BEYOND SUNCARE

2025, the year sun protection became a right

Annual Activity Report

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2025 has been an intense year. Our programmes in Malawi, Uganda and Rwanda continue to grow, reaching more and more persons with albinism.

But healthcare needs foundations that sustain it over time. That is why this year we went a step further and raised our voice in the spaces where important decisions are made.

As a leading advocate for persons with albinism, we brought our technical expertise and field experience to international forums and panels, helping to set a global roadmap that ensures their rights are guaranteed.

Stepping up our advocacy and building institutional commitment is how we will finally make the protection of persons with albinism permanent.

BEYOND SUNCARE

water
missio

Dear friends and partners,

If last year was a decisive chapter for us, 2025 has undoubtedly been the year of consolidation. It has been a period in which our work has put down deep roots, bringing us closer than ever to our non-negotiable mission: to guarantee the health, dignity and rights of persons with albinism in Sub-Saharan Africa.

In Uganda, the comprehensive care model we promote together with the Elgon Foundation continues to grow. This year we expanded our work to the country's Central Region and strengthened local surgical capacity, enabling procedures that literally save lives.

But if there is one milestone that defines our long-term vision, it happened this year in Malawi: the Ministry of Health has taken on the procurement and distribution of sunscreen independently, through its official channels. This advocacy success shows that we are not looking for quick fixes or short-term solutions. Our goal is to drive structural change and genuine institutional ownership, so that protection finally becomes state policy.

Added to this achievement is the progress of the project supported by the European Union, with a real impact on socio-economic development and gender equality. We also remain steadfast in our programmes in Rwanda and are seeing the first results of the Beyond Suncare Albinism Network in the United States, strengthening social research so that every step is grounded in evidence.

Beyond the more than **31,000 sunscreens** distributed and the **more than 5,000 persons with albinism** cared for in our comprehensive clinics, every figure represents a life with more opportunities and less fear. None of this would be possible without your trust and the immense resilience of the persons with albinism who inspire us every day. To each and every one of you: thank you from the bottom of our hearts. This report reflects a collective effort. **Let us keep working together towards a future where protection is not a privilege but a universal right, and where absolutely no one is left behind.**

With deep gratitude and hope,

Mafalda Soto
Co-founder and Executive
Director of Beyond Suncare

BEYOND SUNCARE

WE ARE BEYOND SUNCARE

- **Health and social inclusion:** We are an organisation committed to protecting persons with albinism in Sub-Saharan Africa.
- **Comprehensive model:** We combine healthcare, sun protection, education and training of local professionals, an approach recognised as a “Best Practice” by the United Nations in 2016.
- **Decentralised healthcare:** We work with national authorities to bring public health to the most remote regions of Malawi, Uganda, the Republic of the Congo and Rwanda.
- **Social empowerment:** We raise awareness to eradicate the myths and discrimination this community suffers, promoting their autonomy in the face of prejudice.
- **Systemic change:** We act as a bridge between local reality and international actors, designing stable solutions that are born in the communities and endure over time.

BEYOND SUNCARE

Our Mission

To guarantee the right to health and dignity of persons with albinism in Africa. We develop clinical programmes for the prevention of skin cancer, train local health workers and ensure the regular distribution of sunscreens. **Our impact does not lie in replacing public health systems, but in strengthening them: it is local professionals themselves who provide the care. Our work makes that care sustainable and independent over time.**

Our Vision

We aspire to a fair society where albinism is not a cause of vulnerability or exclusion. **We work for a horizontal cooperation model that eradicates stigma, transforms public policy and empowers persons with albinism as protagonists of their own change.** We build bridges between international resources and local capacities so that the rights of the whole community are fully guaranteed.

Our values

Social Justice
We fight structural inequality. We demand that access to health and to a dignified life be universal rights.

Professionalism
We act with technical rigour. A multidisciplinary team in health and management implements context-adapted solutions with real, measurable impact.

Participation
Communities lead their own change. We co-design every intervention, strengthening the capacities and leadership of the community.

Sustainability
We design solutions that last. We transfer knowledge and strengthen local health systems so that protection is autonomous and permanent.

R&D+i
We optimise resources through efficient responses, ranging from specialised sun protection to community distribution logistics models.

Horizontality
We learn from the context. We collaborate with local actors from mutual respect and the exchange of knowledge, , in a relationship where each party contributes what it knows.

> Before, some people ignored and rejected us. Today people have changed their mindset and we are welcome everywhere.

Beneficiary of the Prevention Programme
Rutsiro District
Rwanda

OUR EVOLUTION

We started out in the field, driven by a refusal to accept the status quo and focused on clinical care. However, **our goal of achieving real impact has led us to evolve.** Today, alongside the thousands of persons with albinism who guide our path, we combine direct support with **a strategic presence in local health institutions.**

We have learned that healthcare relieves the problem, but **only advocacy and public health reform can tackle the root causes of exclusion.** It is the only way to make change permanent.

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Our history

2008

Lorea Bagazgoitia (dermatologist) and **Mafalda Soto** (pharmacist) begin working with persons with albinism in Tanzania and Malawi, after identifying the high mortality rate from skin cancer.

2012

Kilisun is born, the first sunscreen specifically designed for albinism skin in Africa.

In December 2012, 25 children from a Kilimanjaro school are the first to receive it.

2013

In July 2013 **the first laboratory in Africa that manufactures sunscreens for persons with albinism** opens in Moshi (Tanzania), run by members of the community itself.

2015 2016

The United Nations names Mafalda **"UN Champion on Albinism"** in 2015 and the "Skin Cancer Prevention for persons with albinism" model a **"Best Practice" in 2016.**

2017

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After almost ten years of work by its founders in Africa, **Beyond Suncare is registered in Spain as an NGO**, with the backing of international figures in dermatology, sun protection and human rights.

2018 2019

Beyond Suncare crosses borders and **opens projects in Malawi, the Democratic Republic of the Congo and Rwanda.** In Malawi, a study with the health authorities and the local albinism association endorses its model.

2020

Despite the pandemic, Beyond **launches its National Programme in Malawi together with the Albinism Association and the Ministry of Health in 6 districts**, caring for nearly 1,000 persons with albinism.

2022 2023

Five years on, Beyond consolidates its strategy with its **First Strategic Plan, strengthens its presence in Malawi and Rwanda and launches projects in Uganda and the DR Congo, reaching 4,000+ persons with albinism.**

2025

Our advocacy, together with other stakeholders, secures **the inclusion of sunscreen in the WHO Model List of Essential Medicines.** We act as advisors to the **first World Forum on Skin Cancer Prevention in albinism (South Africa).**

WE CONTRIBUTE TO THE SDGS

We link every technical action on the ground with measurable global goals. We do not work in isolation: **our model integrates clinical health services with inclusive education, gender equality, employment and policy reform.**

Through strong alliances with local governments and international agencies, we transform the lives of persons with albinism in Africa, contributing directly to **SDGs 3, 4, 5, 10, 16 and 17.**

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Our impact on the SDGs in 2025

We strengthen local healthcare in Rwanda, Uganda, Malawi and the DRC by training 499 professionals and community leaders,, providing **clinical care to more than 5,700 people** and early treatment of skin cancer.

We raised awareness among **more than 27,000 people through radio and theatre**, and train teachers and community leaders to ensure inclusive, safe schools.

We ensure that **more than 55% of beneficiaries are women and girls,** promoting their equitable access to health and their leadership in managing local projects.

We fight discrimination through advocacy in national health plans and the free distribution of **more than 31,900 UMOZI MAX sunscreens.**

We fight violence, discrimination and hate crimes against persons with albinism in Sub-Saharan Africa by **dismantling community prejudice and strengthening public institutions.**

We run a **UN-recognised model** that integrates dermatological care into ministries of health through networks with hospitals, scientists and local organisations.

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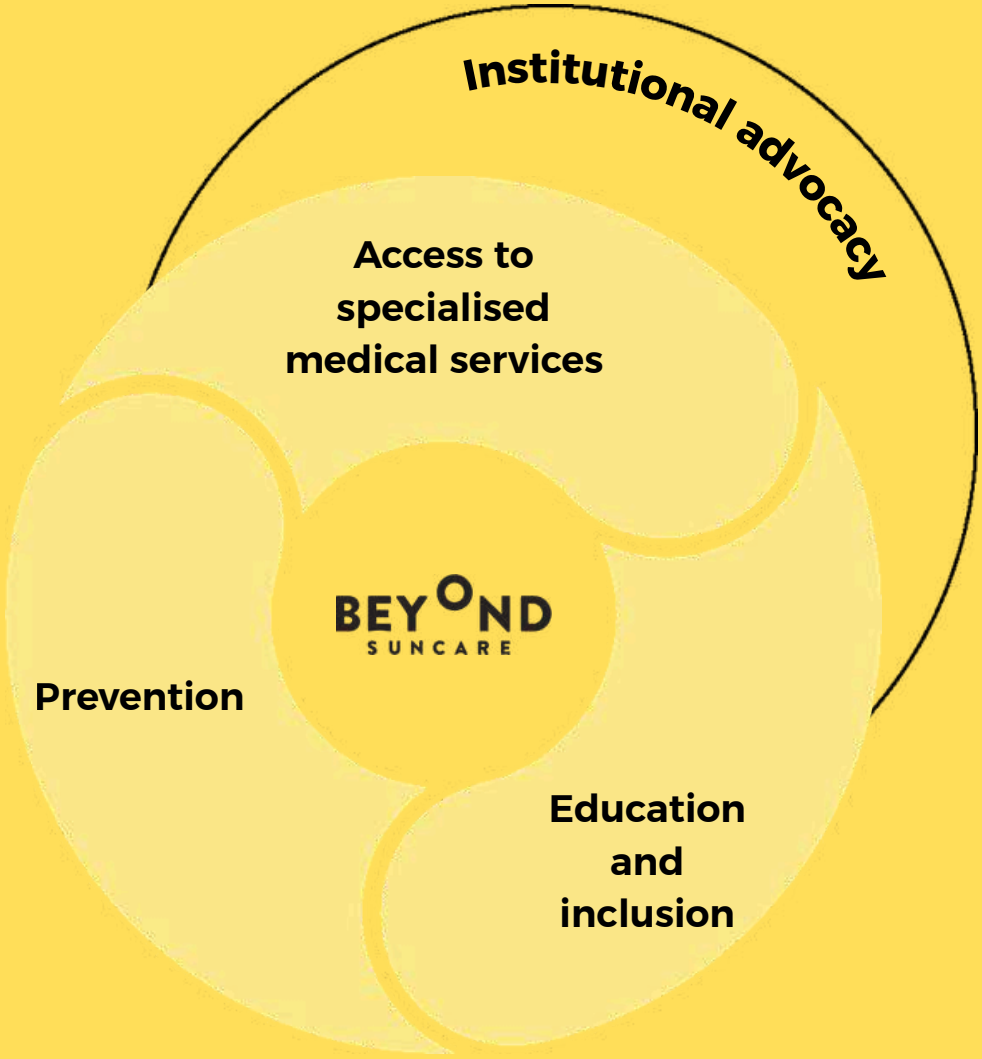
OUR APPROACH



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The context

More than **200,000 persons with albinism live in Sub-Saharan Africa** in a situation of extreme vulnerability. The sun is their main threat: **90% die before the age of 40 from skin cancer**, a entirely preventable disease. This mortality is the direct result of the lack of dermatological services, the shortage of trained health staff and the complete lack of access to adequate sun protection.

Social violence compounds the health crisis. The community faces structural discrimination that results in school dropout, exclusion from work and isolation due to deep-rooted myths and stigma. This reality hits women and girls twice as hard, perpetuating a cycle of poverty, fear and inequality that denies them their fundamental rights.

+200.000

persons with albinism in Sub-Saharan Africa

90%

dies before the age of 40 from skin cancer

855 attacks

recorded since 2006 against persons with albinism in Africa, including mutilation, dismemberment, sexual violence, kidnappings and grave desecration

260 murders

driven by harmful beliefs and prejudices

60%

of the victims of attacks are children and adolescents, due to false myths

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Our working model

UNITED NATIONS BEST PRACTICE 2016

We design **real, evidence-based solutions** to guarantee the right to life, health and inclusion of persons with albinism in Sub-Saharan Africa. Rather than a charity-based approach, our model brings fundamental change to public health systems that have historically ignored this community. **Recognised by the United Nations as a "Best Practice" in 2016** for its rigour and scalability, this model is co-designed with local authorities, organisations and communities to ensure lasting impact.

Strengthening public health systems
We integrate albinism care into the structures of national Ministries of Health to guarantee public, structural and permanent coverage.

Free access to adapted sun protection
We develop and distribute our UMOZI MAX sunscreen, formulated for the needs of persons with albinism in extreme climates.

Regular dermatological care
We set up dermatological clinics in isolated rural areas for the prevention, early diagnosis and treatment of skin cancer.

Community awareness
We promote campaigns and actions to eradicate myths and combat discrimination.

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Training of local professionals
We train public health staff to ensure autonomous, continuous free medical care.

For Pennina, a 26-year-old woman from Mbale, the pain had become unbearable. Severe lesions on her chest, back and right hand prevented her from leading a normal life. After being assessed by our team, she underwent successful surgery to remove the damaged tissue. Today, Pennina has left her suffering behind, lives free of pain and has finally regained her independence.

Pennina Kituyi
Muyembe Health Centre (Uganda)

OUR TEAM

We are a **multidisciplinary, professional team**, united by a strong commitment to our mission and to the people we support, train and empower.

We combine **the impact of our network of professionals working directly in the field** with the strategic and operational support of the team at headquarters and our regional offices.

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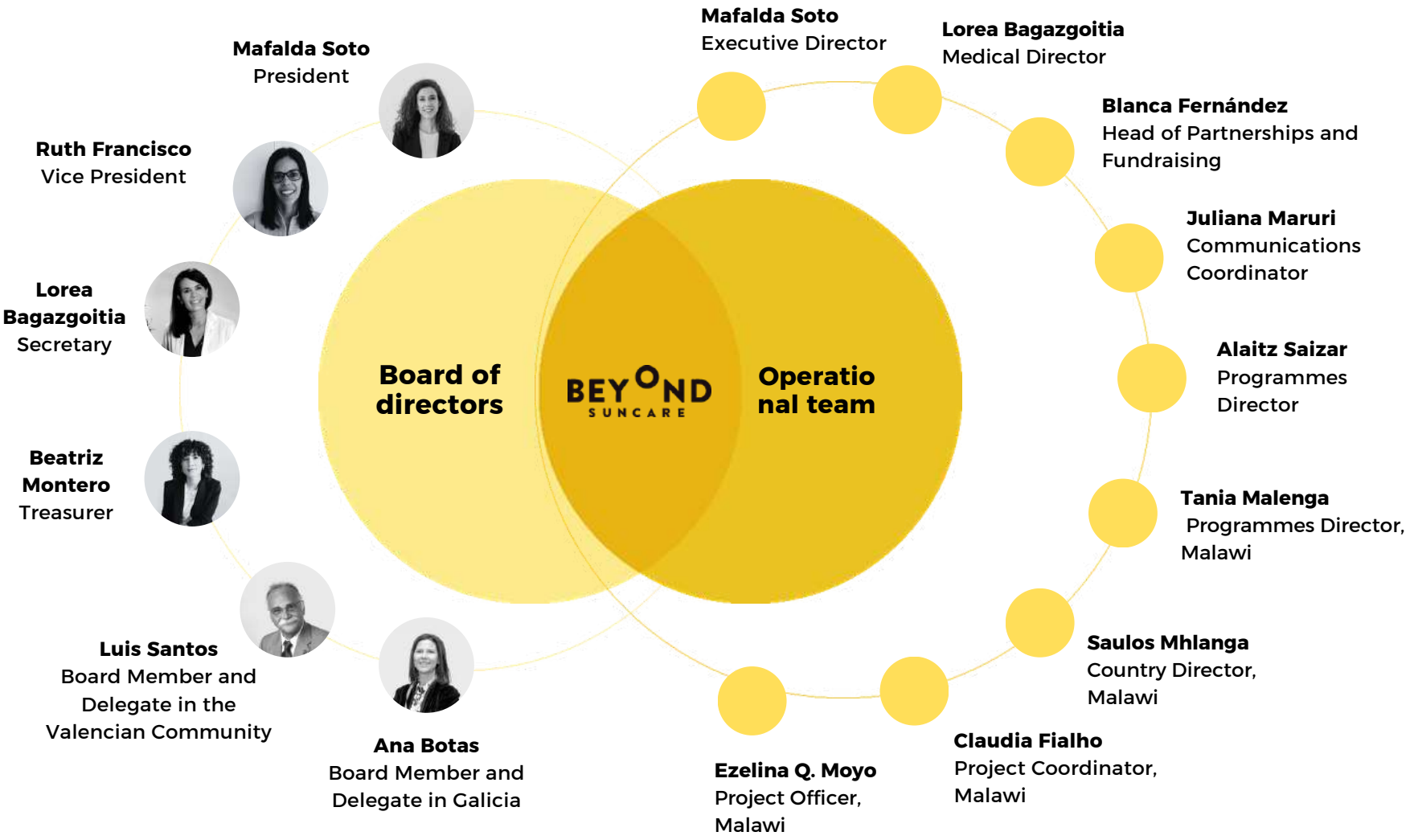

Advisory board

Claire Fuller (United Kingdom)
President of the International Foundation for Dermatology (IFD)

Yolanda Gilaberte (Spain)
Researcher and Dermatologist, President of the Spanish Academy of Dermatology and Venereology (AEDV)

Ikponwosa Ero (Nigeria)
Former UN Independent Expert on albinism

Jose Mª Márquez (Spain)
Director of Fundación África Directo.

Peter Ash (Canada)
Founder and Director of the NGO Under the Same Sun

Uli Osterwalder (Switzerland)
Founder and Director of the NGO Under the Same Sun

Giacomo Proli (Italy)
Marketing and Communications, former Marketing and Retail Director at L'Oréal

OUR WORK IN 2025

2025 has been a year of great progress. Our programmes in **Malawi, Rwanda, Uganda and the Democratic Republic of the Congo** continue to grow and improve, increasing our capacity to reach more people in need.

But beyond operations, we help transform the global health system, **promoting on the international agenda a strong public system that protects persons with albinism in Africa.**

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Democratic Republic of the Congo

Uganda

Rwanda

Malawi

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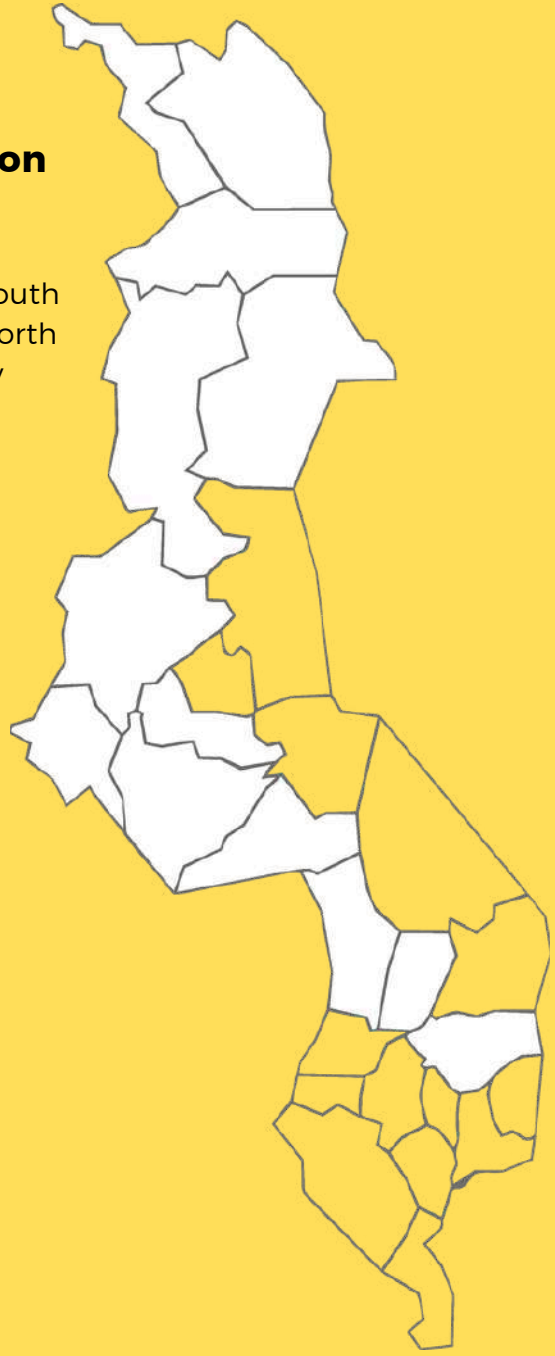
MALAWI

Areas of intervention

Dedza
Lilongwe
Zomba
Balaka
Kasungu
Dowa
Mchinji
Ntcheu
Mzimba South
Mzimba North
Nkhatabay
Rumphi
Karonga
Chitipa



Programme evolution

2025 We consolidated dermatological care in 14 key districts, laying the foundations for the public system to sustain it in the long term.

2024 Together with local counterparts and local and international partners, we scaled up the coverage of the Skin Cancer Prevention Program to 27 of the country's 28 districts.

2020 We launched a first pilot project for skin cancer prevention in persons with albinism in 6 districts of the country's Northern Region.

2019 We successfully evaluated the efficiency of a sun protection services package and published the results in the International Journal of Dermatology.

2017 We assessed, together with APAM and UN Women, the country's health services and access to sunscreen for persons with albinism.

Context in Malawi

+6.000
persons with albinism

82%
live in rural areas

58%
are under 18

3 dermatologists
for 23 million inhabitants

Local and international counterparts and partners:

Programme objectives

- **Strengthen the national public health system** by training local health professionals and guaranteeing sun protection through the integration of UMOZI MAX sunscreen into the state agency for the procurement and supply of medicines.
- **Run regular dermatology clinics** to identify precancerous lesions and refer skin cancer cases for surgery or treatment.
- **Train local health workers in albinism and skin cancer prevention and treatment**, integrating dermatological care into the hospitals and health centres of the public health network.
- **Educate patients and families about the condition and sun protection habits**, combating social stigma and building strong support networks.

2025 was a year of consolidation for the Skin Cancer Prevention Programme in Malawi. With a focus on long-term sustainability, our local counterpart signed **a historic commercial agreement with the Government** and concentrated its efforts on ensuring **regular, high-quality follow-up for the persons with albinism it serves**.

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Evolution and growth

Coverage and reach

The programme currently reaches more than 7,383 people (2,953 persons with albinism and 4,430 family members). In 2025, the health workers involved in the programme ensured care through regular dermatology rounds in 13 district hospitals and 77 primary care centres, **holding a total of 248 clinics in 14 districts.** These clinics ensured the **delivery of 23,315 UMOZI MAX sunscreens.**

Sun protection habits

Adherence to sunscreen use was high: 93% of users apply sunscreen and more than 98% do so several times a day. However, **key challenges** were identified in other areas: only 63% always or almost always avoid direct sun exposure during the middle of the day, only one in three wear sunglasses, and the areas where sunscreen is applied least are the scalp, torso and back.

User profile

The population served showed a strong focus on highly vulnerable groups: **51% of those cared for were women and 58% were under 18,** a key age group in which protecting the skin from childhood reduces accumulated sun damage and lifetime cancer risk.

Logistics and integration of UMOZI MAX

A total of **23,315 bottles of UMOZI MAX were distributed** through three channels: 5,344 delivered directly to health facilities, 11,323 to partner organisations collaborating in the programme and 6,648 through government procurement. The latter was made possible by **an agreement signed with the Government's Central Medical Stores Trust (CMST)**, which enabled the public purchase of this batch at the end of 2025. This milestone marks the transition from external dependence towards a supply that is progressively funded and taken on by the Government.

Training and consolidation

Community action

In addition to dermatological care, social awareness was promoted, reaching **5,750 people through community theatre**, **the recording of 8 radio programmes** and leadership of the **International Albinism Awareness Day** activities, held in Machinga District on 17 June.

Technical training

To strengthen local autonomy, 144 health professionals and representatives of the Association of Persons with Albinism in Malawi (APAM) and the Malawi Council for Disability Affairs (MACODA) were trained in 7 districts. Cryotherapy equipment was also delivered in 4 districts and continuous training of dermatology technicians was promoted. Standardised data collection at each clinical round made it possible to analyse treatment adherence and identify the body areas with the most sun damage. In addition, during 18 quality supervision visits, **263 of the 264 people surveyed said their skin looked better after using the sunscreen.**

Clinical results

Sun damage was concentrated on the face, ears, neck and arms, with more than half of patients presenting facial and ear erythema. Thanks to early detection, **most precancerous lesions were diagnosed at mild stages** (notably actinic keratoses in 10% on the neck, 8% on the arms and 347 lesions on the face and ears). **Of 37 suspected cancers, 34 patients were referred to specialised care:** 28 for skin cancer and 6 for xeroderma pigmentosum. All were offered comprehensive support.

Institutional consolidation

After expanding to 27 districts and consolidating care in 90 public facilities, at the end of 2025 Beyond Suncare **strengthened its local counterpart** and agreed with the Ministry of Health on the **transition to an optimised model of six-monthly clinics supervised by district dermatology specialists.** It also partnered with Wake Forest University (USA) to **strengthen data collection, monitoring and epidemiological evaluation.**

Learnings and challenges

This year confirmed that c**lose collaboration with public institutions is the surest route to long-term sustainability.** The Government's purchase of UMOZI MAX shows that the public system can take on sun protection as an essential medicine. In addition, the review of the model with the Ministry of Health in December taught us that **quality of care depends on specialised supervision. That is why, from 2026, clinics will be held every six months, led by each district's dermatology technicians (DVOs),** with external quality control. We also learned that training works better in clinical practice, with continuous support, than in one-off theoretical sessions.

The biggest challenge revealed by the data analysis is ensuring continuity of patient follow-up throughout the year: although 73% of registered people attended at least one consultation, only 12% completed all scheduled rounds and 48% attended only one appointment. This challenge requires us to **review the mechanisms and protocols for mobilisation, transport and community support in rural areas**, so that people do not interrupt their dermatological follow-up or the collection of their sunscreen.

MALAWI IN NUMBERS

2.953
persons with albinism supported

58%
of beneficiaries are under 18

51%
of beneficiaries are women

248
dermatological clinics held

23.315
UMOZI MAX units distributed

144
Health professionals and local leaders trained

34
Patients referred for treatment or surgery

27
Districts where the programme is implemented

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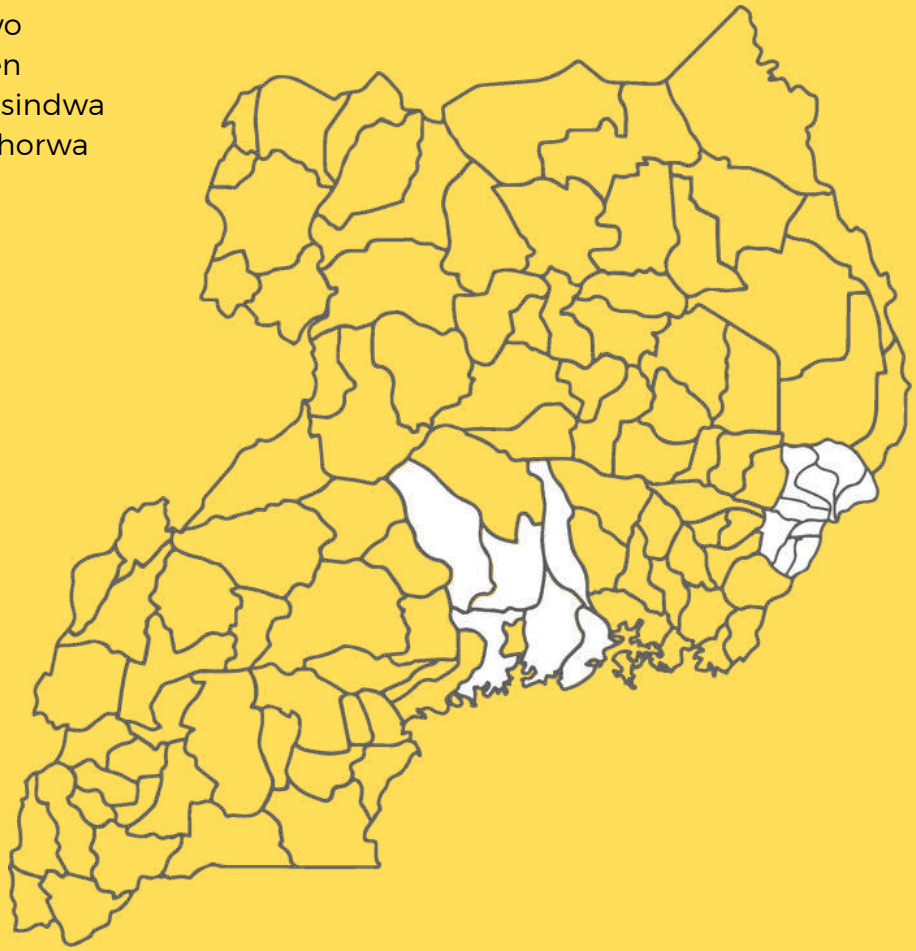
UGANDA

Areas of intervention

Mbale
Bududa
Bulambuli
Sironko
Manafwa
Bukwo
Kween
Namisindwa
Kapchorwa
Mukono
Luweero
Kayunga
Wakiso
Buikwe.



Programme evolution

2025
We expanded the programme to the Central Region with 5 new districts (Mukono, Luweero, Kayunga, Wakiso and Buikwe) with a new local partner, Albinism Umbrella, while EFPA takes the lead in the Eastern Region.

2024
Consolidation in 9 districts of the Eastern Region. EFPA co-leads the programme with SNUPA, leads awareness-raising and strengthens its fundraising.

2023
SNUPA organises the clinics, takes on data recording in several districts and part of the financial management, while strengthening the capacities of EFPA (Elgon Foundation for Persons with Albinism).

2022
Activities begin in the Bugisu region, with SNUPA (Source of the Nile Union of Persons with Albinism) as implementing partner, still with limited management autonomy.

Contexto in Uganda

+8.000
persons with albinism

70%
live in rural areas

81%
are under 30

6 dermatologists
for 46 million inhabitants

Local and international counterparts and partners:

Programme objectives

- **Strengthen the public health system in the Eastern and Central Regions** to benefit 580 persons with albinism.
- **Improve dermatological care in primary health centres in 14 districts,** ensuring inclusive treatment of persons with albinism.
- **Strengthen the surgical capacity of Mbale Regional Referral Hospital.**
- **Train and empower local partners,** EFPA and Albinism Umbrella.

2025 has been **a year of maturity and expansion** for the Skin Cancer Prevention Programme in Uganda. **In the Eastern Region,** together with EFPA, **we consolidated a model that is already showing results** in the health of persons with albinism and, building on that experience, **we expanded to the Central Region** with a new partner, Albinism Umbrella.

As a result, dermatological care and sun protection have reached communities that previously had no access to them, always with the commitment to strengthen public healthcare and the leadership of organisations of persons with albinism themselves.

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Evolution and growth

Coverage and reach

2025 consolidated the expansion and decentralisation of the Prevention Programme in Uganda compared with 2024: **to the 9 care districts in the Eastern Region, coordinated by EFPA, we added 5 new sites in the Central Region, coordinated by a new local partner, Albinism Umbrella,** thus building a territorial structure specialised in albinism care. This expansion was made possible by the support of our funders, which allowed us **to increase funding for Uganda by 46%** and, with it, extend medical coverage to this new region, fund the institutional strengthening of both partner organisations and carry out advocacy at national level.

The programme currently reaches **580 persons with albinism and 870 family members and caregivers.** In the Eastern Region, 63 new participants were registered and 3 clinical rounds were completed in March, July and November, with an average attendance of 75%. In the Central Region, 122 people were registered in the first clinical round.

Sun protection habits

In the Eastern Region, **100% of the registered people surveyed use sunscreen and prefer UMOZI MAX; 97% apply it daily** and 95% spread it over all exposed areas. Knowledge of sun protection exceeds 99%, although only 57% complement the cream by covering their face and head with a hat.

User profile

The data show high participation of women and minors. In the Eastern Region, 66% of the people cared for are under 18, which reinforces the programme's preventive nature by reducing accumulated sun damage from childhood. In the **Central Region**, where the programme began in 2025, **women and girls make up 61% of the population served**. In this region, fewer than 5% of registered people had used sunscreen before joining the programme.

Sandra Mutonyi had suspicious lesions on her scalp and very close to her eye. The risk of cancer was high and surgery was complex because of the area affected, but we managed to refer her in time and the operation was a success.

Sandra Mutonyi had suspicious lesions on her scalp and very close to her eye. The risk of cancer was high and surgery was complex because of the area affected, but we managed to refer her in time and the operation was a success.

Sandra Mutonyi
Mbale (Uganda)

Training and impact

Clinical results

In the **Eastern Region**, where 22 people with a history of skin cancer were identified, **the proportion of patients without lesions rose from 45% in the first round to 89% in the third.** In addition, severe erythema disappeared in the last round and actinic keratoses on the face fell from 21% to 0%. In the **Central Region**, as fewer than 5% had used sunscreen before the programme, **nearly 20% had actinic keratoses and 43% needed cryotherapy.** 10 patients were referred to Kayunga and Mulago hospitals.

Community action

On International Albinism Awareness Day, held in Mukono on 13 June, **264 people called for more dermatologists, stable distribution systems, implementation of the National Action Plan on Albinism and recognition of sunscreen as an essential product for their condition.** In addition, a programme on Radio One reached more than 3 million people, and the Central Region authorities committed to supporting the programme.

Technical training

To expand a sustainable primary care network, the number of health workers trained **rose from 90 in 2024 to 149 in 2025: 87 in the Eastern Region and 62 in the Central Region.** In the Eastern Region, the three training sessions held between October and November raised staff knowledge from 54% to 81%, and were complemented by practice in the clinics themselves, where staff could apply what they had learned to real cases. **66 EFPA community leaders were also trained, along with surgical staff at Mbale Regional Referral Hospital and media professionals**, to improve how albinism is portrayed in the media. In the Central Region, 94% of the 62 people trained (34 of them women) improved their knowledge of lesion identification and case referral.

A further **22 representatives of community organisations were also trained;** they play a key role in identifying new persons with albinism and mobilising them to attend the clinics.

Learnings and challenges

Despite this progress, the year was not without its challenges. In the **Eastern Region**, **attendance fell in the last round of clinics, and participation was lower throughout the year in the most remote districts.** Moreover, although sunscreen use is practically universal, head protection and the use of sunglasses still need to be strengthened. EFPA, despite having strengthened its capacities, still requires technical support in monitoring, reporting and financial management. In the **Central Region**, the **school calendar and transport costs limited participation**, especially of children, so upcoming clinics will be adapted to school periods and clinics closer to communities will be explored. In addition, some skin cancer patients were reluctant to undergo surgery for fear of pain and recovery, which **calls for stronger counselling and support before and after each referral.** In both regions, **the quality of the data collected also needs to improve.**

The key to overcoming these obstacles will be consolidating our partnerships with EFPA and Albinism Umbrella, whose commitment and community roots have allowed us to expand our reach.

UGANDA IN NUMBERS

580
Persons with albinism supported

61%
Of beneficiaries are minors

53%
Of beneficiaries are women and girls

32
Dermatological clinics held

264
People reached by awareness-raising

2.036
UMOZI MAX units distributed

237
Health professionals and local leaders trained

10
Skin cancer surgeries performed

340
Cryotherapy treatments performed

14
Districts where the programme is implemented

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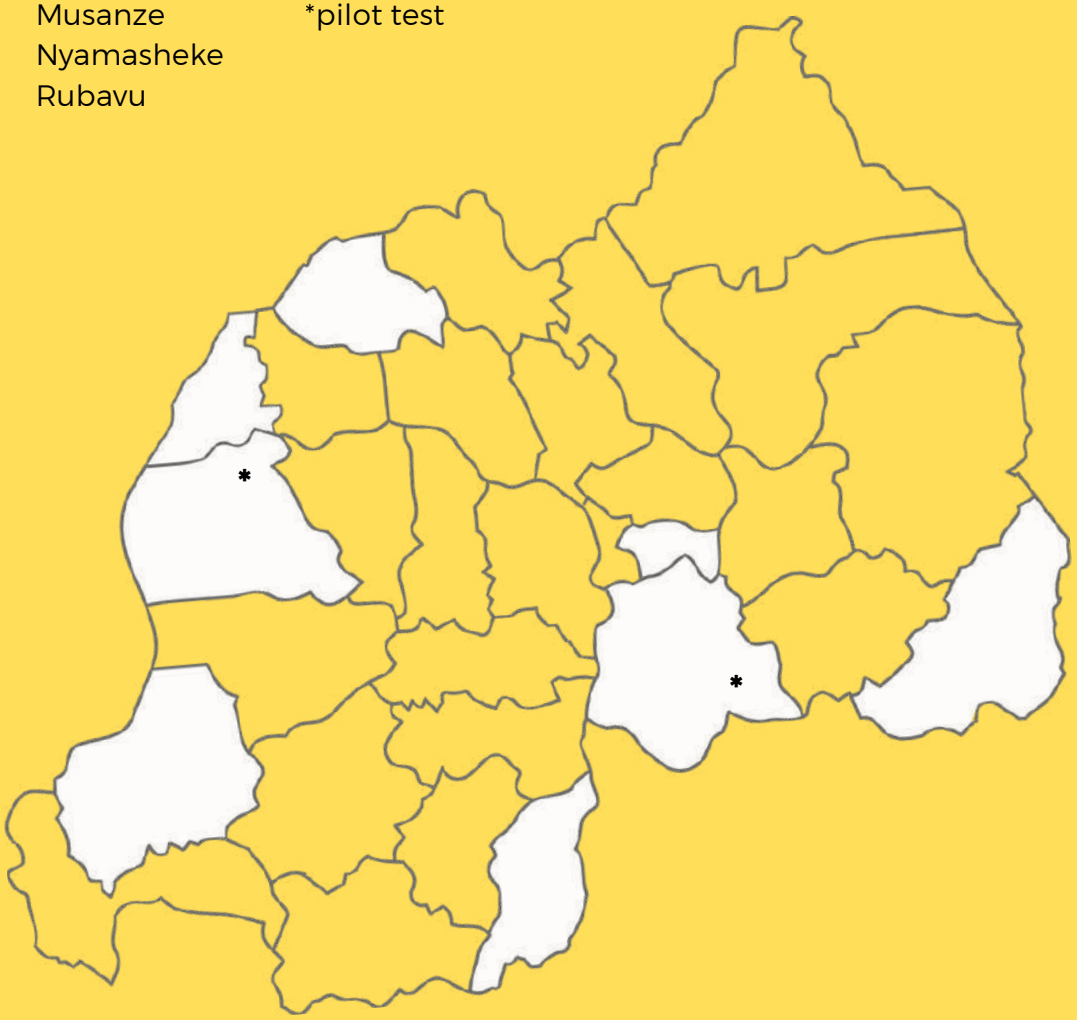
RWANDA

Areas of intervention

Gisagara
Kirehe
Kicukiro
Musanze
Nyamasheke
Rubavu
Bugesera *
Rutsiro *

*pilot test



Programme evolution

2025 With a pilot in Rutsiro and Bugesera, we brought care from hospitals to rural health centres for the first time, reaching 671 people in 8 districts.

2024 We renewed the Memorandum of Understanding with HAO to strengthen the partnership and increase the frequency of clinics.

2023 We assessed HAO's work in the field and, based on the results, expanded the programme to Gisagara and Nyamasheke, reaching 7 districts.

2020 We formalised our partnership with HAO through a Memorandum of Understanding and extended the programme to Bugesera and Kirehe.

2018 We began working with Health Alert Organization (HAO), which had been caring for persons with albinism in Kicukiro since 2017, and extended care to Musanze and Rutsiro.

Context in Rwanda

+2.500
Persons with albinism

55%
are under 18

10 dermatologists
for 14 million inhabitants

Local and international counterparts and partners:

Health Alert Organization

rbc Rwanda Biomedical Centre
Healthy People, Wealthy Nation

Programme objectives

The programme in Rwanda shares the overall objectives of the intervention model: to strengthen the public health system in order to educate on sun protection habits, prevent and treat skin cancer, and promote the inclusion of persons with albinism in Rwandan society.

2025 has been **a year of reflection** for the programme, with these priorities:

- **Evidence for a sustainable model:** until now, the clinic model was centralised in district hospitals. In 2025 we launched a decentralised pilot in rural health centres in Rutsiro and Bugesera.
- **Equitable access to dermatological care:** together with our local counterpart, Health Alert Organization (HAO), and alongside the pilot, we maintained centralised clinics in 6 district hospitals, with sun protection and referral of severe cases.
- **Training of local health workers:** we trained local staff and community actors to integrate dermatology into the public network.
- **Analysis of barriers to health:** we commissioned an external study to promote inclusive public policies.

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Evolution and growth

Programme evolution

The year 2025 marked an important change for the programme in Rwanda, which, in addition to maintaining the usual specialised dermatological clinics, began to test **a new intervention model.** Until then, the clinics were centralised in the district hospitals and carried out by HAO, a model that in 2025 was maintained in Kicukiro, Musanze, Nyamasheke, Rubavu, Gisagara and Kirehe. In parallel, **a decentralised pilot was launched for the first time in Rutsiro and Bugesera, where the clinics moved to the primary care health centres in charge of local health staff, previously trained.** In addition, the collection and management of clinical data was standardised, with the aim of **comparing the results of both models and generating evidence to decide which is more efficient and sustainable long term.** This start was made possible by greater investment in the country thanks to our donors, which allowed us to launch the pilot, sustain the current model, reinforce the technical training of the local partner and carry out an external evaluation of the results to date of the centralised model.

Coverage and reach

The programme reaches today 1,677 people in Rwanda: 671 persons with albinism and 1,007 family members. Of the persons with albinism, 545 participate in the usual programme and 126 in the decentralised pilot. Between both models, **the programme is present in 8 districts**, where throughout 2025 14 rounds of clinics were held, with 493 consultations, and 3,384 pots of UMOZI MAX, 310 sunglasses and 70 hats were distributed. **Boys and girls represented 55% of those cared for.**

Sun protection habits

87% of the people we accompany already use sunscreen, apply it correctly on the face, neck and arms and, in most cases, reapply it in the afternoon. Even so, there is still a way to go to achieve complete protection, since only 71% protect their lips and **half spend between 4 and 6 hours a day in the sun, often without adequate protective clothing.**

Training and impact

Clinical results

In the consultations of the **centralised programme** in the districts of Gisagara, Kirehe, Kicukiro, Musanze, Nyamasheke and Rubavu, 41% of people presented erythema and one in four solar elastosis or actinic keratoses. Thanks to early detection, **89 precancerous lesions were treated with cryotherapy, there were 8 skin cancer findings and 2 people were referred to referral hospitals.** In the Rutsiro and Bugesera pilot, sun damage was greater: **44% presented solar elastosis, 28% keratoses and there were 5 cancer findings, all in Rutsiro**.

Technical training

In the regular programme, a BSC technical mission provided hands-on training during the clinics to health workers and to HAO, which we also supported in improving data management. In the **pilot**, **HAO trained 66 health professionals, whose knowledge rose from 44% to 84% in Bugesera and from 53% to 91% in Rutsiro**, as well as 52 community actors.

Complementary care

As part of the programme, **the visual health of 271 people was also assessed**, confirming the high prevalence of problems such as photophobia and nystagmus, and a **mental health** assessment was offered to 127 participants: **52 showed symptoms of depression and a further 3 were referred to psychiatric care**. Psychological support was also provided to address stigma and isolation. **206 family members took part in the educational sessions.**

Two working models

The first results of the comparison between the two models are promising: **the pilot health centres achieved an average attendance of 67%, compared with 43% at the regular programme clinics in district hospitals.** Although further monitoring will be needed to confirm it, this suggests that bringing services closer to communities can increase the participation of persons with albinism.

Learnings and challenges

Testing two models in parallel has taught us valuable lessons. Specialised mobile clinics remain essential to treat complex lesions and ensure clinical quality, but attendance varied across districts. The pilot health centres, on the other hand, achieved higher participation, although their staff still need supervision and technical support to maintain quality of care. That is why **comparing both with solid data during 2026 and 2027 will be decisive.**

We have also learned that training works best when it is practised in the consultation room itself, not only in the classroom.As for sun protection, the challenge is no longer getting people to use the cream, but getting them to use it well: reapplying it during long hours in the sun, not forgetting their lips and combining it with clothing that covers the skin.

Beyond the programme, the external study depicts a system with few dermatology services outside the cities, no data on patients with albinism, and economic and stigma-related barriers that hinder access to health. Responding to this will require not only better follow-up of each patient, but **continuing to build, together with HAO and Rwandan institutions, the foundations for a national prevention programme.**

RWANDA IN NUMBERS

671
Persons with albinism supported

55%
Of beneficiaries are minors

127
Mental health assessments

14
Dermatological clinics held

3.384
UMOZI MAX units distributed

118
Health professionals and community actors trained

89
Cryotherapy treatments performed

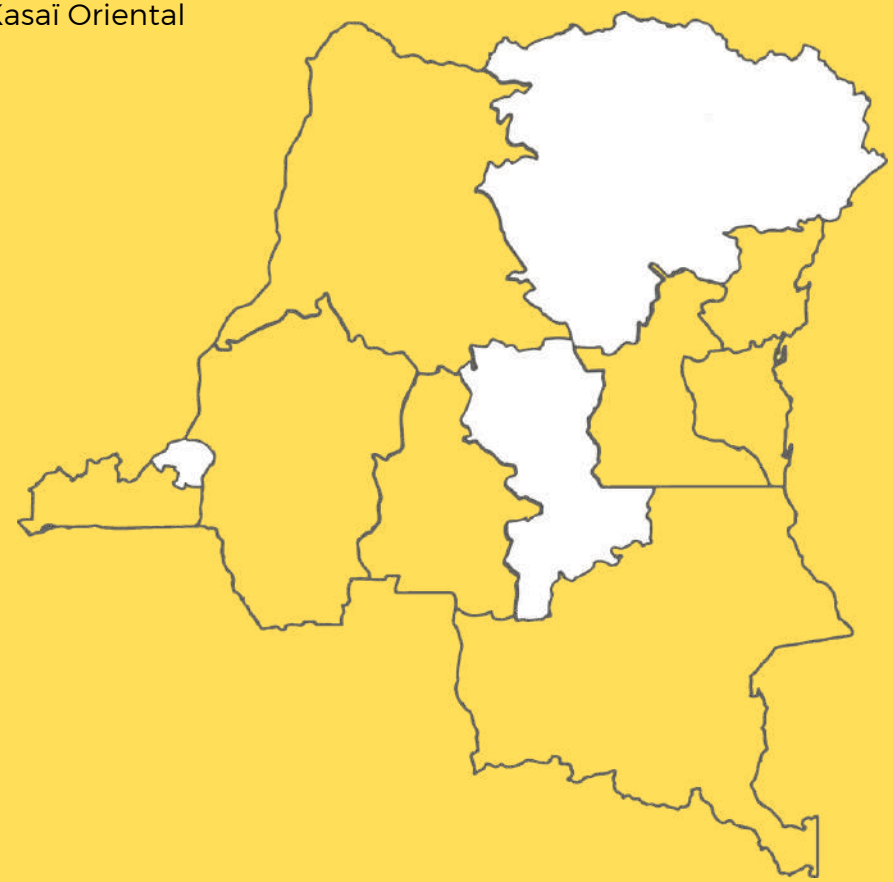
8
Districts where the programme is implemented

BEYOND SUNCARE

RDC

Areas of intervention

Kinshasa
Tshopo
Kasaï
Kasaï Oriental



Programme evolution

2025
In Kinshasa, we moved from providing care at CORBETTA's headquarters to running mobile clinics in four hospitals on the outskirts, bringing care closer to communities.

2024
We held 6 clinic days in Kinshasa and Tshikapa, caring for 432 persons with albinism, and established ourselves as sun protection providers in the country.

2023
We held 3 clinic and UMOZI MAX distribution campaigns in Kinshasa and 2 in Tshikapa, consolidating care in both areas.

2022
We expanded the programme to Mbujimayi and Tshikapa, in the Kasai region, reaching four areas of the country together with the local organisation.

2021
We signed a strategic partnership with CORBETTA DRC, which had been supporting persons with albinism in Kisangani since 2014, to supply UMOZI MAX and extend care to Kinshasa.

Context in the DRC

+18.500
persons with albinism

<1 dermatologist
for 3.7 million inhabitants

Kasaï, Tshopo, Kinshasa
Highest-prevalence areas

Local and international counterparts and partners:

Corbetta *RDC*

Programme objectives

- **Reduce preventable mortality**: lower skin cancer morbidity and mortality among persons with albinism through prevention, early diagnosis and dermatological treatment.
- **Free access to specialised sun protection:** provide a continuous, free supply of UMOZI MAX to the people cared for by CORBETTA DRC.
- **Comprehensive clinical care:** hold regular mobile dermatology consultations, treat precancerous lesions with cryotherapy and perform minor surgery on suspicious lesions.
- **Prevention education:** train persons with albinism and their families in the correct use of sun protection.

2025 has been **a year of progress** for the Skin Cancer Prevention Programme in the Democratic Republic of the Congo. Through the **supply of UMOZI MAX**, we supported CORBETTA DRC's work with persons with albinism in Kinshasa, Kisangani, Tshikapa and Mbujimayi, where our partner also brought dermatological care to the outlying neighbourhoods of Kinshasa with mobile clinics in four referral hospitals.

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Evolution and growth

Evolution and growth

Since the strategic partnership between Beyond Suncare and CORBETTA DRC was signed in 2021, **the programme has expanded gradually.**

In **2024**, given the shortage and high price of sunscreen, **work focused on ensuring the continued supply of UMOZI MAX and sustaining clinical care.** Over **six sessions, 432 persons with albinism were cared for in Kinshasa and Tshikapa,** 480 units of UMOZI MAX were distributed and support networks among participants were strengthened.

In **2025**, **the programme extended its presence to Kisangani and Mbujimayi,** becoming active in four sites together with Kinshasa and Tshikapa. In Kinshasa, after the first clinics held at CORBETTA's new headquarters, the organisation, in collaboration with local authorities, organised **mobile clinics in the four referral hospitals of Tshangu District, in the east of the city** (Nsele, Masina, Ndjili and Kimbanseke). This model **increased the participation of children** and, with it, their access to specialised sun protection.

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Main actions and their impact

Access to specialised sun protection

The free provision of the specialised sunscreen UMOZI MAX remained the cornerstone of the preventive strategy in the country.

In 2025, Beyond Suncare supplied 3,200 bottles, **distributed across the programme's four sites (Kinshasa, Kisangani, Tshikapa and Mbujimayi),** giving the people cared for an essential tool to protect their skin from solar radiation and prevent burns and severe lesions.

Mobile dermatological care

By moving consultations from CORBETTA's headquarters to four referral hospitals in eastern Kinshasa, the programme **brought care closer to different areas of Tshangu District**, making it easier for the persons with albinism living there to access dermatological assessment and specialised clinical follow-up.

Protecting children and young people

The mobile clinics in Tshangu District significantly strengthened early care for children. Nearly half of the people cared for there were children, a key step forward, as sun protection and follow-up from an early age are essential to prevent skin cancer from developing.

Surgical treatment of skin cancer

When the clinics detected precancerous lesions, such as actinic keratosis, medical teams acted early to stop them from developing into skin cancer.

Over the year, **466 people received cryotherapy and 350 were treated with topical medication.** Where cancer had already developed, the response was surgical: **78 people underwent surgery to remove their lesions.**

Learnings and challenges

One of the biggest challenges is the **lack of recurring funding partners** to guarantee stable funding for the programme, a limitation made worse by the lack of institutional and financial support from the Congolese Government itself. This makes it difficult to hold dermatology clinics regularly, as free care depends on exceptional organisational efforts.

This financial barrier is compounded by several logistical and technical obstacles. The lack of transport and communication makes it difficult to reach persons with albinism living in remote areas. In addition, **the shortage of key medical supplies in the interior of the country** (such as liquid nitrogen for cryotherapy in Kisangani, Mbujimayi and Tshikapa), the lack of equipment for major surgery, limited access to histopathology tests and **the need for specialised training of local health workers in dermatological oncology remain critical priorities.**

The main lesson is the urgent need to **strengthen advocacy to engage the Congolese State and to diversify funding partnerships that ensure the programme's scalability.**

RDC IN NUMBERS

1.506
persons with albinism supported

44%
of beneficiaries are minors

12
dermatological clinics held

3.200
UMOZI MAX units distributed

78
Minor surgeries performed

466
Cryotherapy treatments performed

BEYOND SUNCARE

FROM THE FIELD TO THE GLOBAL AGENDA

Helping to improve the lives of persons with albinism in Africa requires action on the ground, but also influencing the global agenda and breaking down prejudice thousands of kilometres away.

Through our leadership in top-level international forums such as the **World Forum on Skin Cancer Prevention and Management in Persons with Albinism**, and through local awareness initiatives such as the exhibition **“Equal under the sun”**, we build bridges so that albinism is no longer a condition marked by structural discrimination, institutional indifference and social exclusion.

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Sun Protection
Conference
"THIS IS MY STOR
RESURRECTION
BEYOND
SUNCARE
Royal College of Physicians
International Journal of
Cosmetic Science

World Forum on Skin Cancer Prevention and Management in Persons with Albinism

The skin health of persons with albinism on the international agenda

Skin cancer is the leading cause of premature death among persons with albinism in Africa. Reversing decades of invisibility requires **coordinated global responses that guarantee free access to sun protection and dermatological care within public health systems.**

With this aim, the first World Forum on Skin Cancer Prevention in Persons with Albinism was held in South Africa in October 2025. The meeting brought together dermatologists, researchers, public health experts and specialised organisations. Beyond Suncare was **part of the advisory committee,** contributing our intervention model and the integration of sun protection into public health systems. **Our participation brought to decision-making spaces sustainable solutions adapted to realities on the ground,** co-created with persons with albinism and institutions, and backed by evidence gathered over years of clinical work in the region.

As a result of the meeting, a global report was produced setting out **a shared roadmap** for governments, international agencies and civil society. Its lines of action aim to promote effective public policies, integrate dermatology into primary care and guarantee equitable access to sun protection.

BEYOND SUNCARE

Sunscreen, an essential medicine

Through awareness-raising and mobilisation alongside the **Global Albinism Alliance** and other leading organisations, we have achieved a landmark result: **the inclusion of broad-spectrum sunscreen in the World Health Organization's Model List of Essential Medicines.**

This breakthrough means sunscreen is no longer treated as a cosmetic or a luxury, but formally recognised as a preventive, life-saving health tool. For persons with albinism in low- and middle-income countries, this decision makes it easier for ministries of health to include sunscreen in public procurement, regulate its price and integrate its free or subsidised distribution into the primary care network.

UMOZI MAX: our sunscreen

Designed by Beyond Suncare after 18 years of research and innovation with leading chemical company BASF, RNB and local communities, UMOZI MAX is the first sunscreen formulated specifically for persons with albinism in Africa. Its formula, validated by both scientists and communities, stands out for:

- **Maximum protection (SPF 50+, UVA/UVB):** photostable, water- and sweat-resistant and stable at 50 °C in extreme climates.
- **Designed for daily use:** a texture and scent tailored to users' preferences, with labelling in the local language.
- **Proven efficacy:** studies in Malawi, published in the International Journal of Dermatology, confirm its clinical superiority over hospital sunscreens: fewer facial burns.

Want to know more about UMOZI? Click here

BEYOND SUNCARE

“Equal under the sun”: a deep look at albinism in Sub-Saharan Africa

Some realities stay invisible simply because they are far away. “Equal under the sun” was created to bring one of them closer to the Spanish public: that of persons with albinism in Sub-Saharan Africa, who live with the constant risk of the sun and the weight of discrimination. Across 24 panels, **this photographic exhibition explores their stories of dignity, strength and leadership, explains the biological and social causes of the condition and shows the skin cancer prevention work we carry out with them in the field.**

The journey began on 28 May at Can Balaguer (Palma), with the Balearic Government and the Spanish Rotarians' Humanitarian Foundation. Since then it has travelled to Pollença and Calvià, **reaching more than 700 people.**

In 2026 it will travel to mainland Spain to reach new audiences, with the Valencian Community and Galicia as its next stops.

Beyond Suncare en acción
Beyond Suncare in action
BEYOND SUNCARE
Construir desde dentro
Fortalecimiento institucional

COMMUNICATION AND OUTREACH

At Beyond Suncare, communication is a strategic pillar for **informing, breaking down stigma, mobilising support and driving structural change.**

This year, we strengthened our awareness work by creating rigorous content and maintaining an active media presence.

Several awards and recognitions received during the year validate our track record and demonstrate our social impact.

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Our blog: science-based outreach

On our website, we have built a go-to editorial platform that combines health information on albinism and skin cancer with analysis by international experts in the field. To address the subject's complexity from every angle, our blog has featured in-depth conversations and interviews with top-level experts.

International impact dialogues: key interviews with leaders in health and international cooperation, such as Dr Valerie and José Postigo, with whom we discussed the challenges of global governance, equitable access to health and advocacy strategies to put skin cancer prevention on the agendas of multilateral bodies.

Stories from the field: first-hand accounts from our teams and volunteers at dermatology clinics in Malawi, Rwanda and Uganda, as well as testimonies from the people who benefit from our programmes.

Visit our blog here

Our social media: awareness and professional impact

Our presence in digital communities allows us to extend the organisation's work beyond the clinical field, connecting with different sectors of society to raise awareness and mobilise support.

Instagram (@beyond_suncare): this channel brings our fieldwork closer to the general public through life stories, educational content and live updates on our projects. Its main impact is on attitudes: it challenges prejudice, teaches sun protection and builds empathy free of stigma.

LinkedIn (Beyond Suncare): here we showcase the organisation's technical, scientific and institutional work to the global health, international cooperation and corporate sectors. Its key impact lies in accountability, strengthening the project's reputation and consolidating strategic partnerships with organisations that make our interventions sustainable.

2.180 + 14% growth
Followers

48
Awareness and medical outreach posts

1.271 + 14% growth
Followers

30
Awareness and health outreach posts

9
Blog articles

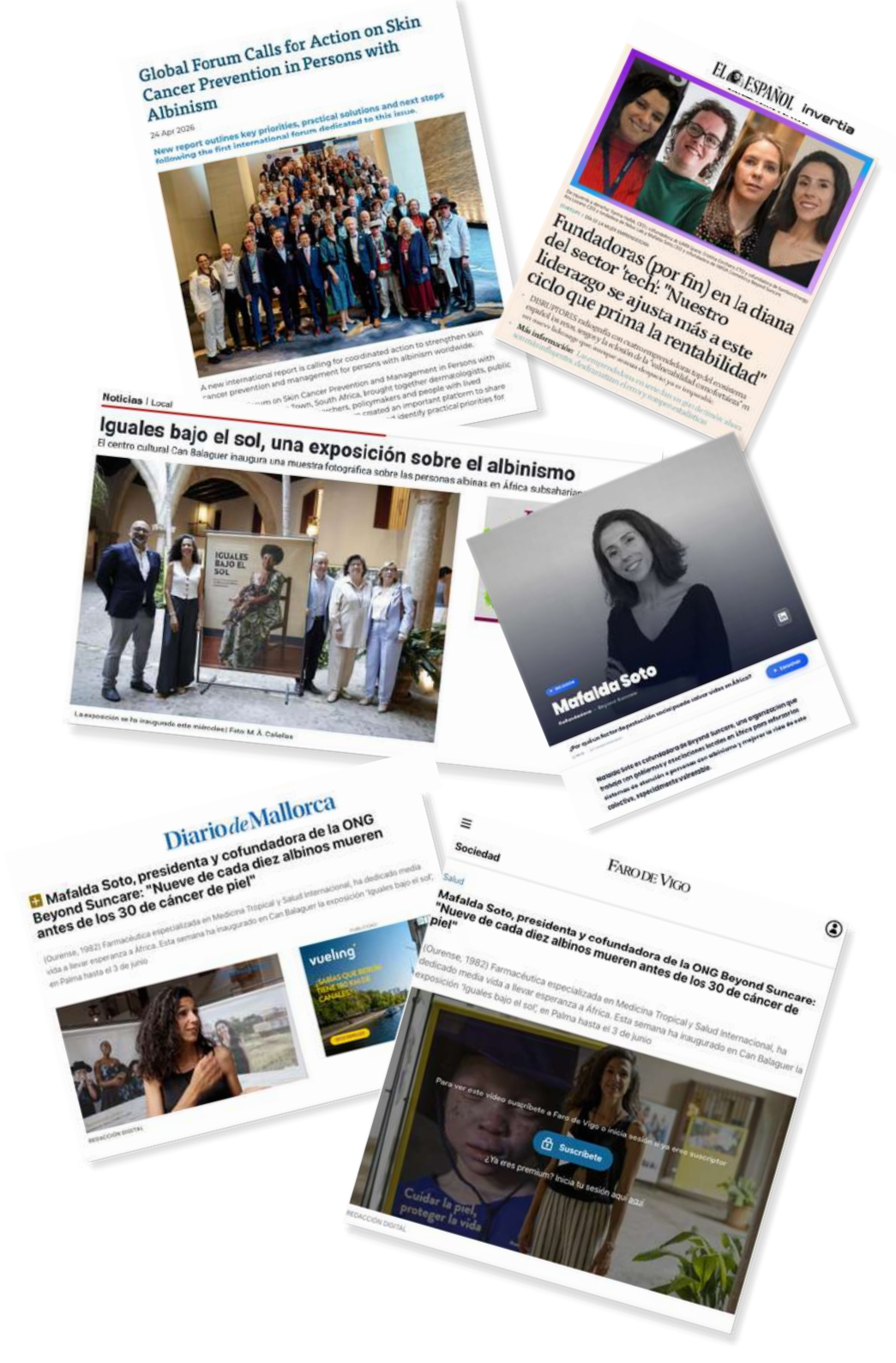
BEYOND SUNCARE

Media presence

Throughout this year, Beyond Suncare achieved a relevant impact with more than 11 articles and highlighted coverage in the press, articulated around two main axes:

- **Social leadership and advocacy: T**he recognition of Mafalda Soto as a leading woman and international reference in the protection and defence of persons with albinism in Sub-Saharan Africa. This fact not only reflects the technical solidity of our management team, but also reinforces the credibility and value of our intervention model.

- **Awareness and culture of change:** The extensive coverage dedicated to the launch and journey of our travelling exhibition “Equal under the sun” in national and regional press media. These publications have served as a megaphone to connect civil society with the reality of persons with albinism in Sub-Saharan Africa, our mission and the action we deploy in the field.



Ellas: las voces
de la resiliencia

Support and recognitions 2025

None of what we achieved in 2025 would have been possible without the organisations that trust our work. Their support allows us to bring sun protection, dermatological care and training to thousands of persons with albinism in Sub-Saharan Africa, and to strengthen the public health systems that guarantee their rights.

FOUNDATIONS AND PRIVATE ORGANISATIONS

- Fundación África Directo
- Fundación ADEY
- Asociación Manos Unidas
- Fundación Arnhold de la Cámara
- Fundación Unicaja
- Fundación CRODA
- Laboratorios ROVI
- International League of Dermatology Societies (ILDS)
- Fundación Roviralta
- Fundación ProVictimis

PUBLIC BODIES

- Málaga City Council
- Galician Regional Government
- European Commission
- General Council of Official Colleges of Pharmacists of Spain (CGCOF)

TRANSPARENCY

At Beyond Suncare, we know that the trust of those who support us is built on rigour and honesty. Every resource we manage has a single purpose: to protect the lives and health of persons with albinism in Sub-Saharan Africa. That is why, for us, **transparency is a principle that guides every decision we make.**

Efficient management and clear accounts allow us to multiply the value of every contribution received and expand our impact on the ground. Having our accounts audited and reporting accurately ensures that **every contribution is turned directly into prevention, treatment and inclusion.**

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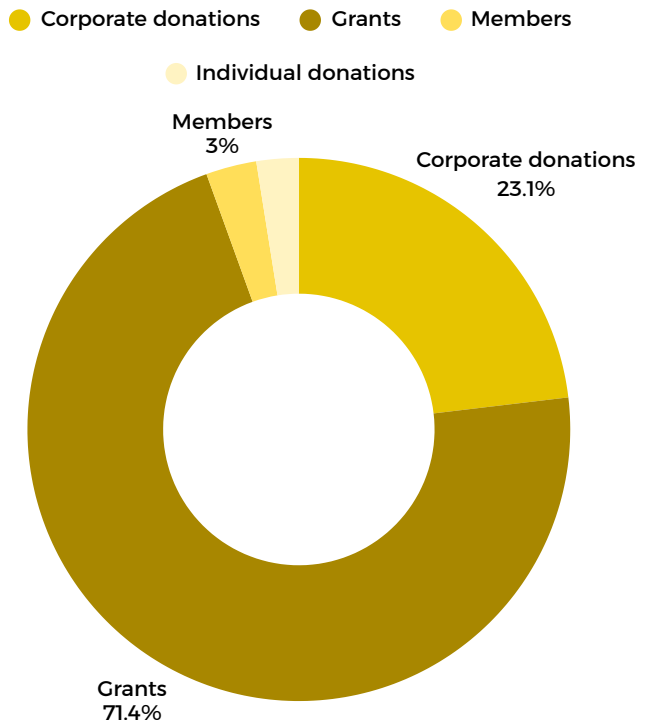
Isoprost
Twinzol
Ocuguard
ble pour préserver la vue et la qualité de vie

2025 Income

In the 2025 financial year, Beyond Suncare reached total income of €411,287.89, from four main sources: grants and awards, donations from private organisations, contributions from individuals and membership fees.

Overall, this represents a 5% increase in funds raised compared with 2024. **Grants stand out in particular, growing by 38% and consolidating their position as a key pillar for the development of the programme.**

There was also **a notable increase in individual donations, which grew by 31% compared with 2024.** Although they represent the smallest share of the budget, this trend reflects **an increasingly active and committed community of supporters, aligned with the organisation's mission.**



€411,287.89

5% increase compared with 2024

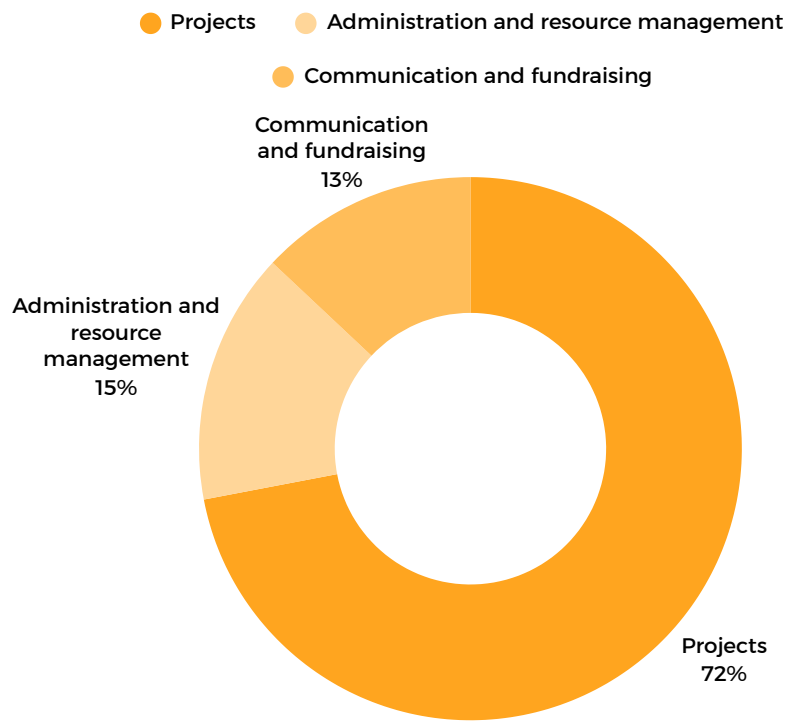
BEYOND SUNCARE

2024 Expenditure

2025 was a period of consolidation and operational growth, reflected in **an overall 20% increase in expenditure compared with 2024.**

The largest item remained the direct implementation of activities and programmes, which grew by 9%. This increase was driven mainly by the expansion of the programmes in Malawi, Uganda and Rwanda, which absorbed most of the operating budget due to the higher number of beneficiaries, the training of local health workers and the distribution of sunscreen.

At year-end, total expenditure exceeded income by around €39,000. To cover this gap and ensure the operational continuity of the projects without compromising their quality, reserves accumulated in previous years were used, thus maintaining balanced and solvent financial management.



€449,905.01

20% increase compared to 2024

OUR IMPACT IN 2025

2025 has been a decisive year in Beyond Suncare's journey. **By bringing together clinical work in the field, scientific development and an institutional positioning strategy, we have consolidated our role as the leading global organisation in dermatological health and inclusion for persons with albinism.**

We have strengthened this leadership by taking part in the most important global forums and sector roundtables on albinism and dermatology, and through ongoing outreach at events and across our communication channels.

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5.710

persons with albinism living in the Democratic Republic of the Congo, Malawi, Rwanda and Uganda have continuous, free access to sun protection education, specialised sun protection and dermatological care

306

regular dermatology clinics held throughout the year by trained local health workers have guaranteed continuous access to sun protection, early diagnosis and treatment or referral when needed

895

cryotherapy treatments have been performed at the clinics to remove precancerous lesions, preventing them from developing into skin cancer

31.935

UMOZI MAX units have been distributed at the clinics, to our partners in the field and to Malawi's government medicines supply agency

499

Health professionals and community leaders have been trained in albinism, dermatological care and sun protection

103

skin cancer surgeries supported

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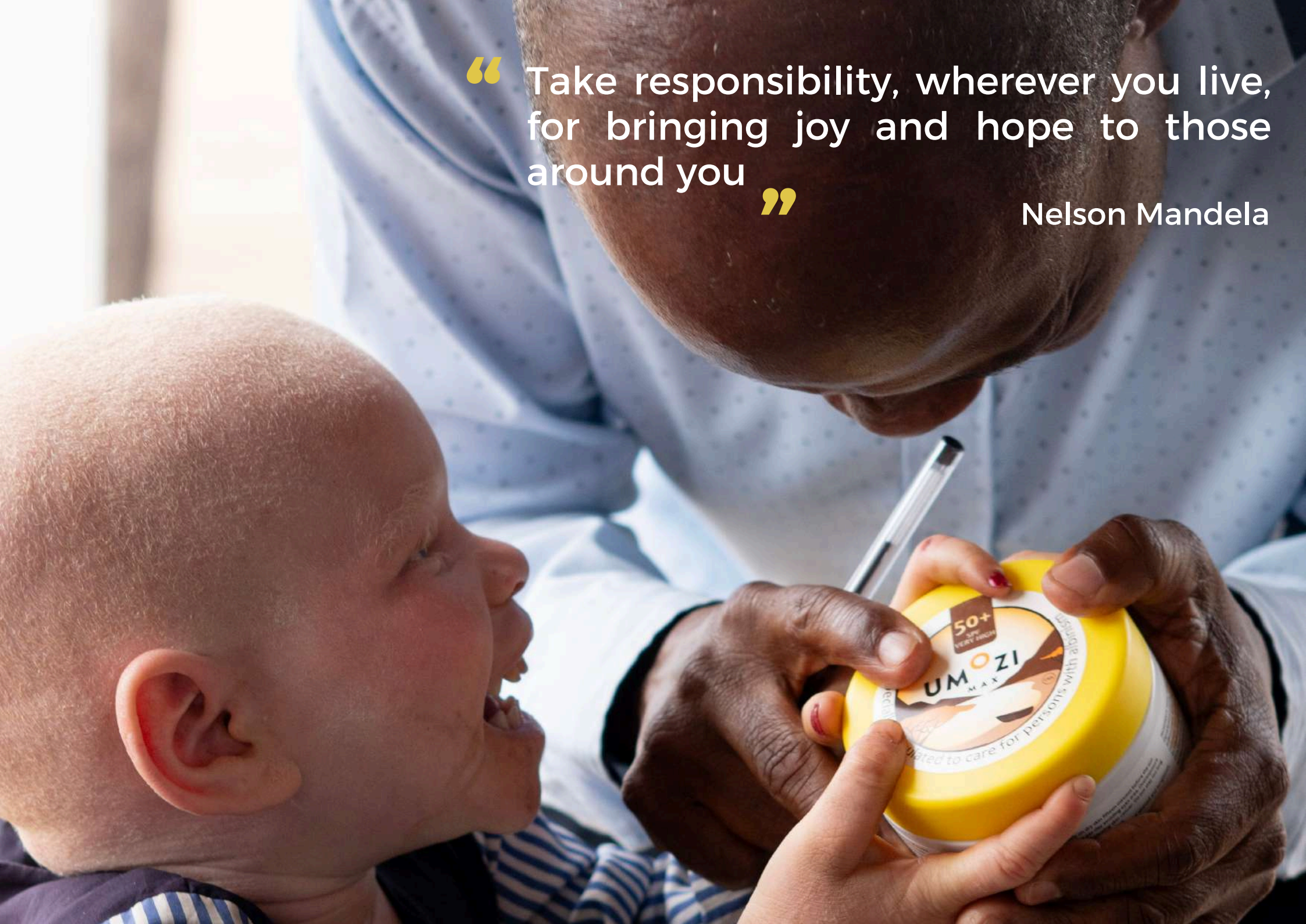
“ Take responsibility, wherever you live, for bringing joy and hope to those around you ”
Nelson Mandela
50+
UMOZI

africa
directo.
www.africadirecto.org

Manos Unidas

Standing
Voice

FUNDACION
mariafranciscade
ROVIRALTA

ILDS

CRODA
Foundation

accenture

FUNDACIÓN
ADEY

Ciudad
de Málaga

ROVI
ROVI
Pharma Industrial Services

FUNDACIÓN
arnhold de la cámara

Fundación
Unicaja

BASF
We create chemistry

Farmacéuticos
Consejo General de Colegios Farmacéuticos de España

FONDATION
PRO VICTIMIS
GENÈVE

UMOA
COSMETICS

XUNTA
DE GALICIA

PARAFINA
ECO-FRIENDLY EYEWEAR

RNB

THANK YOU

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