain the highest professional values and standards, quality, accountability and our teams are committed to stay until the job is done.



## Our Vision

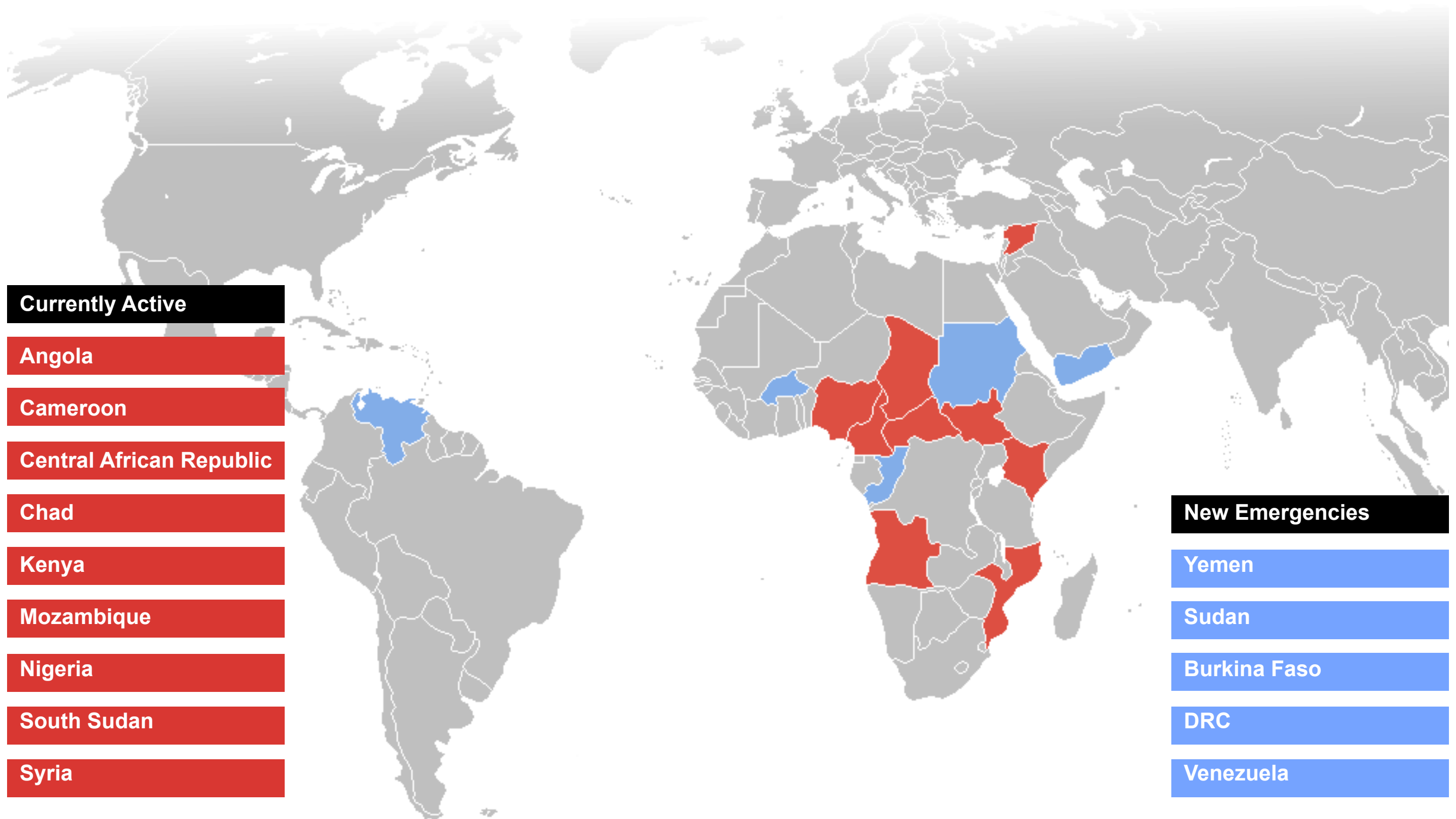
The MENTOR Initiative saves lives in emergencies through tropical disease control and then stays to help people recover from crisis with dignity, working side by side with communities, health workers and health authorities to leave a lasting impact.





# WHERE IN THE WORLD WE WORK

The MENTOR Initiative takes its mission to reduce deaths and suffering from tropical diseases into a range of challenging environments. From navigating war zones born of protracted conflicts to complex and fast changing emergencies resulting from natural disasters, MENTOR is always on the front lines of tropical disease control. From the tsunami in Indonesia to the warzones of Syria; from the earthquake in Haiti to the refugee crises in South Sudan; the MENTOR Initiative tackles the burden of vector borne disease in some of the hardest to reach places, utilising tailored responses and innovative delivery methods. By training and equipping local teams from amongst affected communities, MENTOR is able to maximise its speed of response and ensure informed delivery that saves lives and builds lasting capacity.







## Rapid Onset Disasters

Rapid Onset Disasters invariably overwhelm populations and public services, and usually result in general destruction and often large-scale displacement. Associated with exponential increase in disease vector breeding sites and outbreaks amongst populations physically more exposed than normal, and at times when they have the least access to preventive and curative services. Responses need to be tailored, scaled to the needs and be deliverable in a timely manner.



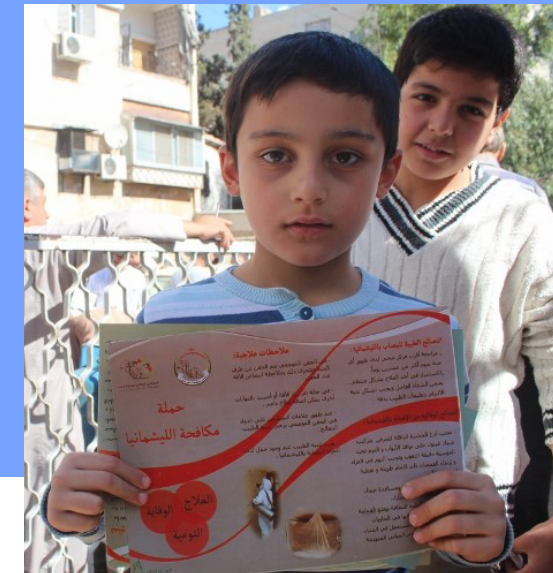
## Displaced Persons

Over 74 million people are displaced globally, living either as refugees or internally displaced in camps or communities. Malnutrition is common, water-borne, fecal-borne, and vector-borne diseases escalate in the appalling living conditions which characterise these settings. Tailoring disease prevention services to work with temporary shelter - or no shelter at all for those still moving – and ensuring access to essential diagnostic and treatment services in often remote settings requires innovative tools and strategies



## NTDs

Neglected Tropical Diseases affect the majority of the world's population, but none more so than communities living in countries affected by or recovering from humanitarian crises. The piped drinking water, toilets and drainage systems that we take for granted are normally completely absent from these settings, but without which transmission of many NTDs is unabated. Many other NTDs are transmitted by the bite of insects, commonplace to much of the world. We face the challenge of bringing simple and cost-effective therapeutic based solutions which are deliverable in these settings.



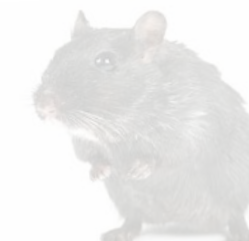
## Children

Young children, whose immune systems take several years to develop, are highly at risk of contracting and developing severe symptoms from a range of diseases. Children constitute the largest proportion of disease deaths across health systems and communities in most humanitarian crises. Finding ways to ensure easy access to prevention and curative services is vital because a child infected with malaria can die within the same day of their first symptoms.



## Urban Conflict

Certain diseases thrive in the natural environments that urban settings create. The vectors of dengue fever breed in household water systems and accidental water containers in domestic waste. The vectors of leishmaniasis breed in the cracks of damaged buildings and domestic waste. The breakdown of water and sanitation systems that characterise urban settings overwhelmed by conflict or natural disasters escalates fly-borne diarrhoeal diseases and debilitating disease conditions caused by fleas, mites, and ticks.





# DISEASE CONTROL

## RAPID ONSET DISASTERS



In March 2019, cyclone Idai caused catastrophic damage in several East African countries, including Mozambique, where over six hundred people died and millions were displaced. Public services and infrastructures were crippled, and disease outbreaks inevitable. Within a week of the disaster, The MENTOR Initiative had a team in Mozambique assessing the needs and planning a tailored emergency response. Despite no prior presence in Mozambique, MENTOR quickly established collaborative partnerships with the National Malaria Control Programme and the Ministry of Health, and together, delivered large-scale disease control and capacity building programmes in Beira, Dondo, Buzi, and Nhamatanda, providing vital protection from malaria vectors during peak transmission periods to almost 500,000 beneficiaries.

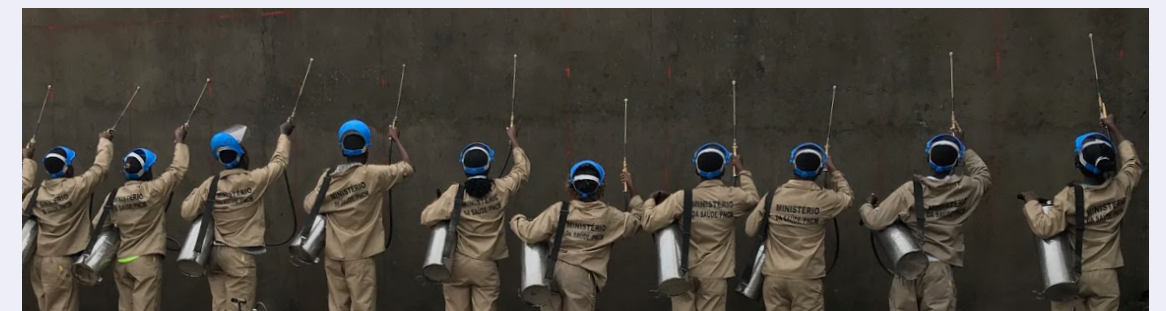


**James Mungai**, one of MENTOR's longest serving emergency disease prevention co-ordinators, worked with hundreds of local volunteers recruited from amongst flood affected communities. These volunteers were trained, equipped and supervised to deliver indoor residual spraying campaigns (IRS) to control malaria across their towns, and reaching cut-off communities by boat to deliver IRS teams where most needed in isolated villages and displaced people's tented camps. Malaria awareness was very high and the teams were welcomed by the communities, enabling a fast and effective emergency response programme.

MENTOR teamed up with the Ministry of Health (MoH) medical training teams, and followed their health worker trainings for building malaria diagnostic and treatment capacity across health facilities serving the flooded areas, with further training on diagnosis and case management of other vector borne disease threats, including dengue fever and fly-borne diarrhoeal diseases.



MENTOR's community education teams followed the IRS campaigns, reaching families living in appalling conditions to inform them of disease threats, routes of infection, and how to prevent infection through good storage water and waste management to reduce mosquito and fly breeding sites, maintenance of IRS, usage of mosquito nets where available and early diagnosis and treatment at nearby health facilities. In parallel, the Mozambique MoH worked with The MENTOR Initiative to broadcast these essential public health messages on national television and regional radio outlets, reaching millions more people, and reinforcing lifesaving disease control knowledge.





Controlling disease amongst displaced people is particularly challenging. However, with over 75 million people displaced by conflicts in 2020, MENTOR teams across Syria, Chad, Central African Republic, Cameroon and South Sudan strive daily to save lives and reduce suffering of refugees and internally displaced communities, because they are often the most vulnerable people on earth.



Living conditions for displaced people are generally appalling, whether in organised camps for Protection of Civilian (PoC) for Internally Displaced People (IDPs) or refugee camps. Basic human needs are often barely met; overcrowding, poor hygiene due to water storage and waste removal problems are common. Such conditions not only increase the risk of transmission of deadly diseases including cholera, typhoid, hepatitis B, but also create breeding sites for vectors of disease e.g. mosquitoes, rats and flies. Displaced people are also at increased risk of malaria epidemics during seasonal flooding. High rates of malnutrition exacerbate poor health standards and impede effective disease treatment.

Disease control efforts in these environments include supplying the camps' health facilities with rapid diagnostic test kits and essential drugs for treating uncomplicated and severe disease cases, whilst also training the health workers how to recognise and treat diseases. MENTOR combines health service support with an Integrated Vector Management (IVM) control package delivered to every part of the camps.

This package includes:

- Information, Education and Communication programmes delivered in a culturally sensitive manner to promote informed compliance and self-protection by enhancing usage and acceptance of tools and approaches. The programmes seek to break down potential cultural taboos and stigmas which can lead to reluctance to seek early diagnosis and treatment.
- Internal Residual Spraying of housing and distribution of Long-Lasting Insecticidal Nets to protect against a wide range of disease-carrying insect vectors that bite in and around their shelters in the evening and night.
- Larviciding water storage and open surface water to kill the different mosquitoes that breed in water thereby blocking the disease transmission cycle.
- Chemical treatment of latrines to control flies at typical breeding sites, preventing disease transmission.

Jimmy and the rest of the MENTOR team provide life-changing work in these camps. It represents the typical package of disease control that MENTOR teams always attempt to deliver to vulnerable displaced communities, despite the security and operational challenges and risks, because preventing disease infection and building essential health service capacity saves countless lives, every year, in these settings.



**Jimmy Idraku**, MENTOR's longest serving disease control manager in South Sudan, has been instrumental in building and delivering vector-borne disease control packages across hundreds of thousands of people displaced by conflict and living, some for many years, in eight temporary shelter camps in Bentiu (120,000 IDPs), Malakal (45,000), Maban (145,000 refugees in four camps) and Jamjang (121,000 refugees in two camps).





# DISEASE CONTROL

## NEGLECTED TROPICAL DISEASES

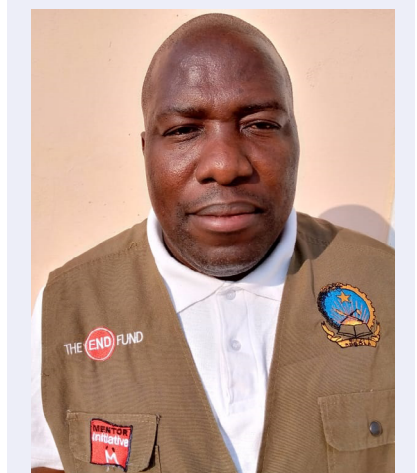


The MENTOR Initiative works to control NTDs in South Sudan, CAR, Chad, Syria and Angola, with the latter remaining one of MENTOR's longest running responses. Originally founded 18 years ago to address the challenges of malaria in the post civil-war rebuilding efforts, MENTOR's mandate expanded to include NTDs as Angola's developmental landscape evolved. NTDs are associated with inadequate water supply, poor sanitation and hygiene, and poverty, and if left untreated further exacerbate poverty and poor health, hindering socioeconomic development.

Sadly, these diseases are often neglected, not because they are difficult or costly to treat, but because they kill slowly, or 'only' lead to blindness - onchocerciasis or river blindness, for example, can be prevented with just one tablet a year.



The MENTOR Initiative's NTD programme co-ordinator, **Francisco Samandjata** works closely with Angola's Ministry of Health to address NTDs, including schistosomiasis, lymphatic filariasis, and onchocerciasis. He supported planning and delivery of Mass Drug Administration (MDA) campaigns and Water, Sanitation, and Hygiene (WASH) projects. Building on the success of its malaria control programmes in Angola, MENTOR partnered with The END Fund and has been implementing a school and community-based MDA programme to treat multiple NTDs, delivering over 14 million treatments across six provinces, since 2013. As well as minimising logistical costs and complexity, school-based distribution enables broad and deep penetration of the effort within local communities. When coupled with Information, Education, and Communication to promote best practices, children become equipped to disseminate health-care messaging for the broader public, compounding the benefits of the programme.



A MENTOR-run needs analysis found a majority of people lacked access to improved water supply and latrines and a majority of schools lacked hand-washing facilities across multiple counties. Working with the Ministry of Education, Provincial Health Departments, and with support from the WHO, school-based WASH programmes were set up to combat this lack of basic sanitation and poor hygiene,



providing training and basic equipment. Students are trained in IEC to promote behavioural changes in waste management, and in basic and essential hygiene practices using low-cost solutions like "tippy-taps". These cheap and innovative solutions build capacity in the children, and by extension their families, and promote greater effectiveness in combating NTDs when coupled with MDA. Delivery of cheap, life-saving drugs via MDA brings huge results for a relatively small investment - the maximal epitome of reducing deaths and suffering from tropical diseases.





**Bénao Nadège**, MENTOR's medical coordinator in Bocaranga, one of MENTOR's most remote programme locations, works closely with communities and local health teams every day to overcome difficulties in delivering services and disease control in this very insecure and challenging setting. Her team uses innovative techniques to gain access to these populations. Community Health Workers (CHWs) from remote communities are trained and equipped to diagnose and treat common diseases as well as being given bicycles and mobile phones to move securely.

These CHWs greatly expand MENTOR's

ability to deliver healthcare and prevention campaigns, spread health messages in local languages, refer severe disease cases to supported health facilities and collect health data. This CHW and health facility network is mirrored across neighbouring parts of southern Chad to ensure continuous access to disease control services for communities who have fled conflict in CAR and live as refugees in camps and amongst Chadian host villages, supported by MENTOR. Through these multifaceted, multilingual approaches, parents and children are equipped to promote healthcare and disease prevention for the whole family.

During a recent visit to southern Chad, **Nina Sidibe**, our HQ Grants Manager, captured the importance of our work by Skype:

*"I went to visit one of our programmes this morning and I fell in love with the work we do here. It does not come across that way on the paper. The people in those villages love Mentor; they were so happy to see someone from the HQ and telling me please don't abandon us. I wanted to cry. Only when you are on the ground, you can see and feel the reality of it."*

Children are particularly hard hit by disease of all forms, because their immune systems develop in the early years, and until developed they're at much greater risk of developing severe disease symptoms and dying. Normally, above the age of five and less affected by malnutrition or other multiple infections, they're more resilient and able to fight infection.

Children are particularly vulnerable to disease and at increased risk of dying because their immune systems are still developing. Malaria primarily kills children, and can do so within a day of symptoms developing. Thus, MENTOR prioritises access to malaria prevention and case management services for young children. Similarly, children are the most vulnerable to diarrhoeal diseases or diseases such as dengue fever. Again, MENTOR prioritises this age group in its tropical disease control responses through vaccination campaigns, IEC/BCC, IVM and diagnosis and treatment services.



Malnutrition has reached unprecedented levels in the Sahel and is one of the greatest exacerbating factors in disease vulnerability, not only because it compromises the human immune response, but also because it reduces the gut's ability to absorb drugs, complicating case-management.

MENTOR's disease control programmes for children in N.W. CAR and neighbouring areas of southern Chad model our approach across this region of Africa, where most countries have been affected by decades of instability, exploitation by various factions, and sectarian violence, leaving populations averse to outsiders and suspicious of help. Children are often caught in the crossfire of violence and displacement, further increasing their vulnerability to disease and restricting their access to effective healthcare systems.

MENTOR's ongoing work in CAR since 2008 has established a unique trust with communities and authorities that facilitates the delivery of emergency services.





In humanitarian crises, urban settings are often the hardest hit, whether by conflict or natural disaster. Partial or mass destruction of buildings, drainage, and clean water supplies, together with disrupted public services such as waste management, characterise these settings and create ideal breeding conditions for insects that transmit devastating diseases such as leishmaniasis, dengue fever and cholera.

The MENTOR Initiative has developed specific strategies for disease control amongst populations sheltering in damaged urban settings as diverse as Banda Aceh, Indonesia following the 2004 tsunami, Port-au-Prince, Haiti following the 2010 earthquake, Beira, Mozambique following Cyclone Idai in 2019, and cities across conflict-torn Northern Syria.

This multi-pronged approach requires:

1. Reaching people in their homes and communities to treat or remove vector breeding sites and to ensure access to disease prevention tools in their homes
2. Ensuring access to effective health care services, whether static or mobile
3. Informing people through local media, schools, mosques, etc to educate and maximise the correct uptake and usage of prevention and case-management services.
4. Having effective reporting through robust surveillance systems

War-torn buildings in urban Syria provide ideal breeding conditions for phlebotomine sandflies, the vector responsible for transmission of cutaneous leishmaniasis (CL). Increasing sandfly populations, coupled with limited access to health services and poor housing have resulted in a dramatic increase in the number of CL cases. The MENTOR Initiative has responded to this situation in the following ways:

- Controlling the sandfly vector at its breeding site through restarting waste removal services.
- Controlling the sandfly population through Indoor Residual Spraying (IRS) and distribution of Long-lasting Insecticidal Nets (LLINs) and curtains (LLICs), protecting over three million people every year.
- Ensuring a supply chain of effective diagnostic tools and drugs for Leishmaniasis, to standardise therapeutic services available to communities across NE and NW Syria.
- Ensuring skilled health care services for Leishmaniasis case management through over 180 treatment sites, including mobile clinics.

**Dr Abdulkadir Al Abdo** is one of MENTOR's skilled medical co-ordinators in Syria,



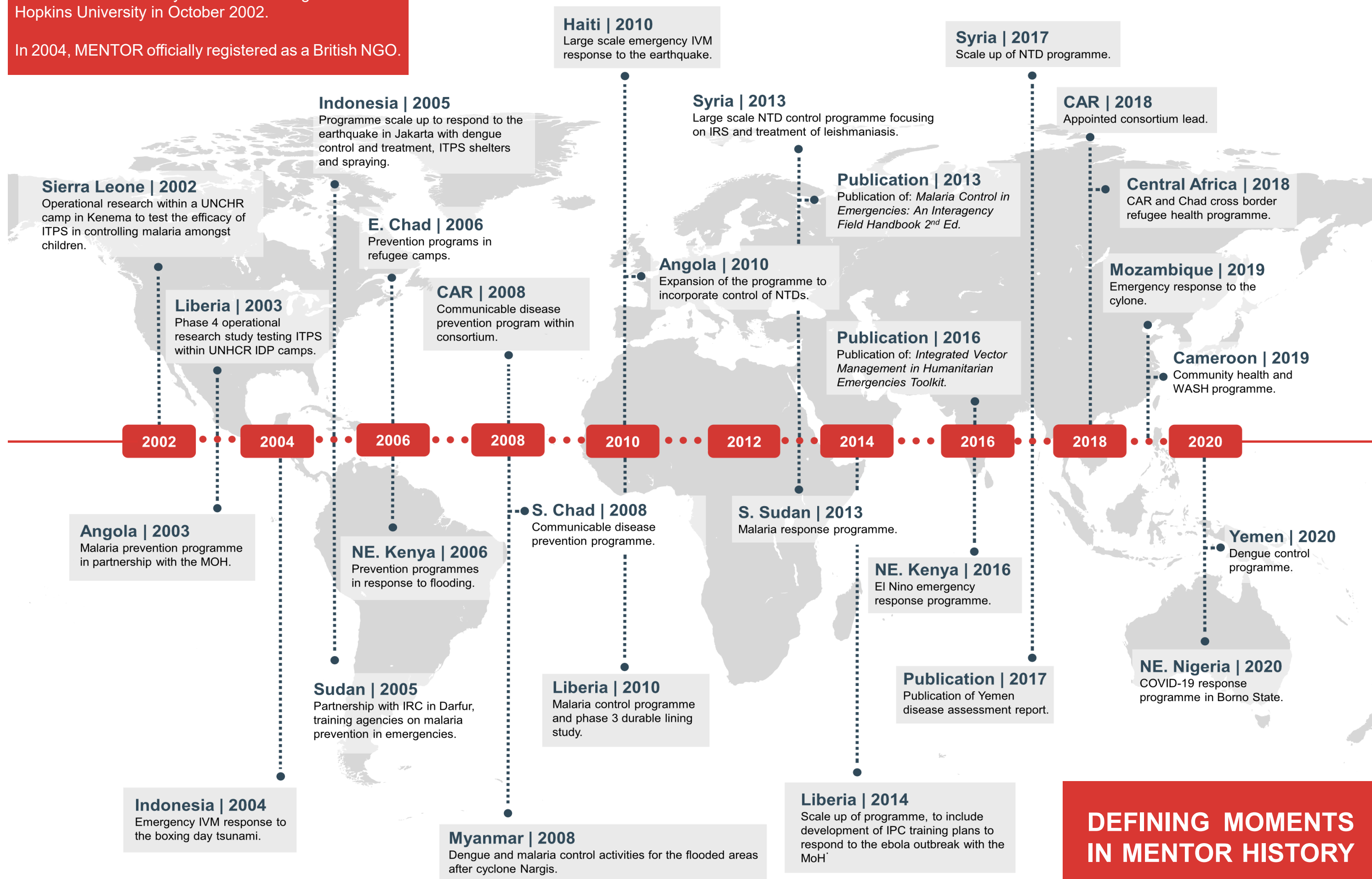
working with the displaced and war-torn host communities we serve, in cooperation with the local health authorities. Building trust, understanding and acceptance is an essential part of his work delivering these disease control tools and effective health services, and allaying any mistrust and fear amongst communities. Wherever possible, Dr Abdulkadir, and the country team, recruit and train IEC and IRS spray teams consisting of male and female pairs from local communities; this increases community acceptance of this intervention, ensuring more homes are sprayed and more families are protected. In parallel with these large-scale prevention campaigns MENTOR also works closely with local health authorities and health teams, through technical training and ongoing supervision and mentoring support to help build their technical knowledge and capacity to diagnose, treat and report leishmaniasis cases across the 180 treatment points that open and close dynamically as conflict moves.



The MENTOR Initiative (MI) began its first programme in Sierra Leone shortly after its founding with Johns Hopkins University in October 2002.

In 2004, MENTOR officially registered as a British NGO.

# WHO WE ARE AND OUR PLACE IN THE WORLD



DEFINING MOMENTS  
IN MENTOR HISTORY



# KEY FACTS OF THE MENTOR GLOBAL PROGRAMME

## Chad

- **133K** communicable disease consultations
- **35K** cases of malaria treated
- **342K** community health beneficiaries

## Central African Republic

### MENTOR PROGRAM

- **289K** communicable disease consultations
- **148K** cases of malaria treated
- **>1M** community health beneficiaries

### CAR CONSORTIUM

- **137K** beneficiaries with improved access to water and sanitation
- **247K** beneficiaries supported with healthcare

## Angola

- **358K** schistosomiasis (SCH) treatments
- **356K** Soil-transmitted Helminths (STH) treatments
- **57K** IRS beneficiaries

## Syria

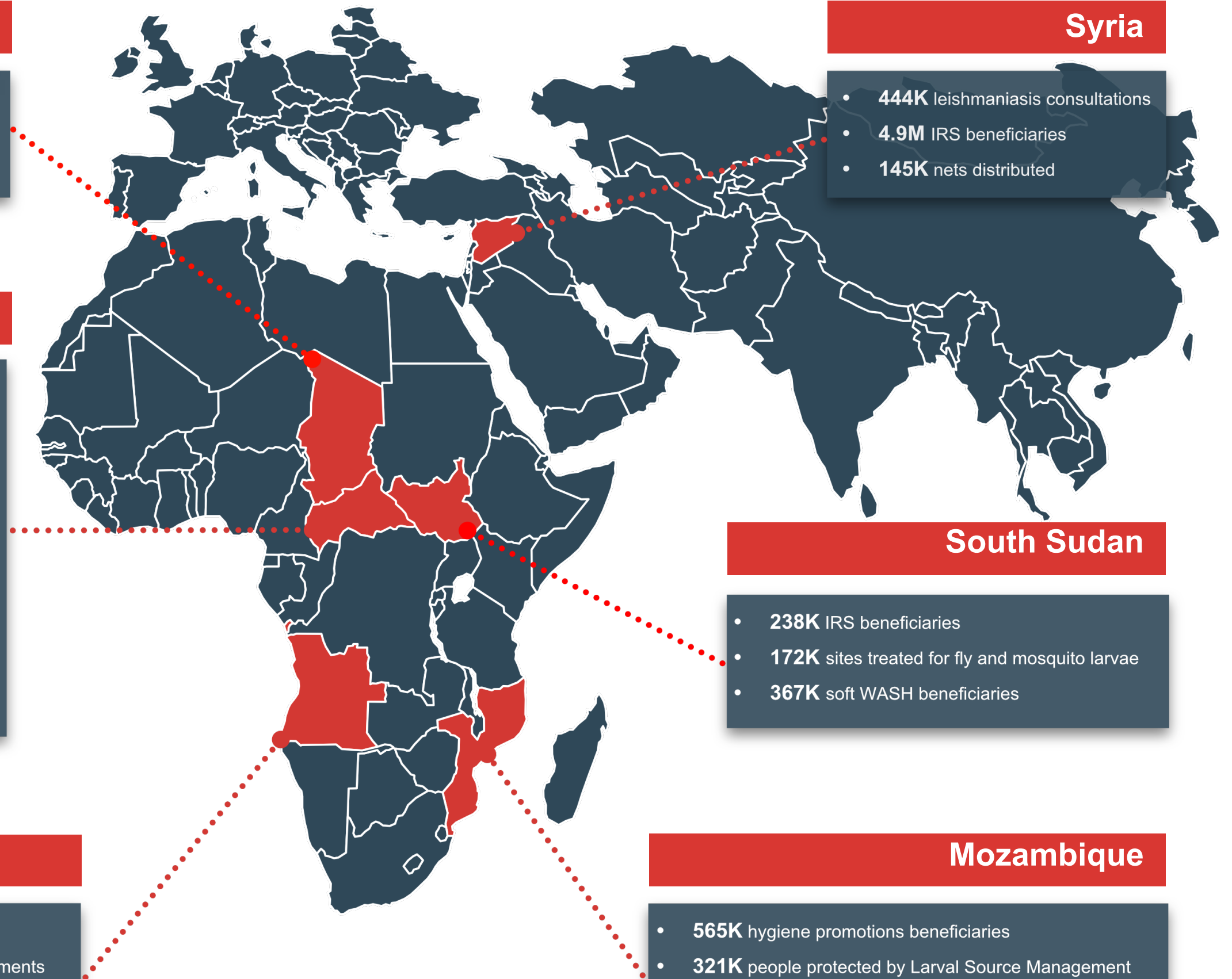
- **444K** leishmaniasis consultations
- **4.9M** IRS beneficiaries
- **145K** nets distributed

## South Sudan

- **238K** IRS beneficiaries
- **172K** sites treated for fly and mosquito larvae
- **367K** soft WASH beneficiaries

## Mozambique

- **565K** hygiene promotions beneficiaries
- **321K** people protected by Larval Source Management
- **492K** IRS beneficiaries







The MENTOR Initiative has shaped itself to work in a world of rapidly changing settings, where populations and the diseases that most affect them present enormous challenges for assuring the delivery of effective healthcare and disease prevention.

Climate change is dramatically changing the balance of humanitarian crises. MENTOR's teams have been trained to assess, plan, and respond quickly and effectively to meet disease control needs in floods, earthquakes, cyclones and other natural disasters, anywhere in the world.

This has been the decade of emerging diseases. They pose enormous threats to populations caught up in crisis settings, and mass population displacement often compounds both vulnerability and spreads diseases. MENTOR has tuned its structure and skillset to be humanitarian pathfinders in emergency responses to Covid-19, Ebola, dengue fever, leishmaniasis, and other haemorrhagic diseases emerging in often dramatic scales across most of the crisis settings in which we work.



The MENTOR Initiative is strategically informing and helping to shape the humanitarian community's thinking and future responses by bringing together WASH and Health activity planning and delivery to create disease control synergies that improve health-outcomes amongst displaced populations, isolated communities and others affected by conflict or natural disaster.



MENTOR has eighteen years of working as a central partner with UN, private sector, and academic organisations to further operational research and new tool development to improve the humanitarian "toolbox" for disease control in challenging settings. As we turn the corner into a new decade, with new disease challenges, expanding operational delivery challenges and reducing efficacy of many historically relied upon disease control tools, the operational research work of the organisation will continue to play a strategic role in helping to ensure that MENTOR remains on the front foot as the lead agency for VBD control in emergency settings.







Over the last 18 years, The MENTOR Initiative has been helping to drive bespoke solutions to life-threatening problems in humanitarian crises, and to inform international policy and practice. Working with cross-sectoral international partnerships, innovations in disease control have been developed, including:

- The use of insecticide-treated plastic sheeting to construct temporary shelters whilst simultaneously protecting families displaced in emergencies from vector-borne diseases (AJTMH 2012).
- The development and use of new rapid diagnostic testing kits and therapies tailored for use in remote locations (Malaria Journal 2014).

MENTOR's studies investigating nets designed to protect people from malaria, dengue, Rift-Valley Fever and other insect-borne diseases when sleeping outdoors began in Kenya (Malaria Journal 2015). These studies are ongoing, driven by the need to find solutions to protect outdoor sleepers in malaria zones, both in the conflict-torn Sahel region of Africa, as well as forest dwellers in Asia. This need has become ever more important with faltering global progress on targets for reducing malaria deaths in 2020.

We are currently focusing on two of the humanitarian sector's greatest challenges, both now and in the future:

- finding additional innovative tools for the vector-borne disease prevention toolbox
- keeping health facilities and health-service provision safe and able to function at times when contagious disease outbreaks affect them most severely.



Olivia and Ramona are leading our operational research team's partnership with SC Johnson to evaluate the latest innovation in vector-control today. Whereas all other tools in current use focus on either physical (barrier) protection of individuals in houses or use insecticides applied to walls or materials to kill target insects, many of the active ingredients relied upon are rapidly losing their efficacy. SC Johnson has developed a spatial repellent housed in a simple A4 sheet of plastic ("Envelope") that can effectively repel insect within a four-metre radius.

Funding from the Humanitarian Grand Challenge is enabling our team in Syria to evaluate the ease of use and impact of Envelope on sandflies and cutaneous leishmaniasis transmission in war-torn urban and camp settings. Spatial repellents have never previously been evaluated for leishmaniasis prevention, nor in the humanitarian crisis setting, yet their easy-to-use design, if matched by effective disease control, will be a game changer for leishmaniasis in the Middle East.







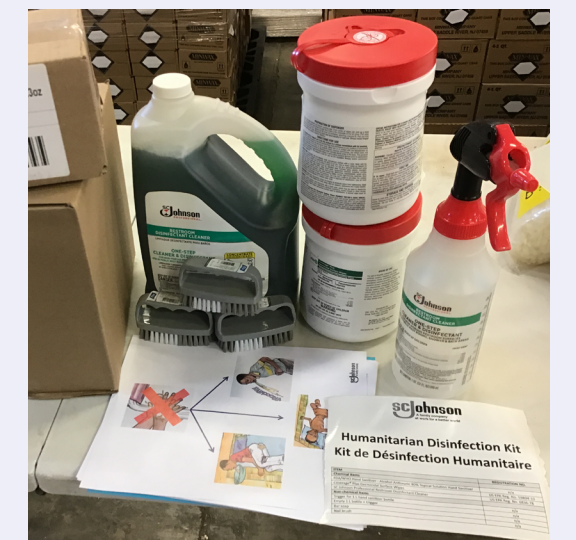
In partnership with Sumitomo, MENTOR teams in Africa and Yemen are taking forward innovative new pilot programmes for integrated vector control in communities affected severely by dengue fever and other aedes-borne diseases. Dengue fever is the fastest spreading vector-borne disease today, across Asia, Latin America, Africa and now also Southern Europe (>400million cases per year) with a rising death toll annually. The aedes mosquito breeds largely in water containers, particularly those created by domestic living environments.

Having worked extensively in dengue control since the 2004 Tsunami, MENTOR is now evaluating long residual life, simple to use, larvicide discs to block aedes mosquito development in large water storage containers. This work is being conducted as part of integrated, vector-control projects alongside communities who are mobilised to manage smaller water and waste containers for themselves. Historically, liquid or granular larvicides have had a residual life of weeks. The Sumitomo “SumiLarvTM” discs work for at least six months, and could redefine both the feasibility, impact, and sustainability of Dengue control even in the most challenging settings.



The MENTOR Initiative and SC Johnson have expanded their partnership this year to develop the first ever emergency disinfection kits with simple pictogram instructions for use in health facilities and schools. These kits add to the standard Personal Protective Equipment (PPE) available to frontline workers by ensuring a safe working environment during contagious disease outbreaks such as Ebola, cholera, and COVID-19.

Designed in format suitable for air-freight and sea-freight, UN Foundation and The END Fund have joined this partnership, and together we are in the process of delivering these kits with a network of NGO, MoH and UN partners, to hundreds of health facilities in Borneo State, Nigeria; Central African Republic, and Mozambique. The aim of these kits is to protect vital health and education services for at least six months; data will also be collected on the uptake and usage of the kits to guide their future development.





# BOARD OF DIRECTORS

**Paul Jobson** is the chair of the Board of The MENTOR Initiative. Paul has been a Company Director and Finance Director of large commercial organisations such as Massey Ferguson International and development organisations, and has extensive organisational management skills and experience. Paul supports Richard and the Senior Management Team to develop the organisation as a whole, with a key focus in recent years on strengthening the leadership and their combined skillsets.



**D. Scott Smith** provides continuous technical support to the Board bringing expertise and experience as a result of his role as Chief of Infectious Disease and Geographical Medicine at Kaiser Permanente hospital, California. Scott is also an Adjunct Professor at Stanford Medical School where he directs a course in Human Biology entitled “Parasites & Pestilence”. Scott contributes to MENTOR’s global training workshops on malaria and vector-borne diseases, and regularly works with programme staff to share knowledge and insights on disease control.



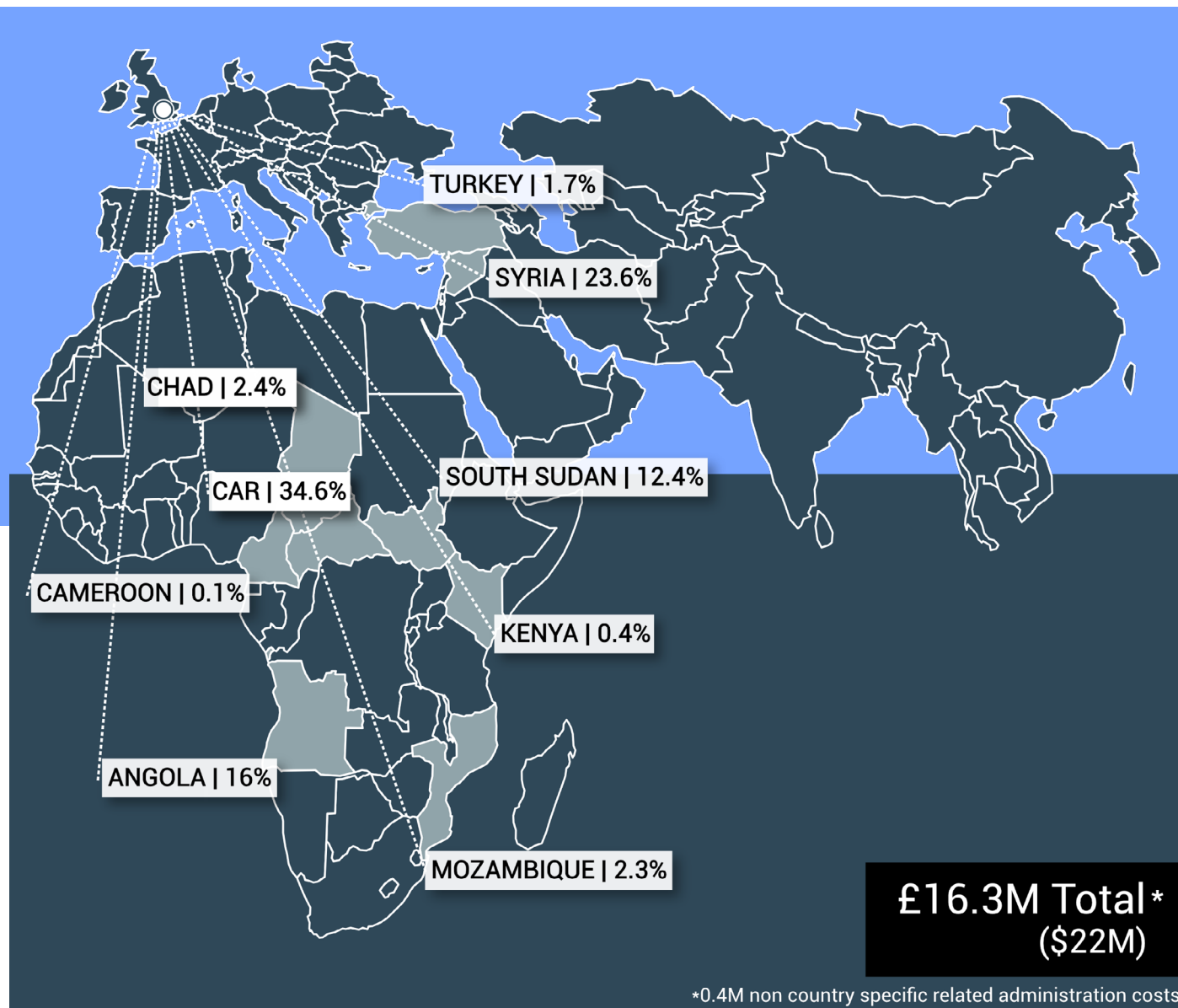
**Richard Allan** is the founder and CEO of The MENTOR Initiative. He is an expert in malaria and vector borne disease control, having trained at Oxford University and the Medical Research Council. Prior to setting up The MENTOR Initiative, Richard previously worked with the World Health Organisation, Roll Back Malaria and various international NGOs. Richard works on a day to day basis with all the teams at MENTOR, and takes the lead on emergency response and operational research including our new partnership with Grand Challenge Canada to investigate innovation in prevention tools.

**Gareth Williams** acts as lead on systems and management controls, derived from his experience working as a management consultant where he provides advisory & programme management support in organisational change, service transformation projects & financial management, working with government and corporations. His expertise is cross-sectoral, and built from over 25 years in the private and international development sectors. Gareth has recently led a structural review at the Headquarters level, working across the finance and grants management teams to improve internal controls.

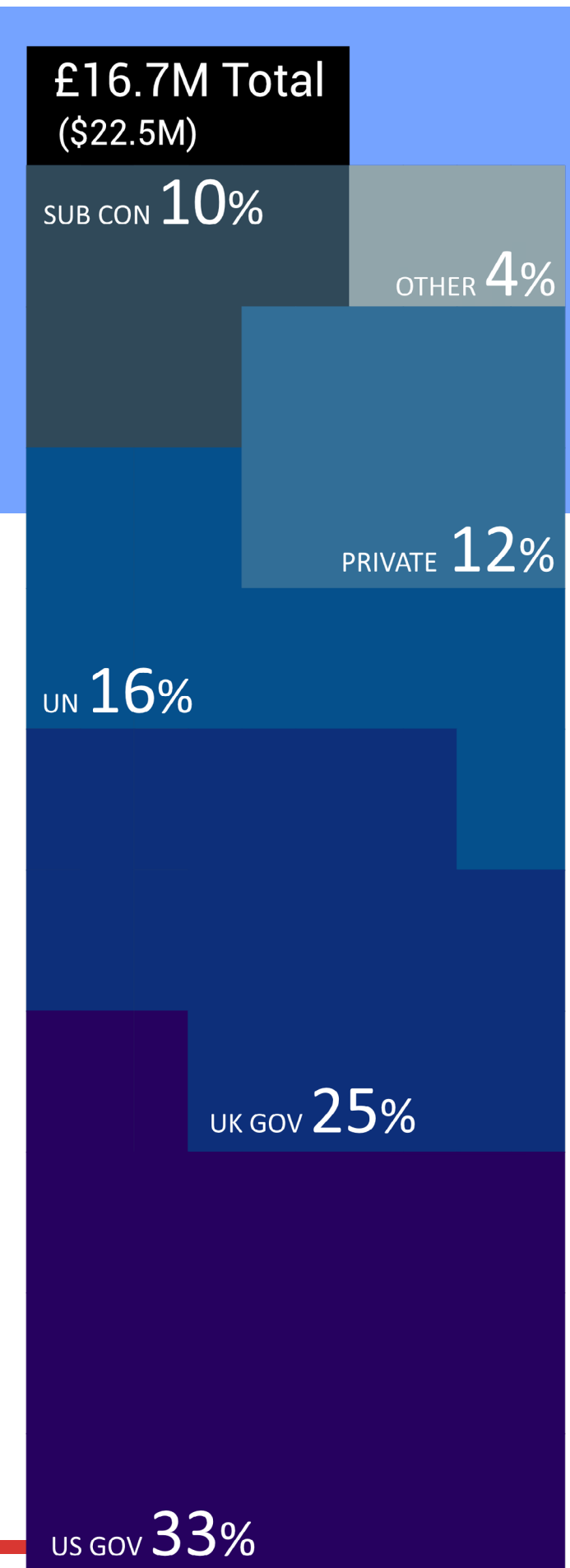
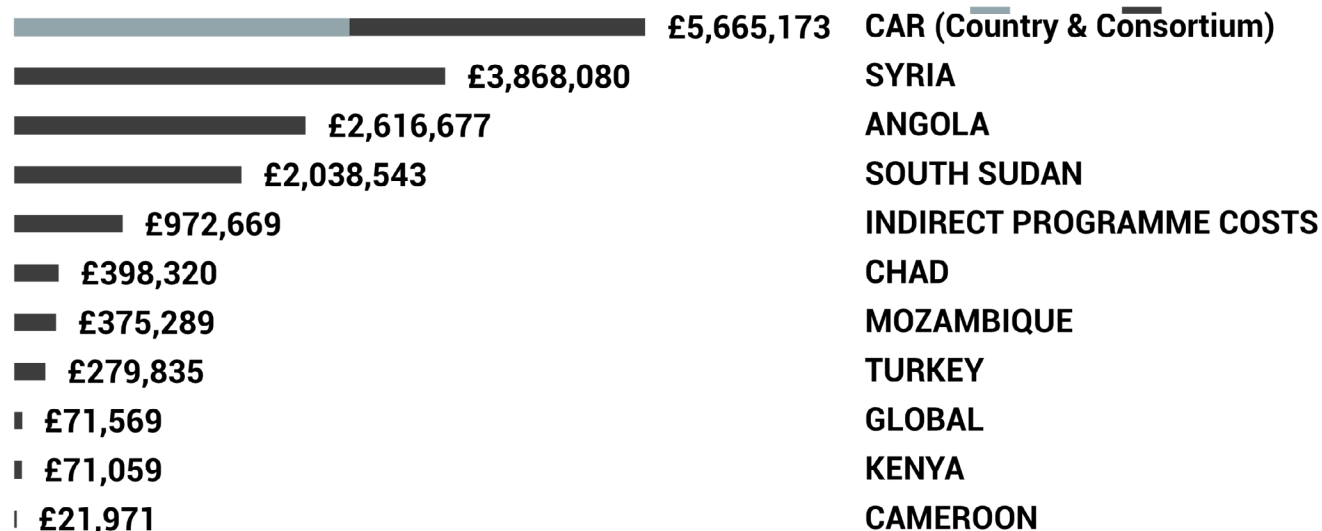




# MENTOR - FINANCIAL OVERVIEW



0% 5% 10% 15% 20% 25% 30% 35% 40% 45%



## UK Government

DFID	£1,445,740
DFID Consortium Funds	£2,669,051
<b>Total</b>	<b>£4,114,791</b>

## US Government

BPRM	£1,164,306
OFDA	£4,378,827
<b>Total</b>	<b>£5,543,133</b>

## UN (International Agency)

Common Humanitarian Fund	£383,512
WHO	£104,302
Rapid Response Fund	£231,365
Turkey Humanitarian Fund	£1,260,177
UNICEF	£757,512
<b>Total</b>	<b>£2,736,868</b>

## Private (Philanthropic)

E8	£626,501
E8 Global Fund	£14,083
The End Fund	£1,330,108
<b>Total</b>	<b>£1,970,692</b>

## Sub Contracted

Project Hope	£82,740
International Rescue Committee	£4,740
PSI	£745,511
Relief International	£314,791
Solidarités International	£72,893
Sight Savers	£287,294
TKMI	£178,954
<b>Total</b>	<b>£1,686,923</b>

## Other

SC Johnson	£37,395
Swiss Government	£606,979
Other	£14,932
<b>Total</b>	<b>£659,306</b>





REDUCING DEATHS AND SUFFERING FROM TROPICAL DISEASES  
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