



2025

ANNUAL REPORT

PAVING THE PATH TO PREVENTION



NALA

TABLE OF CONTENTS

01.

Letter from Leadership

02.

2025 at a Glance

03.

Call to Action

04.

About NALA

05.

Prevention at Every Level

06.

Sustainability by Design

07.

Embedding Change at Scale

08.

Communities First, Always

09.

Research That Strengthens Practice

10.

Partnerships for Lasting Impact

11.

From the Field to Global Leadership

12.

In Tribute to Our Founder

13.

Financial Snapshot

14.

Thanks to You



LETTER FROM LEADERSHIP

DEAR PARTNERS,

We have made remarkable progress against neglected tropical diseases (NTDs). Yet sustaining these gains, and extending them will depend on the choices we make now. Over the past decade, countries have shown that these diseases can be controlled and even eliminated. Since 2016, 30 countries have been validated by the World Health Organization as having eliminated trachoma as a public health problem, while the number of people at risk has fallen by more than half. Progress on schistosomiasis has also been significant: large-scale treatment efforts have reduced prevalence in school-aged children by nearly 60 percent, and the global burden has declined over time. In Ethiopia, progress has been hard-won but tangible, with close to 90 percent reductions in schistosomiasis prevalence in areas such as Bench Sheko, through a government-led effort supported by NALA together with Merck. These gains reflect years of sustained investment, partnership, and persistence. Yet the global health landscape is shifting. With major funding streams under pressure, the question is no longer only how to scale, but how to do so strategically, focusing on approaches that reduce transmission at its source and embed prevention into systems that can sustain progress over time.

In many ways, this is not a new lesson. Countries that have come closest to elimination have done so by addressing transmission, not only disease. In Egypt, decades of sustained, integrated action have reduced schistosomiasis from widespread endemicity to the brink of elimination, with the country now preparing its dossier for validation by the World Health Organization. In India, trachoma was eliminated as a public health problem not through large-scale drug campaigns alone, but through improvements in hygiene, access to water, and strengthened health systems. Earlier still, in the United States, public health messages urged people to wash their hands before touching their eyes, recognizing that simple behaviors could prevent infection. Across these contexts, the pattern is consistent: treatment reduces disease, but it is prevention, embedded in systems and in daily life, that interrupts transmission and sustains progress.



Source: District of Columbia Society for the Prevention of Blindness, c. 1930s

This is the approach that has guided NALA's work. Across our programs, we focus on reducing transmission through practical, system-based interventions that can be sustained at scale: strengthening multisectoral coordination between health, education, and water systems; supporting vector control efforts such as snail mapping in high-risk areas, and embedding hygiene promotion into schools and communities. We invest in behavior change approaches that reflect how people learn and act in their daily lives, including the use of gamified tools to support health education and community engagement. Our experience shows that when these elements come together, treatment becomes more effective, reinfection declines, and progress is more likely to last.

Looking ahead, we are moving from reducing disease to stopping it. From 2026, we will take on this challenge in trachoma, focusing on areas that have reached 5 to 9.9 percent prevalence and now require a more precise approach to sustain gains and move toward elimination. This builds on work

already underway: in districts where schistosomiasis prevalence has fallen below 10 percent, we have been working since 2024 with the Ethiopia Ministry of Health and the END Fund to interrupt transmission and move beyond control. At the same time, we are expanding our work with governments in countries such as Tanzania and Malawi, taking what has been proven in practice and applying it to new contexts. Our goal is not isolated success, but systems that hold, across diseases and geographies, sustainably. Achieving this requires continued leadership from governments, stronger integration across sectors, and renewed commitment from the global community. At a time when resources are under pressure, it is more important than ever to invest strategically in approaches that deliver lasting impact and bring us closer to a future free of neglected tropical diseases.

We are deeply grateful to our dedicated team, and to the partners and board members who continue to support and advance this work.



WITH APPRECIATION,

Michal Bruck
CEO, NALA

2025 AT A GLANCE

CO-DESIGNING WITH COMMUNITIES

In Addis Ababa, NALA brought together project teams, partners, and government stakeholders to redesign interventions through a human-centered lens. Listening to lived experience helped turn challenges into practical, community-driven solutions.



LAYING THE GROUNDWORK FOR STOPPING TRANSMISSION

Every community is different. Understanding local behaviors, risks, and access to services is the first step in designing interventions that fit the people they are meant to serve. NALA completed a major baseline assessment across eight Ethiopian districts, providing governments and partners with the evidence needed to plan and measure progress toward stopping disease transmission.



KEEPING WATER FLOWING IN SCHOOLS

NALA repaired and restored broken water systems in schools across Oromia and the South Ethiopia Region, bringing safe water back into daily school life. By pairing repairs with hands-on training for local technicians, schools are better equipped to keep water flowing long after the work is done.



DESIGNING PREVENTION FOR PASTORALIST COMMUNITIES

NALA gathered insights from pastoralist communities in southern Ethiopia to understand how daily life, movement, and water use shape health risks. These learnings directly guide how NALA designs prevention approaches that fit pastoralist realities, rather than relying on one-size-fits-all solutions.



MAPPING DISEASE RISK IN FRESHWATER SOURCES

Together with local communities, NALA mapped disease-carrying freshwater snails in targeted districts in southern and southwestern Ethiopia, identifying where schistosomiasis transmission is most likely to persist. This evidence helps government partners focus prevention efforts on specific water points, strengthening targeted action beyond treatment alone.



REACHING NEW COMMUNITIES

NALA visited Jinka to begin work in a new area of Ethiopia, meeting with communities to understand local realities firsthand. These early conversations are shaping how health education and behavior change tools are designed, grounded in context and lived experience.



HEALTH INTEGRATED INTO THE SCHOOL CURRICULUM

For more than 500,000 children each year, health is now part of everyday learning. Across southwestern Ethiopia, hygiene and sanitation messages are woven into regular lessons, from reading to writing across Grades 1–6. Led by the Regional Education Bureau with NALA's support, this milestone helps healthy habits become part of the school day, year after year.



STRENGTHENING STORYTELLING FROM THE FIELD

Clear communication is as critical as strong programs. Together with the Ethiopian Ministry of Health and the END Fund, NALA hosted a storytelling workshop where journalists and health officials learned how to turn technical work into clear, relatable stories, helping ensure that the realities of NTD prevention are understood, shared, and acted on.

ELECTED TO LEAD THE GLOBAL NTD NETWORK

Dorin Brener Turgeman, NALA's Head of Operations, was elected Chair of the Neglected Tropical Disease NGO Network (NNN), a global network of more than 100 member organizations working across over 50 countries. This role places NALA at the center of global decision-making on how preventable diseases affecting millions worldwide are addressed, shaping priorities, partnerships, and the future direction of the sector.



ADVANCING AI FOR DISEASE DETECTION

NALA's AI-powered diagnostics proposal was selected as one of four projects to receive a research grant from SID Israel and the Israel–Africa Relations Institute. The project will test AI-enabled microscopes to support faster, more accurate detection of parasitic infections, helping health workers act earlier and strengthen prevention-focused health systems.

HEALTH INTEGRATED INTO THE CURRICULUM

Across southwestern Ethiopia, health and sanitation messages were integrated into regular lessons, from reading to writing, across Grades 1–6. Led by the regional education bureau with NALA's support, this change reaches 500,000+ children each year, shaping habits through everyday learning.



BUILDING THE NEXT GENERATION OF PREVENTION TOOLS

A NALA research team traveled to Ethiopia to strengthen partnerships with local researchers and universities, and explore how new tools could improve disease detection in the future. The visit connected field realities with emerging ideas, from improved diagnostics to using environmental DNA for detection of pathogens, grounding innovation in the places where prevention must ultimately work.



LAYING THE FOUNDATIONS IN MALAWI

NALA took the first steps to expand our prevention-focused model through the PRISM project to Malawi, marking the next phase of adapting its prevention-first approach beyond Ethiopia. Working with government and local partners, the initiative builds on lessons learned to design prevention strategies that fit national systems and local realities.

2025 IN NUMBERS

985K+

PEOPLE RECEIVED TREATMENT WITH
TECHNICAL SUPPORT FROM NALA

500K~

CHILDREN WILL BE REACHED EACH YEAR
FROM 2025 ON

1.27M+

DIRECTLY REACHED THROUGH PREVENTION INTERVENTION

496,000+

Supported through
improved water access

772,700+

Engaged through
community prevention
activities

2,900+

Participated in hotspot-
focused prevention
activities

15,300+

LOCAL HEALTH AGENTS MOBILIZED

11,200+

Community health
volunteers involved in
household outreach

1,500+

Community leaders
engaged in prevention
coordination

150

Sector leaders prepared
through Training of Trainers
(ToT) programs

390+

Local actors trained to
support snail surveillance
and control

1,236

Government and district
actors engaged

1,200+

MDA facilitators prepared

200 PROFESSIONALS CERTIFIED

Professionals from government, NGOs, and sectors including health, education, water, and agriculture completed NALA-developed, Ethiopian MoH-endorsed online courses on multisectoral coordination, equipping them with the knowledge and skills to lead coordinated disease prevention.

11 ABSTRACTS | 6 CONFERENCES

Research and field experience shared across national and international platforms, bringing NALA's prevention models into sector discussions on schistosomiasis, WASH, behavior change, and sustainable disease control.

1 RESEARCH GRANT AWARDED

A competitive grant secured to develop AI-powered microscopes that support faster, more accurate detection of parasitic infections, helping health workers identify disease earlier and strengthen prevention.

1 PEER-REVIEWED PUBLICATION

New research published on freshwater snails and schistosomiasis dynamics in southwest Ethiopia, strengthening the evidence needed to target disease prevention where it can have the greatest impact.

CALL TO ACTION

Preventable diseases continue to shape lives, not because solutions do not exist, but because prevention is still too often treated as optional. Reinfection, system gaps, and short-term responses keep communities trapped in cycles that are entirely avoidable. The evidence is clear: when disease prevention is built into daily life, into how children learn, how water is managed, and how health services operate, outcomes change, and they last.

At NALA, we have seen what happens when communities lead, governments commit, and prevention becomes routine rather than reactive. Change does not come from a single intervention or a single actor. It comes from working across the places where health is actually shaped: classrooms, households, clinics, and local decision-making spaces. It comes from listening first, building with people rather than for them, and choosing solutions that can be sustained long after projects end.

This is not only a public health challenge. It is a question of priorities. A question of whether disease prevention is treated as a foundation for equity, resilience, and dignity, or as an afterthought. The tools exist. The knowledge exists. What remains is the decision to act together, consistently, and at scale.

A world free from preventable disease is not an abstract vision. It is built through everyday choices, through communities leading change, through systems that protect rather than respond, and through partnerships that turn commitment into lasting impact. When prevention becomes standard practice, health shifts from something people recover to something they can rely on.

We invite governments, institutions, funders, researchers, and communities to work with us to make prevention the norm rather than the exception, and to help shape a future where preventable disease no longer defines lives.



**JOIN US IN CHOOSING A DIFFERENT FUTURE.
ONE WHERE HEALTH IS PROTECTED EARLY,
SUSTAINED LOCALLY, AND BUILT TO LAST.**

ABOUT NALA

Neglected tropical diseases (NTDs) are often described as medical problems. In reality, they are systems problems. They persist where water is unsafe, where information does not reach people in time, where services operate in silos, and where prevention is treated as secondary to response. **For nearly one in every five people worldwide,** this means living with diseases that could have been avoided entirely.

NALA EXISTS TO CHANGE THAT REALITY.

Founded on the belief that preventable disease should never be inevitable, NALA works to reduce risk before illness takes hold and help communities stay healthy. Rather than focusing only on treatment, we concentrate on the conditions that allow disease to spread and return, how behaviors are shaped and sustained, how systems coordinate, and how everyday decisions are made. Our goal is simple but ambitious: to make prevention part of daily life, not a temporary intervention.

Our work is rooted in long-term partnership and local leadership. We collaborate closely with governments, communities, educators, health workers, and researchers to strengthen systems from within. This means embedding prevention into public services, supporting coordination across government sectors, and ensuring that knowledge and responsibility sit with the people who apply, reinforce, and carry this work forward every day. When prevention is locally owned, it lasts.

Across everything we do, a shared set of principles guides us. We design with people, not for them, grounding solutions in lived experience through human-centered design. We build evidence carefully, learning what works, where it works, and why. We adapt rather than replicate, recognizing that sustainable solutions must fit local realities. And we advocate consistently, bringing field-based insights into national and global conversations so disease prevention is prioritized where decisions are made.

These principles come together in practice: in schools where health messages are woven into routines and reinforced through everyday behavior, in districts where health, education, and water actors plan together, in communities that identify risks early and act on them, and in countries beginning to adapt proven approaches to their own systems. From Ethiopia to new contexts beyond, NALA's work shows that disease prevention is most powerful when it is integrated, coordinated, and carried by people inside the systems meant to protect them.



TRANSFORM GLOBAL NTD
RESPONSE FROM TREATMENT TO PREVENTION

NALA AS GLOBAL NTD PREVENTION EXPERT

DESIGN
PARTNER
BUILD
ADVOCATE

STRENGTHEN COORDINATION ACROSS SECTORS

ENSURING SAFE WATER AND SANITATION ACCESS

SUPPORTING COMMUNITY LED DISEASE PREVENTION

TEACHING HEALTHY HABITS

OUR MISSION

To create a world free of preventable diseases that perpetuate the cycle of poverty, by leading the shift from treatment to prevention and embedding sustainable, community led solutions into everyday systems.

OUR VISION

A future where disease prevention is standard practice, health systems reduce risk before illness begins, and communities have the tools and ownership to protect their health for generations.

OUR STRATEGY AT A GLANCE

How we deliver lasting prevention

- **Design adaptable prevention models** that can be used across contexts and scaled responsibly
- **Partner with governments and communities** to embed prevention inside public systems
- **Build evidence and innovate** to improve how prevention works and where it works best
- **Advocate globally** to shift policy, practice, and funding toward prevention

NALA's strategy focuses on turning prevention from an idea into standard practice. We do this by designing adaptable prevention-focused strategies, embedding them within government systems, strengthening the evidence base through research and innovation, and advancing prevention as a global priority through advocacy and partnerships. By linking community-level action with national systems and global learning, we ensure that what works in one place can be adapted responsibly elsewhere, without losing local ownership or effectiveness.

PREVENTION AT EVERY LEVEL

PREVENTION WORKS IN LAYERS

There is no single intervention that prevents disease. Sustainable prevention is built from multiple, connected actions. Health education alone is not enough if water sources remain unsafe. Infrastructure repairs fail if there is no local ownership or maintenance. Behavior change does not last without coordination and support. NALA designs prevention as a layered system, linking behavior, environments, and local systems, so prevention becomes practical, adaptable, and sustained in daily life.

FROM INDIVIDUAL CHANGE TO COMMUNITY ACTION

People stay healthy when knowledge and daily habits help them avoid risk. The ARISE project was designed to make this possible, bringing together a minimum set of proven actions and anchoring them inside existing health and education systems so they can be delivered consistently and at scale. Community health workers are trained to help families reduce everyday risk. Through simple learning tools, including illustrated flipbooks and group sessions, they carry practical guidance into households through visits, conversations, and community gatherings, while schools extend these messages beyond classrooms and into families. In this way, it moves from schools into homes and from training rooms into daily routines. In 2025, this approach reached more than 159,000 households and 770,000 community members through community-based activities and behavior change.

FROM THE ENVIRONMENT TO SAFER SYSTEMS

Knowing how to avoid risk is not enough if the environment makes exposure unavoidable. When water sources are unsafe or access is limited, even the right behaviors cannot fully protect health.

For schistosomiasis, risk often goes unseen. The parasite is carried by aquatic snails living in freshwater used every day, making infection possible long before symptoms appear. Snail mapping makes this risk visible, identifying where exposure is most likely and allowing action to focus on the water sources people rely on daily. In 2025, communities across seven districts in Ethiopia turned these insights into practical action. Nearly 400 local leaders, health workers, and community volunteers mapped more than 170 water points, marked high-risk sites, and used this information to guide safer choices around where and how water is used.



“

WE HAVE GATHERED MANY SKILLS AND KNOWLEDGE, AND I PLAN TO WORK WITH COMMUNITIES, EDUCATION, AND OTHER SECTORS TO INTEGRATE THIS KNOWLEDGE INTO THE COMMUNITY. WE WILL DO COORDINATED WORK.

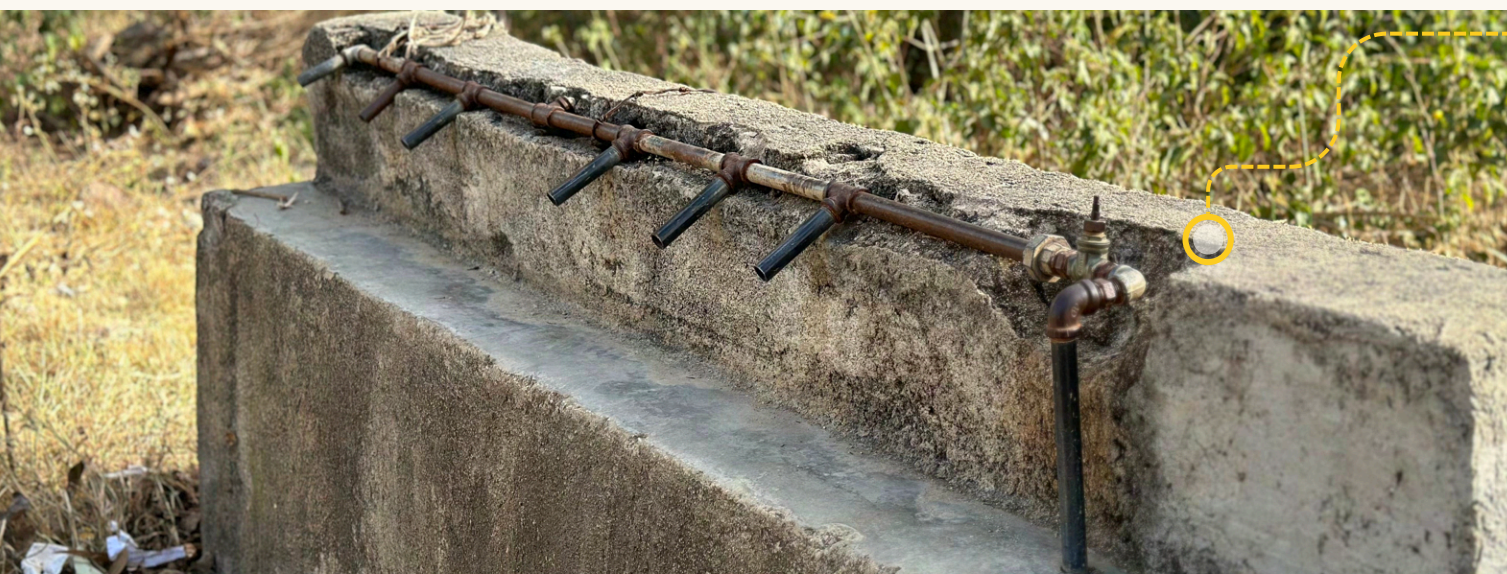
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Sister Helen Abdu, health officer, Adama, Ethiopia.

SUSTAINABILITY BY DESIGN

WHEN HEALTH CAN KEEP GROWING

Change takes time. In the places where NALA works, progress has come from showing up year after year, listening, learning, and building solutions together with communities and local authorities. This long-term presence creates trust, and that trust opens the door to deeper change. It allows health practices to take root, systems to strengthen, and communities to become active stewards of their own wellbeing.



FROM BROKEN TAPS TO LASTING CARE

When hygiene facilities stop working, health risks quietly return. Handwashing becomes harder, toilets fall into disuse, and broken water points can remain untouched for years.

WASH on Wheels (WOW) addresses this gap by repairing water and sanitation systems while working alongside local staff and WASH Fellows to strengthen the skills and responsibility needed to keep them running. This focus on local capacity is what allows repairs to last beyond the intervention itself, as seen in post-conflict Adwa in Ethiopia, where systems restored in 2023 remained 93 percent functional in 2025, well above the national average of 65%. In 2025 alone, WOW supported maintenance in 82 school WASH facilities and 22 health facilities, helping sustain healthy daily routines for nearly 500,000 people.



WHEN HEALTH BECOMES PART OF LEARNING

What children learn early shapes what stays with them. In 2025, years of working closely with schools, communities, and education authorities led to a major milestone: hygiene and sanitation messages co-developed by NALA through the NICE project were officially integrated into the South West Ethiopia Peoples' Region curriculum. This step was built on long-term trust and collaboration with the regional Education Bureau.

These messages are not taught in a separate health class. They are woven into everyday lessons. A reading exercise becomes a conversation about handwashing. A grammar task turns into a lesson on safe water. Every year, around 500,000 children encounter these ideas as part of their normal schooling. They carry them home, into their communities, and over time into the families they will raise themselves. This is continuity at its strongest: when health is built into the system and continues to grow, year after year.

EMBEDDING CHANGE AT SCALE

WHY SCALE MATTERS

What works in one place should not disappear when a project ends. Real impact matters when it can be repeated, adapted, and carried forward without starting from scratch each time. For NALA, scale is not about expanding faster, but about designing solutions that fit into how health systems already function, so they can grow naturally, reach more people, and keep working long after external support steps back. This is how prevention moves from isolated success to lasting change.

EMBEDDED IN GOVERNMENT SYSTEMS

Coordination only matters if it changes what people do. NALA reached more than 850 government staff across Ethiopia through district multisectoral coordination platforms that brought together health, education, and water offices in 2025. These were practical working sessions where local officials reviewed risks, clarified roles, and jointly planned prevention activities. This coordination was reinforced through integrated supportive supervision and bi-annual review meetings, engaging an additional 386 district leaders and focal persons.

By working inside these government systems, NALA helps turn coordination into everyday practice. When responsibilities sit with ministries and districts, not with short-term projects, prevention can reach more people, stay consistent, and keep working year after year.

CARRIED BY PEOPLE INSIDE THE SYSTEM

Health does not spread because a plan exists. It spreads because people take it on. Teachers who explain it again in their own words. Health workers who bring it into conversations at the doorstep. Local leaders who know their communities and understand what will actually change daily habits. This is how scale happens at NALA, through trust, relationships, and everyday roles, not through paperwork.

That approach was visible again in 2025. Through the Interruption of transmission (IoT) work, 1,200 local health workers and community facilitators were prepared to plan and deliver mass drug administration campaigns, including community mapping and mobilization. In parallel, ARISE cascading efforts reached over 5,500 community-based actors, who carried health messages and practices into nearly 150,000 households through visits, discussions, and community gatherings. Together, these people helped health practices reach hundreds of thousands, not as a campaign, but as part of daily life.



ADAPTABLE ACROSS CONTEXTS

NALA now helps governments adapt proven approaches to disease prevention within their own health systems. Practical prevention actions, coordination across sectors, and local ownership come together in a structured approach that can be adapted to different countries, rather than copied from one place to another.

In 2025, this approach began to expand beyond Ethiopia, with early assessments and partnerships in countries such as Malawi and Tanzania. Building on years of experience, governments are now working with NALA to adapt proven prevention strategies to their own contexts, strengthening national health systems while drawing on shared lessons and local expertise.



ADDRESSING HIDDEN NTD BURDENS

Scalability means more than reaching new places. It means knowing how to adapt the same principles to very different systems. NALA applies the same logic everywhere: work through existing structures, build trust with the people inside them, and shape solutions that the system itself can carry forward.

Even in strong health systems in non-endemic countries, some risks stay invisible. In Israel, NALA partnered with Laniado Hospital and community organizations to address neglected tropical diseases affecting migrants and families connected to endemic regions. Throughout 2025, community meetings, clinical collaboration, and outreach helped surface hidden illness, strengthen links between communities and care, and begin building pathways the health system can sustain. It is the same approach, adapted to a new context, proving that scalable health solutions start with people, wherever they are.

COMMUNITIES FIRST, ALWAYS

HUMAN-CENTERED DESIGN AS OUR MINDSET

How we understand challenges and how we act. It starts from the belief that sustainable prevention must be built with the people who live with risk every day. Communities are partners and co-designers, shaping solutions to complex, real-world challenges.

By grounding interventions in lived experience, this mindset ensures that prevention fits daily routines, social structures, and local priorities. It builds trust and strengthens ownership from the start, making solutions practical, relevant, and more likely to last. Across contexts, human-centered design allows NALA to design approaches that are locally grounded, system-ready, and carried forward by communities themselves.



FROM MINDSET TO ACTION

In 2025, NALA worked closely with marginalized groups to understand how daily life, livelihoods, and systems shape disease risk, and to design prevention around those realities.

In taro-farming communities, this meant recognizing that water contact is inseparable from income and food security. As one farmer explained, “I prefer to be sick while eating than to be sick without eating.” Through focus group discussions with farmers, agricultural experts, and community leaders, prevention was reframed around realistic risk reduction rather than avoidance. Communities identified practical solutions, including vegetation clearance, protective equipment, improved drainage of stagnant water, and safer routines at specific moments of work, that could be adopted without threatening livelihoods.

The same approach guided work in Malawi, where NALA began by listening within the health system itself. During clinic visits, the national program head for schistosomiasis and soil-transmitted helminths introduced NALA to nurses as “an organization that comes from a different perspective,” emphasizing the importance of hearing from frontline staff before defining activities. These conversations helped shape future interventions in partnership with those delivering care every day.



RESEARCH THAT STRENGTHENS PRACTICE

RESEARCH AS A MISSION

NALA's research strategy is rooted in a simple idea: prevention only works if it's informed by real-world evidence. That means building research into implementation, not as an afterthought, but as a tool for improving what we do. From measuring reinfection risk to mapping transmission patterns, NALA works with ministries, communities, and researchers to answer the questions that matter most on the ground and turn findings into action.

EVIDENCE AND ACTION

In 2025, we shared new findings that help strengthen system-wide prevention. One study documented how combining WASH promotion with deworming efforts significantly reduced intestinal parasite infections in rural schools. Another mapped seasonal hotspots for schistosomiasis by tracing snail populations. A third highlighted how multisectoral coordination, bringing health, education, and water offices together, can drive faster, more aligned public health responses. These studies inform ministries, influence practice, and push the conversation beyond treatment to long-term elimination.

INNOVATION WITH A PURPOSE

As NALA's research deepens, so does the urgency to find faster, smarter ways to act on what we know. In 2025, we began exploring how technology could support prevention, not by replacing core public health work, but by strengthening it. From detecting parasites in water before outbreaks occur, to predicting transmission patterns, to improving diagnostics in the field, these tools are being tested not for novelty, but for impact: can they help local systems prevent more, sooner, and with less?



SAMPLING THE UNSEEN

What if you could detect parasite DNA in water before anyone got sick? In 2025, NALA partnered with the University of Haifa to deploy environmental DNA (eDNA) sampling in endemic areas, embedding research directly into prevention work. This method, still in early stages, offers a non-invasive way to map transmission risk in real time. By combining molecular science with community surveillance, NALA is helping shape the future of proactive detection.

AI THAT LEARNS FROM THE FIELD

Technology isn't scalable unless it works in real-world settings. That's why NALA partnered with Pyther Innovations Private Limited to co-develop an AI model that identifies schistosomiasis hotspots using environmental and behavioral data. At the same time, we are preparing to pilot an AI-powered microscope for parasite detection, supported by a 2025 grant from the Society of International Development (SID). Both tools reflect NALA's approach: advancing technologies that strengthen frontline prevention and equip health systems to respond earlier, with greater precision.

PARTNERSHIPS FOR LASTING IMPACT

WHY LONG-TERM PARTNERSHIP MATTERS

Creating lasting change requires enduring commitment, as some health challenges cannot be solved in short cycles. They require partners who are willing to stay, learn, and adapt over time. For NALA, sustainable impact grows out of long-term partnership, the kind that builds trust, allows solutions to evolve, and supports systems rather than standalone activities. When partners commit for the long run, change can move from early success to something that endures.

FROM BREAKTHROUGH TO SYSTEMS THAT HOLD

In Bench Sheko, change did not come from a single intervention, but from showing up year after year. Since 2017, NALA has worked alongside Merck KGaA and the Ethiopian Ministry of Health to reduce schistosomiasis in one of Ethiopia's most affected zones. Treatment was combined with sustained health education, community engagement, and coordinated local action. Together, this integrated approach reduced disease prevalence by nearly 90 percent.

In 2025, the work entered a new phase. The focus shifted from achieving results to sustaining them, embedding prevention into how health is planned and practiced in everyday life. Today, health, education, and water offices plan together at district level, communities identify and act on local risk, and schools integrate prevention into ordinary learning. What began as a breakthrough is now part of how systems function, and how communities protect their own health over time.



TURNING COMMITMENT INTO DURABLE IMPACT

When partners stay, the work shifts, from delivering activities to strengthening the systems that keep people healthy over time. This is where long-term partnership matters most, creating the trust, alignment, and continuity needed for change to last.

In 2026, this work is moving further. NALA is expanding its partnership with Merck into Tanzania, working with the Ministry of Health to design a national strategy for schistosomiasis elimination in low-prevalence areas, combining health education, behavior change, and community-driven approaches to reduce reinfection and build lasting prevention systems. In Ethiopia, a new collaboration with Pears is focusing on low-

prevalence trachoma districts at risk of resurgence, bringing together local leadership, behavior change, improved WASH access, and stronger coordination across systems.

This is how NALA partners, bringing proven approaches into new contexts, aligning with governments, and building systems that continue to prevent disease long after the first results are achieved.

2026 AND BEYOND

FROM THE FIELD TO GLOBAL LEADERSHIP

WHY PREVENTION NEEDS A VOICE

Prevention works. But for too long, it has remained on the margins of how neglected tropical diseases are addressed. While treatment is essential, it does not stop disease from returning. Without prevention, progress remains fragile. As one of the only NTD organizations built around prevention from the start, NALA has learned that evidence alone is not enough. When something works, there is a responsibility to speak up, share it widely, and help shift how the sector thinks about what is possible.

A PREVENTION VOICE AT THE GLOBAL TABLE

Leadership in global health is usually shaped by large institutions. That is what makes this moment different. In 2025, Dorin Brener-Turgeman, NALA's Head of Operations, became Chair of the NTD NGO Network, a global platform connecting more than 100 organizations across over 50 countries. It is a role that brings NALA's prevention-first perspective into one of the most influential coordination spaces in the NTD sector. Grounded in years of operational work and community experience, this leadership helps ensure that disease prevention, country ownership, and practical solutions are not side conversations, but part of how the sector sets priorities and moves forward.

CARRYING THE MESSAGE FORWARD

In 2025, NALA continued to bring its work beyond project sites and into the spaces where evidence is debated and decisions take shape. Across the year, 11 abstracts were presented at six national and international conferences, sharing lessons from snail mapping, multisectoral coordination, and the ARISE package. Through posters, workshops, and presentations, NALA showed how field experience can inform research, policy, and practice. The result was not just visibility, but momentum, helping move prevention from discussion toward action across the sector.



WHEN VALUES COME INTO FOCUS

Some encounters bring values into focus. When Michal Bruck met Zamaswazi Dlamini-Mandela and Zaziwe Dlamini-Manaway, granddaughters of Nelson Mandela, the conversation was not about programs or policy. It was about leadership that sees people fully, and that treats health as a basic human right. For NALA, sitting at the same table with leaders who hold these values is not symbolic. It is a reminder of the responsibility that comes with influence, and of the kind of leadership NALA strives to practice, grounded in dignity, courage, and respect for the people most affected by disease.

CELEBRATING OUR FOUNDER'S 90TH BIRTHDAY

2025 marked a remarkable year for Prof. Zvi Bentwich, NALA's founder. He celebrated his 90th birthday. In that same year, he was honored with the Lifetime Achievement Award from the Society for International Development (SID) in Israel, recognizing a life spent pushing the boundaries of public health and asking questions others were not yet ready to face.

Long before NALA existed, Zvi was already changing how the world understood disease. As a pioneer in Israel's response to HIV and AIDS, he confronted fear with evidence, stigma with compassion, and silence with leadership. That experience shaped a conviction that would later define his work: medicine alone is not enough. Health depends on behavior, dignity, and the conditions people live in every day.

That belief guided his shift to Ethiopia, where he saw communities trapped in cycles of reinfection. Treatment worked, but only briefly. Prevention was missing. In 2011, this insight became NALA, a practical expression of Zvi's vision that lasting change comes from education, community leadership, and working alongside governments to build systems that endure.

As NALA continues to grow and adapt, Zvi's influence is everywhere, in the prevention-first approach, in the long-term partnerships, and in the belief that health is something people can claim and protect themselves. It is a legacy of care, responsibility, and belief in what people can build together.



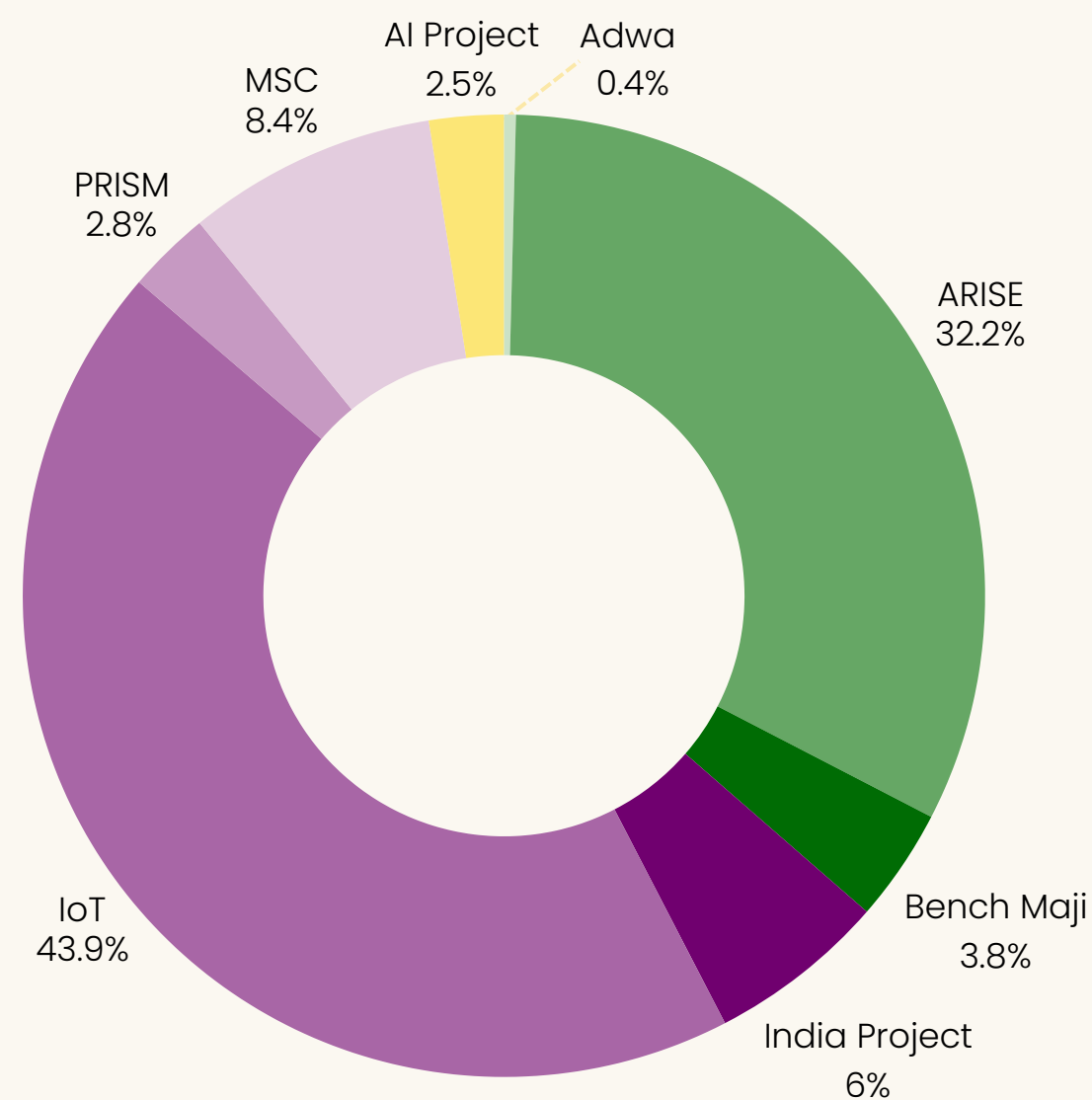
FINANCIAL SNAPSHOT

In 2025, NALA recorded total income of \$2.9 million, following steady growth in recent years: \$1.9 million in 2022, \$2.1 million in 2023, and \$2.5 million in 2024.

NALA continues to direct the vast majority of its resources to the field. In 2025, **95% of funding supported programs and project implementation**, while 5% was allocated to overhead costs.

NALA is committed to the highest standards of financial transparency and accountability. The organisation is registered as a 501(c)(3) charitable organization in the United States, enabling tax-deductible donations, and holds Section 46A status in Israel, allowing eligible Israeli donors to receive tax benefits. Annual accounts are independently audited and prepared in accordance with applicable reporting requirements.

- ARISE** - Designing a national minimum package for sustainable NTD control in Ethiopia
- IoT** - Interrupting transmission of schistosomiasis and reducing other intestinal parasites in low-endemic areas
- NICE** - Embedding hygiene and disease prevention in regional school curricula
- Adwa** - Restoring access to health education and water after disruption
- WoW** - Repairing WASH infrastructure and strengthening local technical capacity with mobile technician teams
- Multisectoral Coordination (MSC)** - Strengthening the government response through coordination of health, WASH, education, and other sectors
- PRISM** - Supporting governments and global actors to scale evidence-based prevention
- Beyond MDA** - Expanding deworming programs through improved tools for community mobilization and treatment delivery



THANKS TO YOU

NALA's work is built through partnership, with institutions that share responsibility, communities that lead change, and supporters who believe that long-term health requires more than short-term solutions. These relationships make it possible to move from isolated interventions to sustained impact, grounded in trust, collaboration, and shared purpose.

EMBEDDING PREVENTION INSIDE PUBLIC SYSTEM

NALA works alongside national and regional authorities to integrate prevention into health, education, and water systems. By co-developing tools, plans, and responsibilities with government partners, prevention becomes part of everyday service delivery, not a standalone project.



TURNING STRATEGY INTO ACTION ON THE GROUND

Local and international partners help translate plans into real change in communities. Through joint implementation, learning, and adaptation, prevention reaches schools, households, and health facilities in ways that are practical, trusted, and locally led.



PROVIDING THE LONG-TERM BACKING PREVENTION REQUIRES

Sustained partnerships make it possible to move beyond short cycles and quick wins. With long-term support, NALA can invest in systems, capacity, and learning, ensuring that prevention continues to grow and adapt over time.

The Pears Foundation has embodied that commitment since NALA's earliest days. In 2025, our partnership entered an exciting new chapter with the launch of a five-year initiative to help interrupt trachoma transmission in Ethiopia. We are deeply grateful to Sir Trevor Pears, Dina Gidron, and the entire Pears Foundation team for their trust and for continuing this journey with us.



STRENGTHENING EVIDENCE AND IMPROVING HOW PREVENTION WORKS

Academic and innovation partners support NALA's work with research, data, and new tools. Together, we test ideas, generate evidence, and refine approaches so prevention efforts are effective, scalable, and grounded in real-world conditions.



SHAPING HOW PREVENTION IS UNDERSTOOD AND PRIORITIZED

Through global networks and coalitions, NALA contributes field-based insights to international conversations. These partnerships help elevate prevention as a core strategy, influencing policy, practice, and collaboration across the sector.



CHANGE AT THIS SCALE IS ALWAYS A COLLECTIVE EFFORT.

We are deeply grateful to everyone who contributed to NALA's work in 2025. This impact is shared, and so is the responsibility to keep building it with care.



THANK YOU