



THE **END** FUND | ENDING  
NEGLECTED  
DISEASES

Annual Report  
**2012**

“Together, we can be a part of making history. This is indeed the decade to see the end of NTDs.”

– William Campbell  
Chair, The END Fund International Board



END Fund board members, William Campbell and Christine Wächter-Campbell, and their daughters.

COVER:  
One of more than 30,000 community drug distributors mobilized during Mali's 2012 mass drug administration campaign, sponsored by the END Fund.

# A REMARKABLE YEAR FOR NTD CONTROL: A MESSAGE FROM THE CHAIR

I am proud to present the END Fund's first annual report. This first official year of the END Fund has been a tremendous success and, as Chair, it has been inspiring to be an active part of the evolving END Fund story. We have decided to make this year's annual report quite robust in order to share in-depth information about the diseases we tackle, articulate our strategy on the ground, and lay out the vision of the END Fund. Going forward, please also visit us at [end.org](http://end.org) for ongoing updates on our work.

Since our founding a year ago, we have mobilized over \$19 million in pledges to support neglected tropical disease (NTD) control in Africa. We have scaled up our work to 13 countries, and we are poised to provide ongoing treatment to millions of children and adults at risk of NTDs, ensuring that they do not suffer needless disability, blindness, and even death. The END Fund truly has gone from a dream to a reality.

The END Fund started with an ambitious vision: to catalyze the private sector to join the global movement to end the scourge of NTDs. Our founders and early investors—including the Legatum Foundation, Geneva Global, Inc., the Global Network for NTDs, Dubai Cares, and my own family's foundation—believed this was not only possible but absolutely essential if the global health community was going to meet its goal to control and eliminate the most prevalent NTDs by 2020. It has been wonderful to see our coalition expand this year to include many more individuals, foundations, and corporations who have joined this movement.

Great work has indeed taken place this year. But there is so much left to do on the road ahead. The science is clear. The medicines are donated and readily available. Ministries of health and education and their partner civil society organizations have laid out their national plans and are poised to execute on them. What is needed most now is to mobilize additional funds to deliver these medicines to the poorest of the poor. This will be no small task.

I want to thank all of you who have been a part of these early successes of the END Fund and who, like my family and I, have been infected with enthusiasm for this cause. And to those of you who are not yet part of the END Fund's journey, you are most welcome! There couldn't be a better time to join us for active partnership and true collaboration. Together, we can be a part of making history. This is indeed the decade to see the end of NTDs.

Sincerely,



**William Campbell**

Chair, The END Fund International Board  
Senior Advisor, JP Morgan Chase & Co.  
President, Sanoch Management



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Children waiting to receive medicines during a school-based mass drug administration campaign in Rwanda.

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“NTD treatment is an evidence-based, cost-effective, and transformational intervention. It is one of the simplest ways to positively impact hundreds of millions of lives.”

– Ellen Agler  
Chief Executive Officer, The END Fund



# NTDS TAKE CENTER STAGE: A LETTER FROM THE CEO

**2012 has been a remarkable year for the END Fund and for the rapidly growing movement dedicated to tackling neglected tropical diseases (NTDs).**

The year kicked off in January 2012 with the monumental London Declaration on NTDs. Bill Gates, the CEOs of nine pharmaceutical companies, the head of the World Health Organization, representatives from the World Bank and US, UK, and UAE governments, and leaders from the non-profit sector came together to express a vision and plan to control and eliminate the most common NTDs by 2020. The Declaration announced a dramatic increase in the amount of donated medicines available, significant new funding, and a technical roadmap outlining how to achieve these goals. This watershed moment was followed by ministries of health across the world launching specific national plans to control NTDs.

The END Fund has worked hand-in-hand throughout the year as part of this global NTD leadership to identify high-impact, innovative, and transformational opportunities to engage the private sector in this movement. We scaled up to partner with 13 countries and are rapidly expanding our reach.

We were proud this year to also welcome new members to the family of activist philanthropists uniting to invest in NTDs, such as the coalition of gold mining companies in Mali, led by Randgold Resources, the Vitol Foundation, the Margaret A. Cargill Foundation, the Green Park Foundation, and a network of private individual investors from across the globe. When we asked investors at the end of this year to share their top reasons for investing in the END Fund, their responses were clear and insightful:

- They said they loved the scale and impact of NTD programs: In no other global health cause could you impact millions of lives for as little as 50 cents per person per year.
- They appreciated the opportunity for engagement in the cause, to network and co-invest with others, and to see the work first-hand.
- They all said seeing people receive medicines that would protect them against disability and blindness was something they could feel really good about. Some even said it was one of the highlights of their entire philanthropic lives.

We were thrilled to hear that our growing family of END Fund investors had such positive experiences. We are committed to continuing to provide outstanding engagement and impact opportunities.

I also want to acknowledge the tremendous and continued dedication of the founders of the END Fund—the Legatum Foundation, Geneva Global, Inc., the Campbell Family Foundation, and the Global Network for NTDs. Our founders are pioneers and visionaries who roll up their sleeves and help get work done.

This year has also brought the END Fund in direct contact with the individuals for whom we work. We had the privilege to meet Oumar, a young boy suffering from elephantiasis who had difficulty walking and was unable to go to school. We met Nieba, a woman who was spared from irreversible blindness as a result of trachoma thanks to a simple surgery that took only 15 minutes and cost as little as \$40. We learned this year that there are millions of Africans waiting for this surgery to prevent them from going blind. Our personal encounters with Oumar, Nieba, and others like them are deep in our hearts and will continue to guide our passion and commitment for this work every day.

**Thank you to all of you for making 2012 such a successful year. We look forward to working together for an even more impactful and inspiring 2013. Please also continue to visit us at [end.org](http://end.org). We will be actively sharing impact stories and updates throughout the coming year.**

Sincerely,



**Ellen Agler, MSc, MPH**  
Chief Executive Officer, The END Fund

# WHAT IS THE END FUND?

The END Fund is the world's first private philanthropic initiative to combat the five most common neglected tropical diseases (NTDs) that, together, cause up to 90% of the NTD disease burden in Sub-Saharan Africa. Supported by a group of global philanthropists, the END Fund provides financing for nationwide disease control initiatives, creating new programs, supplementing existing ones, and using leveraged funds to extend and deepen the impact. The END Fund provides exceptional return on investment by harnessing the highly scalable impact of low-cost mass drug administrations.

## VISION

To ensure people at risk of NTDs can live healthy and prosperous lives.

## MISSION

To control and eliminate the most prevalent neglected diseases among the world's poorest and most vulnerable people by 2020.

## OUR APPROACH

1. Mobilizing and directing resources to where they can have maximum impact, with a special emphasis on Africa;
2. Advocating for innovative, integrated, and cost-effective NTD programs; and
3. Facilitating private sector engagement in the movement to address the devastating effects of NTDs.



### BEST BUY IN PUBLIC HEALTH

NTDs bring misery to hundreds of millions of people each year, but just 50 cents funds a rapid-impact package of medication to treat an individual for the five most common NTDs.



### BEST BUY IN EDUCATION

Studies show that NTD treatment is the single most cost-effective means of improving children's attendance and increasing capacity to learn and concentrate in school.



The END Fund is a leader in the global health movement to tackle NTDs, working collaboratively with committed partners including global health organizations, visionary investors, pharmaceutical companies, leaders from developing countries affected by NTDs, and those who suffer from the diseases themselves. We work with the common goal of improving the lives of hundreds of millions of people.



**PROGRAM BENEFICIARY**

**ESTELLE NOWHIRI**

Formerly suffering from river blindness

"I felt something on my skin and I needed to scratch it. It was difficult to work in the fields. I was so ashamed and felt so bad. It was even difficult to sleep at night. I suffered for years, but now I am doing well. I am feeling very good. I cultivate the fields now. I can do everything since the END Fund helped to get me medicine."



**GOVERNMENT PARTNER**

**STARK KATOKELE**

Senior Health Program Administrator,  
Namibia Ministry of Health and Social Services

"Funding for NTD mapping stopped many years ago in Namibia. These surveys are critical to informing national NTD intervention efforts. Now that we have the END Fund's support, we have revived these efforts and are developing concrete policies and programs to control these diseases. It was a blessing for the END Fund to come and help the Ministry this year."



**IMPLEMENTING PARTNER**

**ALISSA FISHBANE**

Managing Director, Deworm the World

"The END Fund's support in Kenya will enable the government to extend schistosomiasis mapping and treatment to reach full national coverage. Thanks to the END Fund's commitment, all regions where Kenyan children are at risk of schistosomiasis will be included in Kenya's national school-based deworming program."



**ADVOCACY PARTNER**

**DR. NEERAJ MISTRY**

Managing Director, Global Network for Neglected Tropical Diseases

"The END Fund enables private foundations, philanthropists, and corporations to act swiftly to support high-impact programs, demonstrate best practices for scale-up, and implement innovative partnerships and programs to accelerate the global NTD response to see the end of these diseases by 2020."

## WHO SUFFERS FROM NTDS?

Neglected tropical diseases (NTDs) are a group of parasitic and bacterial infectious diseases that affect over 1.5 billion of the world's most impoverished people, including 800 million children. They cause severe pain, long-term disability, and are the cause of death for over 500,000 people per year. Amongst children, infection leads to malnutrition, cognitive impairment, stunted growth, and the inability to attend school. Adults suffer from social isolation and are unable to work, and anemia caused by NTDs increases the risk of maternal mortality.



Ellen Agler, CEO of the END Fund, talks with Oumar about what it is like to live with elephantiasis.



To protect his feet, Oumar wears special shoes cut out of leather from an old purse.

### OUMAR'S STORY

We met Oumar this year in Mali at an END Fund-supported program to help patients with elephantiasis, an advanced stage of the parasitic disease lymphatic filariasis. The program helped patients learn to manage the severe swelling in their limbs, care for open sores, and reduce their painful symptoms.

Oumar started suffering from elephantiasis as a young boy. His appearance made him the object of ridicule among the local children and prevented him from attending school. Even though all his other siblings attended school, his family realized he could bring in money by begging during the day. The children in his village teased him, calling him "Big Foot" and "Boy Who Can't Run."

Watching other boys play soccer in his village, he dreamed of one day joining them. He also dreamed of attending school. When asked what he would do first if he had normal legs and feet, he said, "I would run straight to school like the other kids!"

## NIEBA'S STORY

Nieba was born and raised in the village of N'Gara in Mali. Nieba suffered from trichiasis, an advanced stage of trachoma whereby the eyelashes turn inwards and scratch the cornea, leading to irreversible blindness. It is said to feel like grains of sand scratch across the surface of your eye every time you blink. Nieba could not remember a time when she did not have this constant pain. Her eyesight continued to get a little more blurry every year. In an attempt to ease the pain, she pulled out her eyelashes with a locally made tweezer called a "kengué," yet her eyesight continued to get worse.

Knowing respite was near, Nieba looked forward to her surgery. She explained, "Vision is my only hope for a better life." When Nieba's name was called, she did not hesitate. Her surgery was performed by a local ophthalmic nurse who travels from village to village by motorcycle to perform this life-changing surgery with local anesthetic on a simple floor mat or under a tree.

Nieba's surgery lasted a mere 15 minutes. Not once did she wince or cringe. When she came out of surgery, she was unable to conceal her joy and danced in a circle thanking everyone around. She knew that her eyesight had been saved.



As a result of trachoma, Nieba's eyelids have turned inwards, scratching her corneas and causing the early stages of irreversible blindness.

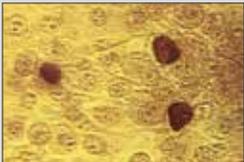


An ophthalmic nurse performed a 15-minute surgery that ensured her progression to blindness was immediately stopped.



Nieba wore a bandage over her eye for just one day. Seven days later, her stitches were removed.

# THE FIVE NTDS WE FIGHT

NTDS	PEOPLE AT RISK GLOBALLY
<p><b>INTESTINAL WORMS</b></p> <p>Intestinal worms, also known as soil-transmitted helminths, affect over 1.5 billion people worldwide, including over 800 million children. The three most common worms are hookworm, ascaris (roundworm), and trichuris (whipworm). They are transmitted by consumption of contaminated water or contact with contaminated soil.</p> <p>Intestinal worms cause stunted growth, impaired cognitive function, limited educational advancement, and reduced long-term economic productivity. Children die every year from these worms as a result of intestinal obstructions.</p>	 <p><b>OVER 1.5 BILLION</b></p>
<p><b>SCHISTOSOMIASIS</b></p> <p>Schistosomiasis, also known as bilharzia or snail fever, is caused by a parasitic worm that lives in freshwater snails. The schistosoma parasite enters the skin of people who come in contact with contaminated water. The worms live in the intestine or bladder, causing symptoms including blood in the urine and impaired growth and development in children. In severe cases, the infection leads to bladder cancer and kidney, liver, and spleen malfunction. Schistosomiasis causes the highest mortality among these NTDS, with more than 200,000 deaths per year in Sub-Saharan Africa.</p>	 <p><b>OVER 230 MILLION</b></p>
<p><b>LYMPHATIC FILARIASIS</b></p> <p>Lymphatic filariasis (LF), which can lead to elephantiasis, is a mosquito-borne disease. LF can cause permanent disability through extreme swelling of the limbs or genitals as a result of thread-like parasitic worms that live in the lymphatic system. The social and economic burden of LF is immense, as the disease causes stigma, social isolation, and loss of productivity.</p>	 <p><b>OVER 1.3 BILLION</b></p>
<p><b>RIVER BLINDNESS</b></p> <p>Onchocerciasis, or river blindness, is a parasitic worm disease spread by the bite of infected flies. This disease causes skin lesions and blindness, and is the world's fourth leading cause of preventable blindness.</p>	 <p><b>OVER 100 MILLION</b></p>
<p><b>TRACHOMA</b></p> <p>A bacterial eye infection, trachoma can lead to irreversible and painful visual impairment and blindness. It is the world's leading cause of preventable blindness. Trachoma strikes poor, rural communities where crowded conditions and limited access to clean water, proper sanitation, and quality health care are part of daily life. Trachoma is passed from person to person and is particularly common in children under the age of five and the adults—mainly women—who care for them.</p>	 <p><b>OVER 100 MILLION</b></p>

MANIFESTATIONS	MODE OF TRANSMISSION	TREATMENT & PHARMACEUTICAL DONATIONS
 <p>Anemia, malnutrition, growth and cognitive delays, and intestinal ailments.</p>	<p>Contact with soil containing parasite larvae (hookworm) or accidental ingestion of parasite eggs (whipworm and roundworm).</p>	<p>Albendazole, donated by GlaxoSmithKline, or mebendazole, donated by Johnson &amp; Johnson.</p>
 <p>Bloody urine, kidney damage, intestinal fibrosis, liver fibrosis, urinary problems, growth delays, and cognitive delays. Co-infection with HIV may accelerate HIV disease progression.</p>	<p>Contact with contaminated freshwater where infected snails are present.</p>	<p>Praziquantel, donated by Merck Serono.</p>
 <p>Pain and swelling in infected areas, leading to elephantiasis and hydrocele.</p>	<p>Repeated bites from infected mosquitoes.</p>	<p>Albendazole (donated by GlaxoSmithKline) and Mectizan (donated by Merck) in areas where river blindness is co-endemic. DEC (donated by Eisai) and albendazole in areas where river blindness is not endemic.</p>
 <p>Skin disease and blindness.</p>	<p>Repeated bites from infected black flies, which breed in fast-flowing streams and rivers.</p>	<p>Mectizan® (ivermectin), donated by Merck.</p>
 <p>Trichiasis, or an inward rotation of the eyelashes, and eventually blindness.</p>	<p>Contact with flies that carry the bacteria or with other infected people.</p>	<p>Zithromax® (azithromycin), donated by Pfizer.</p>

## OUR TECHNICAL EXPERTS

The END Fund's Technical Advisory Board is comprised of some of the most distinguished neglected tropical disease (NTD) and global health experts in the world. Collectively, they have over one hundred years of experience working to tackle NTDs.

The Technical Advisory Board provides program guidance and support and ensures that the END Fund's initiatives adhere to best practices and the most up-to-date science available in the field. They also work tirelessly around the globe to advocate for the needs of people suffering from NTDs.



“NTDs represent the major stealth cause of poverty among the poorest people in developing nations. The END Fund is a vital, new, cost-effective, and cost-efficient mechanism to involve the private sector in lifting the ‘bottom billion’ out of poverty.”

**PETER J. HOTEZ, MD, PhD**  
Chair, The END Fund Technical Advisory Board

President, Sabin Vaccine Institute  
Founding Dean of the National School of Tropical Medicine at Baylor College of Medicine  
Editor-in-Chief of PLoS Neglected Tropical Diseases



### ALAN FENWICK, PhD, OBE

Director, Schistosomiasis Control Initiative  
Professor, Tropical Parasitology at Imperial College London

“Bilateral and multilateral supporters of NTD control don’t give individuals the chance to make a direct impact. Nor do they have the flexibility to respond to complex situations in the way the END Fund can. That’s why I am proud to be a part of it.”



### DANNY HADDAD, MD

Director, International Trachoma Initiative

“The world has a real possibility of eliminating blinding trachoma by 2020. We’ve got a global strategy in place, the tools in hand, and tremendous commitment. That same feeling of collaboration and dedication is what makes the END Fund such an exciting endeavor.”



### ADRIAN HOPKINS, MD

Director, Mectizan® Donation Program

“Getting drugs donated is the easy part. It’s getting them into the mouths of people who need them that’s difficult. That is where the END Fund comes in, ensuring that drugs like Mectizan® reach those most in need, often neglected populations with virtually no income, no healthcare, and no political voice.”



### JULIE JACOBSON, MD, DMTH

Senior Program Officer, Neglected Infectious Diseases,  
The Bill & Melinda Gates Foundation

“There is a role for 50 cents. Fifty cents from one person can treat a person for one year for all of these diseases, so there is a way that everybody can be a part of the NTD success and solution.”



### PATRICK LAMMIE, PhD

Senior Staff Scientist, Centers for Disease Control and Prevention

“As someone who has worked on lymphatic filariasis in Haiti for many years, I have a strong appreciation for the challenges countries face in mobilizing resources for NTD programs. The END Fund provides a new and flexible mechanism to help countries successfully implement high-impact programs.”

# STRATEGY ON THE GROUND

The END Fund, in collaboration with government partners and non-governmental organizations on the ground, treats neglected tropical diseases (NTDs) by following a proven implementation model that is tailored to meet the needs of individual countries. Successful implementation involves understanding the scale of the problem and designing a robust mass drug administration (MDA) campaign targeted to reach and treat the right people. It is a process that catalyzes resources, builds capacity among health professionals, and mobilizes communities to distribute medicines for maximum impact at minimal cost.



## MAP

- > Conduct disease prevalence and intensity mapping and baseline data collection.

## TARGET

- > Define target populations.
- > Formalize the treatment strategy.

## SUPPLY

- > Facilitate procurement of pharmaceutical donations in partnership with ministries of health.

## TRAIN

- > Train health sector personnel from the national to the local level to deliver treatment and keep accurate records.



### THE ROLE OF DISABILITY CARE

NTD infections that progress to an advanced stage can result in long-term disability. Elephantiasis, one example, is an advanced form of lymphatic filariasis that causes severe pain and prohibits mobility. Disability care, which can include activities like limb washing, exercise, and surgery allows patients to manage disease symptoms and improve quality of life in ways medication alone often cannot. These services play an important role in alleviating suffering and improving lives.



### PROMOTE

- > Prepare the target populations to receive medicines.
- > Aid social mobilization through television and radio promotions, printed materials, door-to-door visits, and community health education.

### MOBILIZE & TREAT

- > Equip health facilities with diagnostic equipment.
- > Treat the target population through MDA.

### MONITOR

- > Monitor and evaluate the program.
- > Collect and analyze data.
- > Make necessary adjustments to implementation.

### SCALE

- > Scale up health, education, and prevention programs to the national level.

# PORTFOLIO OVERVIEW

COUNTRIES ENGAGED: **13**

NEGLECTED TROPICAL DISEASES (NTDS) TARGETED: **5**

PROJECTED 2013 BENEFICIARIES: **OVER 30 MILLION**

## PROGRESS ON THE GROUND

	PLAN	MAP	TARGET	SUPPLY	TRAIN	PROMOTE	MOBILIZE & TREAT	MONITOR	SCALE
ANGOLA									
BURUNDI									
CAR*									
KENYA									
LIBERIA									
MALI									
NAMIBIA									
NIGER									
NIGERIA									
RWANDA									
YEMEN									
ZIMBABWE									
ZAMBIA									

\*Central African Republic



# ANGOLA

## ENORMOUS OPPORTUNITY

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### SPOTLIGHT ON INNOVATION

Angola's neglected tropical diseases (NTD) program has historically been a neglected, under-resourced part of the national health plan. This year, the END Fund worked in partnership with the Ministry of Health (MoH) and local non-governmental organizations to develop new, high-impact, and innovative partnerships to combat NTDs.

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### BACKGROUND

Angola is located in southern Africa, between Namibia and the Democratic Republic of Congo. The country is in recovery from more than a quarter century of civil war. Approximately 1.5 million people died and 4 million were displaced as a result.

The government has since overseen a transition to democracy and oil exports and foreign loans have catalyzed economic growth. Oil production contributes to nearly 85% of the country's gross domestic product, while diamonds account for an additional 5%. The majority of the population survives off of subsistence farming.

It is estimated that 70% of Angola's population is infected with at least one NTD. This amounts to approximately 13 million people. Intestinal worms, schistosomiasis, river blindness, and lymphatic filariasis (LF) are all endemic.



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Women and children wash clothes and bathe in a local river. Exposure to fresh water where snails are present puts people at risk of contracting schistosomiasis.



Angola health professionals learn laboratory skills.

## PROGRAM SUMMARY

The END Fund is working with the MoH and Ministry of Education to establish a sustainable deworming approach. Initial focus will be on mass drug administration (MDA) and health facility support in limited geographic areas where disease prevalence is highest and our implementing partner has a positive working relationship with regional agencies. Working in these regions will target those most in need and allow the END Fund to capitalize on resources already established under the President's Malaria Initiative, improving cost-effectiveness and efficiency.

Mapping in Angola is scheduled to begin in early 2013, followed by an MDA later in the year. This MDA will be dependent on government acquisition of donated medicines. The END Fund has already connected the MoH to relevant international drug donation programs and helped the government develop the National Strategic Plan for the Control of NTDs (2012–2016).

The END Fund's Angola program is critically important since limited attention has been paid to the country's NTD burden. The distance between remote communities and limited infrastructure adds challenge and requires special diligence. Consequently, the END Fund's early phase is limited in geographic scope. The END Fund will be able to implement a more expansive program with additional financial support.



### IMPLEMENTING PARTNER

The MENTOR Initiative works to improve the preparedness and response capacity of humanitarian organizations and national partners to establish and deliver effective vector-borne disease control interventions to affected communities utilizing existing health delivery systems where possible. The MENTOR Initiative has spent nearly a decade building capacity of the Angolan MoH and National Malaria Control Program.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

19,082,000 people

### TARGETED DISEASES

Intestinal Worms  
Schistosomiasis  
Lymphatic Filariasis  
River Blindness

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	7,811,270
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SCHOOL-AGE CHILDREN	5,239,457
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#### OTHERS

SCHISTOSOMIASIS	11,396,624
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LYMPHATIC FILARIASIS	12,090,000
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RIVER BLINDNESS	850,183
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دبي العطاء  
Dubai Cares

### LEAD INVESTOR

Dubai Cares is a philanthropic organization that envisions a future where all children have access to quality primary education. Launched in 2007, the organization has reached over 7 million children in 28 countries through programs that focus on improving school infrastructure, health, sanitation, hygiene, and quality of education.

# BURUNDI FINISHING WELL

## SPOTLIGHT ON IMPACT

The Legatum Foundation, a founding partner of the END Fund, has ensured that over 4 million people in Burundi have received integrated treatment for neglected tropical diseases (NTDs) every year since 2007. The significant reduction in prevalence and intensity of NTD infections has been dramatic and sustained, resulting in a healthy and more prosperous Burundi.

## BACKGROUND

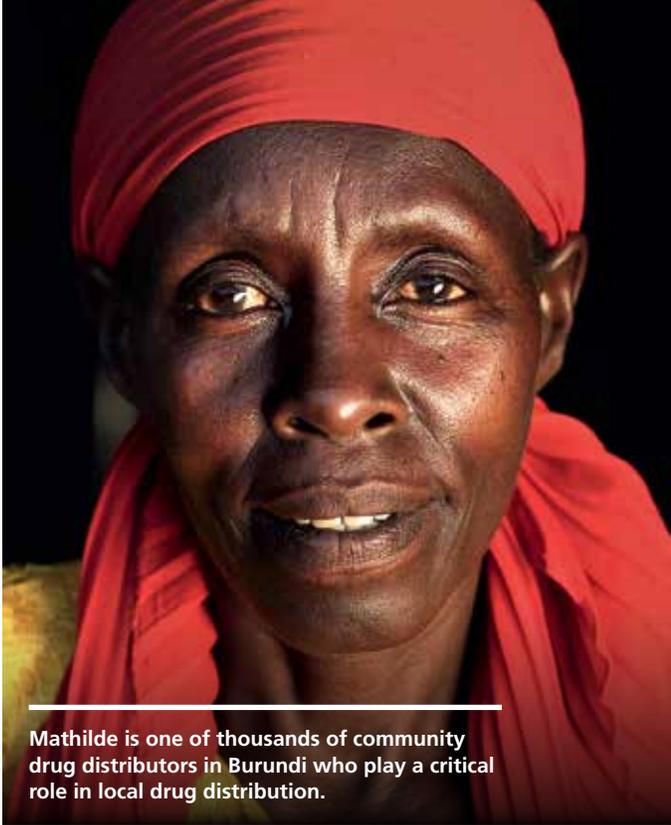
Burundi is one of two countries that are the genesis of the END Fund. In 2007, the Legatum Foundation funded an integrated NTD program designed to treat all at-risk children and some adults—including pregnant mothers—for river blindness, schistosomiasis, intestinal worms, trachoma, and lymphatic filariasis. Between 2007 and 2011, over 4 million individuals were treated multiple times with preventative chemotherapy (PCT).

The program's implementation over a four-year period demonstrated how an NTD program can be scaled up rapidly to treat large populations effectively and efficiently, even in a country with no previous experience. A broadly sustainable system can be established within four to five years, including the necessary infrastructure, as well as trained and competent health education personnel.

After evaluating treatment outcomes and the capacity of the national Ministry of Health to maintain gains, the END Fund accepted an official request from the Burundi government to maintain its in-country presence for up to two additional years. The Schistosomiasis Control Initiative was able to leverage a large donation to underwrite two years of mass drug administration (MDA) maintenance for intestinal worms and schistosomiasis, thereby enabling the END Fund to move forward focusing on the elimination of blinding trachoma.



Thanks to the Burundi program, over 4 million people were treated for NTDs between 2007 and 2011.



Mathilde is one of thousands of community drug distributors in Burundi who play a critical role in local drug distribution.

## PROGRAM SUMMARY

The trachoma program is a two-year initiative that is designed to eliminate blinding trachoma and reduce the prevalence of trachoma follicular infections to below 10% in the districts of Nyabikere, Buhiga, and Muyinga. The program in Burundi is based on the SAFE strategy, which combines prevention and treatment interventions. The SAFE strategy has been adopted by the global community working to end blinding trachoma and includes: (S) Surgery; (A) treatment with Antibiotics; (F) improved Facial cleanliness; and (E) Environmental change to increase access to clean water and sanitation. Distributing antibiotics has been the main focus of the END Fund's initiative. However, the END Fund has also collaborated with relevant agencies to raise awareness regarding facial cleanliness and clean water and sanitation efforts.

The results of a January 2012 impact survey indicate the program achieved its original objectives. It demonstrated a decrease in trachoma prevalence from approximately 13% to 3% in the targeted districts. An additional MDA was administered in the district of Rutana based on the program's success and took place in late 2012. At the end of the program, a final survey will be conducted to determine remaining prevalence of trachoma in Burundi. New strategies will be defined if evidence for continuing interventions is demonstrated.



### IMPLEMENTING PARTNER

CBM is an international Christian development organization that began as a home for blind and orphaned children in Turkey in 1908. The organization's mission is to improve quality of life for people with disabilities in low-income regions of the world through direct programmatic support, advocacy and fundraising, and emergency response. To date, CBM has supported over 700 projects in 80 different countries.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

8,383,000 people

### TARGETED DISEASES

Trachoma

## POPULATION AT RISK FOR ENDEMIC DISEASES

### INTESTINAL WORMS

TOTAL	2,964,583
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SCHOOL-AGE CHILDREN	2,018,492
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### OTHERS

SCHISTOSOMIASIS	3,786,161
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RIVER BLINDNESS	1,407,508
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TRACHOMA	1,871,208
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### LEAD INVESTOR

The Legatum Foundation takes an investor's approach to philanthropy with the ultimate goal of improving lives and increasing opportunity for those living at the bottom of the Prosperity Ladder. The Foundation focuses on achieving "Life Change," by supporting community-based organizations and employing robust metrics and evaluation principles.

# CENTRAL AFRICAN REPUBLIC VENTURE PHILANTHROPY

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## SPOTLIGHT ON LEADERSHIP

The over 4 million people who live in the Central African Republic (CAR) are some of the world's poorest and most vulnerable. The END Fund has taken a strong stand in support of this neglected country, proactively embracing our partners on the ground, raising awareness internationally, and focusing new resources to tackle neglected tropical diseases (NTDs) in CAR.

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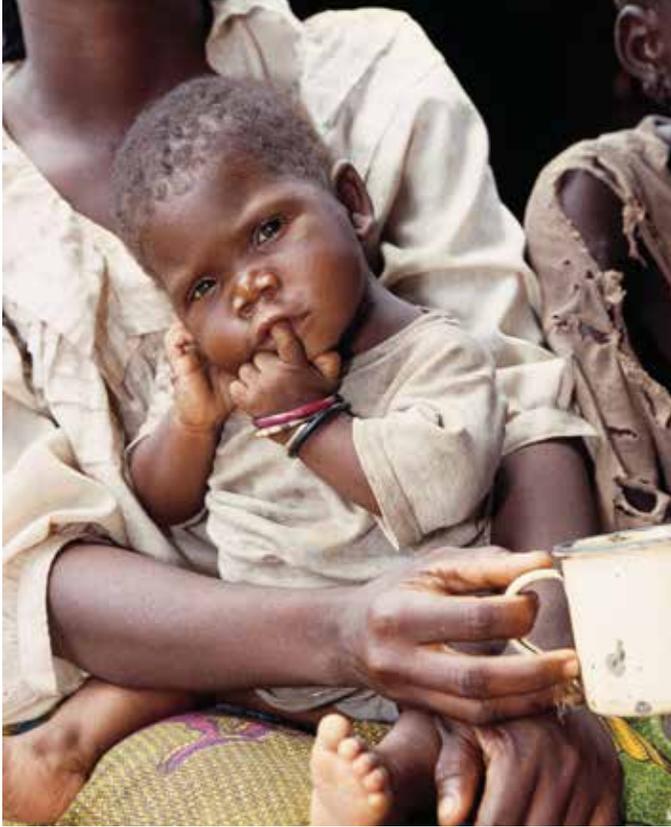
## BACKGROUND

CAR is a landlocked country in central Africa. It has experienced decades of civil unrest since achieving independence from France in 1960. The population is primarily rural and subsistence farming and forestry account for the majority of the country's gross domestic product. Diamonds also play an important role.

Like other END Fund priority countries, CAR is endemic for all five NTDs targeted by the END Fund. Despite limited resources, CAR has published a national NTD strategic plan and implemented programs targeting river blindness and lymphatic filariasis that have reached over 1.5 million people. Some NTD mapping has been completed by the Centers for Disease Control and Prevention. The country, despite its challenges, is prepared to mount an expanded NTD campaign contingent upon additional support.



In CAR, a health worker goes door-to-door to deliver medicines.



## PROGRAM SUMMARY

The END Fund's CAR program focuses on the completion of NTD mapping, a cornerstone of impact-oriented NTD interventions. Results of the program's mapping efforts will be used to inform future Ministry of Health program planning and funding activities.

In 2012, the END Fund partnered with CBM based on the organization's successful history with the national government. Once mapping is complete, CAR will be well positioned to begin implementing an NTD control program, should additional funds become available.



**BENEFICIARY, FORMERLY SUFFERING FROM INTESTINAL WORMS**

**HGIRO JANVIER**

"I felt very sick. I had a bellyache. I couldn't concentrate on the courses at school and I couldn't help my parents with the work at home. Since being dewormed, thanks to the END Fund, I feel better. No more pain in my stomach, no more trouble in school, and I can work at home. I am stronger now. I really feel healthy."



### IMPLEMENTING PARTNER

CBM is an international Christian development organization that began as a home for blind and orphaned children in Turkey in 1908. The organization's mission is to improve quality of life for people with disabilities in low-income regions of the world through direct programmatic support, advocacy and fundraising, and emergency response. To date, CBM has supported over 700 projects in 80 different countries.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

4,401,000 people

### TARGETED DISEASES

Intestinal Worms  
Schistosomiasis  
Lymphatic Filariasis  
River Blindness  
Trachoma

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	1,679,756
SCHOOL-AGE CHILDREN	1,155,261

#### OTHERS

SCHISTOSOMIASIS	3,830,053
LYMPHATIC FILARIASIS	3,300,000
RIVER BLINDNESS	1,409,395
TRACHOMA	1,914,091



### LEAD INVESTORS

The END Fund's CAR program is supported by the Green Park Foundation, a private foundation, and Geneva Global, Inc. Geneva Global, Inc. is a leading philanthropic consulting firm specializing in international development, global health, and poverty solutions. Geneva Global, Inc. provides expert guidance and custom services to institutions and philanthropists throughout the world.

# KENYA

## INVESTING FOR IMPACT

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### SPOTLIGHT ON INTEGRATION

Kenya was recently the proud recipient of a significant grant from the Children's Investment Fund Foundation (CIFF) to implement a large-scale, school-based deworming program. The END Fund worked closely with partners on the ground to ensure additional investments were leveraged and coordinated for maximum impact. The result: millions of children in Kenya will now be treated for two devastating diseases—intestinal worms and schistosomiasis.

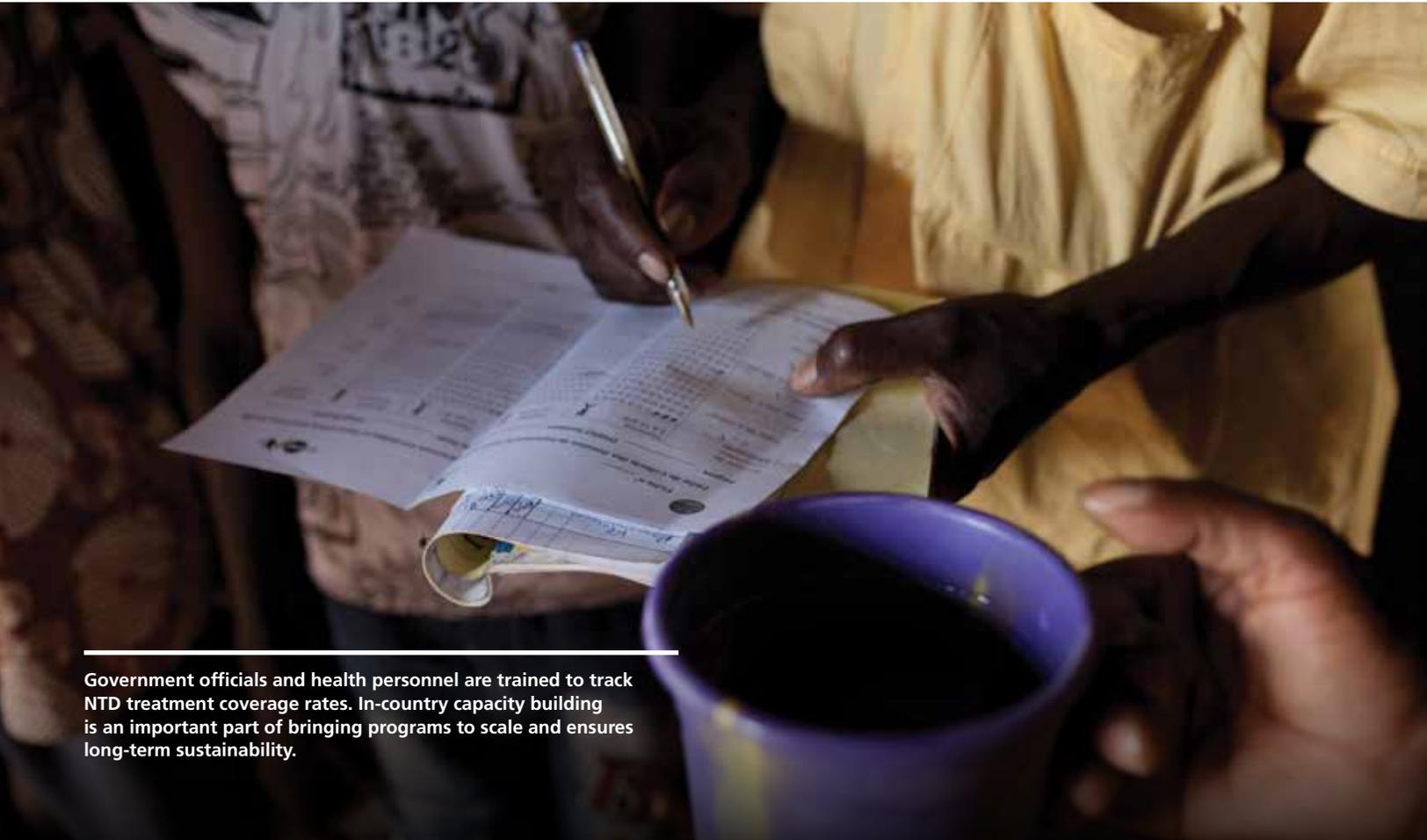
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### BACKGROUND

The World Health Organization (WHO) estimates that over 30 million people are at risk for schistosomiasis, over 15 million children are at risk for intestinal worms, and over 3 million people are at risk for lymphatic filariasis.

Conscious of the country's significant burden, Kenya publicly launched a five-year, national, integrated control plan in 2011 that aims to reduce NTD prevalence to manageable levels by 2020. An integral part of the plan is the Kenyan national school-based deworming program. Recent funding has enabled the government's program to provide treatment for intestinal worms and schistosomiasis among school-age children in areas of the country where intestinal worms are endemic. However, experts at the Kenya Medical Research Institute estimate that 170,000 to 180,000 children in need of schistosomiasis treatment live outside of the program's current coverage areas, leaving a significant number vulnerable to the damaging effects of this disease.

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Government officials and health personnel are trained to track NTD treatment coverage rates. In-country capacity building is an important part of bringing programs to scale and ensures long-term sustainability.



## PROGRAM SUMMARY

With the END Fund's investment, the Kenyan national school-based deworming program will be able to expand geographic coverage to reach 17 districts that are home to an estimated 1.6 million school-age children. The program began in September 2012 and is scheduled to last five years. The END Fund's partners will begin by conducting detailed epidemiological mapping of schistosomiasis, utilizing school health questionnaires and detailed parasitology mapping. Depending on results, phased schistosomiasis treatment could begin as early as May 2013.

The program is currently in early stages of development. In the last year, the END Fund officially partnered with a local implementing partner, Deworm the World, and completed program planning activities, including the development of an innovative mapping protocol. This new method is expected to save time and money in the long term by more effectively targeting mass drug administration campaigns, thereby reducing unnecessary treatment.

The END Fund's Kenya program demonstrates the important role of private philanthropy in leveraging smaller investments to bring national programs to scale. In doing so, the Kenya national school-based deworming program will be able to target all school-age children at risk of intestinal worms and schistosomiasis, while adding to the global body of knowledge around NTD mapping, and moving one step closer to completing a national integrated NTD program.



### IMPLEMENTING PARTNER

Deworm the World is an initiative of Innovations for Poverty Action, assisting governments and development partners to launch, strengthen, and support school-based deworming programs with the aim of improving the health and education of school-aged children throughout the world.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

40,513,000 people

### TARGETED DISEASES

Schistosomiasis

## POPULATION AT RISK FOR ENDEMIC DISEASES

### INTESTINAL WORMS

TOTAL	15,157,537
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SCHOOL-AGE CHILDREN	10,036,018
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### OTHERS

SCHISTOSOMIASIS	30,839,766
-----------------	------------

LYMPHATIC FILARIASIS	3,031,878
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## Campbell Family Foundation

### LEAD INVESTOR

The Campbell Family Foundation is a private foundation, based in New York City, that was set up in 2001 by William Campbell, his wife Christine Wächter-Campbell, and their children. The vision and mission of the foundation is to bring opportunities and prosperity to disadvantaged people, support the arts, and engage as activist philanthropists to help build a better world.

# LIBERIA

## CATALYZING THE PRIVATE SECTOR

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### SPOTLIGHT ON STEWARDSHIP

In 2012, the END Fund generated significant interest from the private sector to invest in neglected tropical disease (NTD) control in Liberia. Given the diverse landscape of program partners on the ground, the END Fund mapped the complex NTD landscape to clearly identify gaps and visited Liberia to hear directly from the Ministry of Health about their priorities. These steps, crucial to responsible planning and stewardship of funds, ensure that new investments are directed to where they will have maximum impact.

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### BACKGROUND

Liberia is a country in recovery from years of civil war. Four of the five NTDs targeted by the END Fund are endemic. While the country is fortunate to have a variety of international partners assisting the government to improve the overall health status of the population, additional NTD control efforts are needed.

The Liberian National NTD Master Plan (2012-2017) was finalized in March 2012. The Liberian NTD Department, with the support of various partners including the African Program for Onchocerciasis Control, the London School of Tropical Medicine, the Schistosomiasis Control Initiative (SCI), and the UK's Department for International Development (DFID), has implemented a number of training, mapping, and treatment programs.

DFID, the biggest bilateral donor active in Liberia, is currently supporting an NTD control program run by SCI that targets lymphatic filariasis and includes the delivery of pharmaceuticals that treat intestinal worms.



Among children, NTDs cause undernutrition, physical and cognitive delays, and reduced educational performance.



A new approach that tests for the presence of antibodies in urine is emerging as a more convenient, less expensive way to gather NTD prevalence and intensity data.

## PROGRAM SUMMARY

The END Fund's investment in Liberia is designed to support SCI's NTD control efforts by helping bring the program one step closer to national scale. The END Fund aims to facilitate treatment of school-age children for intestinal worms and schistosomiasis and provide training to over 1,500 teachers who play a critical role in the mass drug administration (MDA) implementation process. MDA is scheduled to begin in 2013.



**COMMUNITY HEALTH WORKER**  
**SALIMA KONÉ**  
 Community Drug Distributor and Midwife

"Participating in a mass drug distribution makes me very happy, as people don't always have money to buy medicines. I believe this is a big thing, because when people have these neglected diseases they cannot do anything on their own. I would like to see people healthy because that would also mean that my community is healthy, that my father is healthy, and that my mother is healthy."



### IMPLEMENTING PARTNER

The Schistosomiasis Control Initiative (SCI) aims to control or eliminate the five most prevalent NTDs from Sub-Saharan Africa by helping ministries of health develop, expand, and strengthen national NTD programs. Since 2007, SCI has facilitated delivery of approximately 40 million NTD treatments and has helped many countries establish national control programs.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

3,994,000 people

### TARGETED DISEASES

Intestinal Worms  
 Schistosomiasis

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	1,604,086
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SCHOOL-AGE CHILDREN	1,085,693
---------------------	-----------

#### OTHERS

SCHISTOSOMIASIS	3,281,414
-----------------	-----------

LYMPHATIC FILARIASIS	3,600,000
----------------------	-----------

RIVER BLINDNESS	2,475,227
-----------------	-----------



# MALI

## PROTECTING THE VULNERABLE

### SPOTLIGHT ON TRANSFORMATIONAL GIVING

Mali had been successfully conducting a neglected tropical disease (NTD) mass drug administration (MDA) program since 2007 with funding from the US Agency for International Development (USAID) and support from implementing partner, Helen Keller International (HKI). Following the coup d'état in March 2012, USAID's funding for Mali was frozen, jeopardizing the country's MDA. The END Fund was able to respond quickly to the emergency call for help. A consortium of visionary investors ensured over 11 million people received the medicines they needed.

### BACKGROUND

Mali is a landlocked country in West Africa known for its music and cultural heritage, which includes descent from the region's ancient African empires—the Ghana, Malinke, and Songhai. During the early 1990s, Mali was characterized by civil stability and successful democracy. However, increasing conflict in the country has since led to a coup d'état and control of the north by rebel groups.

The country has made significant gains in reducing the burden of disease caused by NTDs and has a long history of implementing successful NTD programs beginning as early as 1974. Yet significant need for NTD treatment remains, and Mali is unfortunately reliant on external investors for public health funding.

In March of 2012, USAID suspended funding that had been formerly approved for Mali's 2012 MDA campaign as a result of the overthrow of the government. The END Fund engaged in Mali after being asked by the Mali Ministry of Health, USAID, RTI International, and HKI to assist in the implementation of an emergency response NTD control program.



Children are often kept out of school in order to help guide their blind parents and grandparents who suffer from river blindness.



## PROGRAM SUMMARY

The program's objective was to reduce NTD morbidity in Mali by supporting an integrated MDA, thereby ensuring continuity of NTD treatment for over 11 million people. As part of the MDA process, the program aimed to train approximately 30,000 community distributors and aid social mobilization in the five southern regions of Bamako, Kayes, Koulikoro, Mopti, and Segou. In areas of the country where the school-based distribution strategy was used in tandem with community-based strategies for schistosomiasis drug distribution, approximately 1,000 teachers and supervisors were also targeted for training. Although official impact studies are yet to be released, local and international partners are heralding the program as a major success.



**GOVERNMENT PARTNER**  
**MASSITAN DEMBÉLÉ**  
 NTD Focal Point,  
 Mali Ministry of Health

"Mali is on the road to eliminating NTDs. We just lack resources. Our vision is a better Mali: a Mali where children do not have sight issues; a better Mali where children go to school; a flourishing Mali."



### IMPLEMENTING PARTNER

Helen Keller International (HKI) is an international NGO that combats the causes and consequences of blindness and malnutrition using evidence-based vision, health, and nutrition programs. Established in 1915, HKI is active in 22 countries and has significant experience implementing MDAs in Africa.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

15,370,000 people

### TARGETED DISEASES

Intestinal Worms  
 Schistosomiasis  
 Lymphatic Filariasis  
 River Blindness

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	5,369,102
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SCHOOL-AGE CHILDREN	3,565,953
---------------------	-----------

#### OTHERS

SCHISTOSOMIASIS	10,658,483
-----------------	------------

LYMPHATIC FILARIASIS	13,323,104
----------------------	------------

RIVER BLINDNESS	4,055,433
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TRACHOMA	2,033,326
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### LEAD INVESTORS

A group of mining companies and foundations rallied together to support the END Fund's Mali Emergency Bridge Funding Initiative. The group of investors included: African Mining & Exploration PLC, AngloGold Ashanti, AVION Gold Corporation, Forbes & Manhattan, the Bill & Melinda Gates Foundation, Gold Fields, IAMGOLD, the Legatum Foundation, Margaret A. Cargill Foundation, Randgold Resources, Razoo, Resolute Mining LTD, and the Vital Foundation/Vivo Energy Mali.

# NAMIBIA

## SERVING A NATIONAL PRIORITY

### SPOTLIGHT ON COST-EFFECTIVENESS

The END Fund's Namibia program is the first of its kind. Unlike other programs, the END Fund implements the Namibia program directly on the ground, coordinating with the national government and other partners. The result is a program that is impactful, efficient, and cost-effective.

### BACKGROUND

Namibia is located in southwestern Africa. It is ranked an upper middle-income country, but has high inequality and unemployment. Although anecdotal evidence suggests there is significant NTD burden in Namibia, the scope of need is unclear. Little reliable NTD data currently exists, almost no mapping has been conducted to date, and the validity of what has been completed is questionable. The World Health Organization believes that all 750,000 children in Namibia are at risk for intestinal worms and 275,000 people are at risk for schistosomiasis.

Recent developments indicate there is growing national support for NTD prevention and treatment efforts in Namibia. The government recently launched a school-based deworming program targeting intestinal worms and the Ministry of Health and Social Services included NTDs in their National Health Policy Framework 2010–2020. The Ministry mounted a national school-based deworming campaign in July 2012, but the government's program did not include collection of baseline data and failed to include schistosomiasis prevention or treatment efforts. These constitute missed opportunities to reduce the national NTD burden. Intestinal worms and schistosomiasis are easily treated in tandem via integrated programming, while the collection of baseline data allows for the measurement of program impact to inform future efforts.



Students from the University of Namibia and the Polytechnic of Namibia are trained to identify signs of NTD infection in preparation for national NTD mapping.



NTD mapping supplies are organized before being transported to the field in northern Namibia.

## PROGRAM SUMMARY

The primary program objective is to support national mapping of intestinal worms and schistosomiasis in 13 regions and to establish baseline prevalence and intensity levels for both diseases. Based on mapping results, the END Fund will then work with the government to develop a treatment strategy and implement a schistosomiasis control program.

After two country visits, the END Fund developed a comprehensive mapping protocol for Namibia's first-ever integrated school-based mapping of intestinal worms and schistosomiasis. Developed in partnership with the Liverpool School of Tropical Medicine, this innovative mapping strategy is faster and less expensive than other methods. It utilizes the latest diagnostic tools and combinative testing, and allows for testing of 5- to 7-year-old children in addition to the usual 10- to 14-year-old age group.

Mapping will occur in four phases, beginning with the two northeastern regions of Caprivi and Kavango, which evidence suggests have some of the highest NTD prevalence rates. Once prevalence maps are created and analyzed, the first round of mass drug administration (MDA) will begin. Further phases of mapping are planned for 2013—pending funding support—which we hope will lead to a second MDA in 2013.



### IMPLEMENTING PARTNER:

The END Fund implements the Namibia program directly.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

2,283,000 people

### TARGETED DISEASES

Schistosomiasis

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	746,596
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SCHOOL-AGE CHILDREN	523,084
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#### OTHERS

SCHISTOSOMIASIS	275,767
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TRACHOMA	800,000
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### LEAD INVESTOR

The Legatum Foundation takes an investor's approach to philanthropy with the ultimate goal of improving lives and increasing opportunity for those living at the bottom of the Prosperity Ladder. The Foundation focuses on achieving "Life Change", by supporting community-based organizations and employing robust metrics and evaluation principles.

# RWANDA

## LONG-TERM COMMITMENT

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### SPOTLIGHT ON RESULTS

The END Fund's neglected tropical disease (NTD) control efforts began in Rwanda in 2007 with support from the Legatum Foundation. The results achieved since its inception demonstrate how integrated NTD control programs can achieve significant health gains at minimal cost. The cost per life of the program has been under 20 cents per person.

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### BACKGROUND

Rwanda is one of two countries to which the END Fund traces its roots. It is one of the most densely populated countries in Africa, an important consideration for infectious disease control programs such as those targeting NTDs. Since the early 1980's, the government has focused on implementing primary healthcare services as a means to improve the health of the population and the healthcare system is characterized by flexibility, efficiency, and decentralization.

In 2007, the Legatum Foundation initiated a national integrated NTD program to treat children and adults with donated anthelmintic drugs in the form of mass drug administration (MDA). The Rwanda program treated over 4 million people between 2007 and mid-2011, the majority of whom were school-age children. In addition, over 7,000 health professionals and teachers were trained in effective NTD program implementation.

The Rwanda program was successful in treating the national population on a mass scale, and the program's impact on NTD disease burden inspired the development of the END Fund. Despite the program's success, further intervention is required if NTD prevalence rates are to be reduced to a level at which they are no longer considered a public health problem.



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Over 2.5 million school-age children in Rwanda are at risk for intestinal worms.



A community health worker holds out the pills used as part of MDA.

## PROGRAM SUMMARY

The END Fund is currently working with the Ministry of Health to implement a three-year NTD control program. The goal of the program is to improve prevention, surveillance, control, and management of NTDs in Rwanda with specific attention to intestinal worms and schistosomiasis. The program's purpose is to consolidate the health gains that have been achieved in the last four years and to further reduce the prevalence and intensity of two of the three types of intestinal worms—roundworm and whipworm.

The program will begin by supporting NTD mapping. Mapping will provide current prevalence and intensity data that will be used to appropriately target a forthcoming mass drug administration campaign, also sponsored by the END Fund.



### IMPLEMENTING PARTNER

The Schistosomiasis Control Initiative (SCI) aims to control or eliminate the five most prevalent NTDs from Sub-Saharan Africa by helping ministries of health develop, expand, and strengthen national NTD programs. Since 2007, SCI has facilitated delivery of approximately 40 million NTD treatments and has helped many countries establish national control programs.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

10,624,000 people

### TARGETED DISEASES

Intestinal Worms  
Schistosomiasis

## POPULATION AT RISK FOR ENDEMIC DISEASES

### INTESTINAL WORMS

TOTAL	3,975,760
SCHOOL-AGE CHILDREN	2,609,913

### OTHERS

SCHISTOSOMIASIS	1,027,721
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### LEAD INVESTOR

The Legatum Foundation takes an investor's approach to philanthropy with the ultimate goal of improving lives and increasing opportunity for those living at the bottom of the Prosperity Ladder. The Foundation focuses on achieving "Life Change", by supporting community-based organizations and employing robust metrics and evaluation principles.

# ZIMBABWE

## CATALYTIC INVESTING

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### SPOTLIGHT ON COLLABORATION

Understanding the importance of integration across programs and partners, the END Fund is working on neglected tropical disease (NTD) control planning in Zimbabwe in collaboration with the Schistosomiasis Control Initiative (SCI) and the country's National NTD Task Force. Integrated programming reduces duplication of efforts and ensures improved outcomes and maximum impact.

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### BACKGROUND

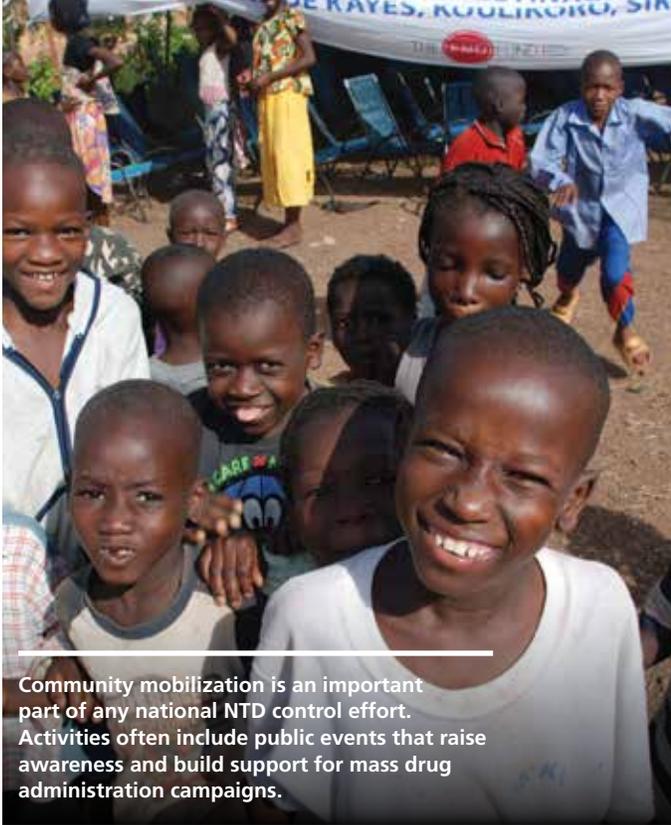
Until 2008, Zimbabwe was effectively a one-party state. Controversial land reforms in the early 2000's led to the collapse of the economy, widespread food shortages, and crippling inflation. In 2009, the administration agreed to a power-sharing deal that resulted in a new coalition government. The country has since experienced gross domestic product growth and some economic gains. The country's health statistics have improved as well, but still fall behind the region as a whole in many regards, with infant and under-5 mortality being notable exceptions.

Despite progress, four of the five NTDs targeted by the END Fund remain endemic. In response, the Ministry of Health and Child Welfare and the Ministry of Education formed a multi-stakeholder National NTD Task Force and conducted a national survey of intestinal worms and schistosomiasis. The survey laid out recommendations for a national control strategy that was finalized in 2012.



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Women are disproportionately impacted by NTDs. They result in adverse pregnancy outcomes and make it harder for women to work and care for their families.



Community mobilization is an important part of any national NTD control effort. Activities often include public events that raise awareness and build support for mass drug administration campaigns.

## PROGRAM SUMMARY

To help the national government meet its NTD control objectives, SCI plans to launch a schistosomiasis program in Zimbabwe. The END Fund's investment will support SCI's efforts to treat up to 1 million school-age children per year in areas with high levels of both intestinal worms and schistosomiasis.

To accomplish these objectives, the program will support mass drug administration via both school and community-based mechanisms. It will support training of school and health personnel and appropriate community health education efforts.

The END Fund's investment will help to deepen impact and ensure critical geographic and treatment targets are achieved in Zimbabwe.



### IMPLEMENTING PARTNER

The Schistosomiasis Control Initiative (SCI) aims to control or eliminate the five most prevalent NTDs from Sub-Saharan Africa by helping ministries of health develop, expand, and strengthen national NTD programs. Since 2007, SCI has facilitated delivery of approximately 40 million NTD treatments and has helped many countries establish national control programs.

## PROGRAM AT A GLANCE

### TOTAL POPULATION

12,571,000 people

### TARGETED DISEASES

Intestinal Worms  
Schistosomiasis

### POPULATION AT RISK FOR ENDEMIC DISEASES

#### INTESTINAL WORMS

TOTAL	2,342,378
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### LEAD INVESTOR

A private investor, Mr. Daniel Zakharov, is graciously supporting the END Fund's Zimbabwe program.

# INVESTORS

## FOUNDING INVESTORS

The END Fund is a collaboration between some of the world's most progressive philanthropists.



### ALAN MCCORMICK

Managing Director, Legatum  
Member, the END Fund International Board

"The END Fund represents an international development trifecta. By working to control and eliminate neglected tropical diseases, we are improving health, education, and economic prosperity in one fell swoop. The impact of our investment will be felt for generations to come."



### MARK BRISTOW

Chief Executive Officer, Randgold Resources Limited

"We come across a lot of organizations that have good intentions, but not the right objectives. What we found with the END Fund are all the important parts of a real, meaningful, sustainable effort. I think the distinguishing factor in this initiative is that it is not charity. It is an investment in the future of this country."

# FINANCIAL SUMMARY

## CONSOLIDATED STATEMENT OF ACTIVITIES: FISCAL YEAR ENDING AUGUST 31, 2012

SUPPORT AND REVENUE			
	Unrestricted	Temporarily Restricted	Total
Contributions	\$1,079,827	\$4,690,494	\$5,770,321
Temporarily Restricted Net Assets Released from Restrictions due to Satisfaction of time or purpose restrictions	\$990,431	\$(990,431)	-
<b>Total Support and Revenue</b>	<b>\$2,070,258</b>	<b>\$3,700,063</b>	<b>\$5,770,321</b>

EXPENSES			
Program Services	\$1,066,060	-	\$1,066,060
Management and General	\$80,124	-	\$80,124
Fundraising	\$254,453	-	\$254,453
<b>Total Expenses</b>	<b>\$1,400,637</b>	<b>-</b>	<b>\$1,400,637</b>
<b>Change in Net Assets</b>	<b>\$669,621</b>	<b>\$3,700,063</b>	<b>\$4,369,684</b>

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION: FISCAL YEAR ENDING AUGUST 31, 2012

ASSETS			
	US	UK	TOTAL
Cash	\$1,147,273	\$1,254,663	\$2,401,936
Pledges Receivable, Current Portion	\$1,815,013	\$8,583	\$1,823,596
Prepaid Expenses	\$7,902	-	\$7,902
<b>Total Current Assets</b>	<b>\$2,970,188</b>	<b>\$1,263,246</b>	<b>\$4,233,434</b>
Other assets: Pledges receivable, net of current portion	\$360,044	-	\$360,044
<b>Total Assets</b>	<b>\$3,330,232</b>	<b>\$1,263,246</b>	<b>\$4,593,478</b>

LIABILITIES AND NET ASSETS			
Account Payable	\$209,225	\$14,229	\$223,454
Net assets Unrestricted	\$547,124	\$118,450	\$665,574
Net assets Temporarily restricted	\$2,573,883	\$1,130,567	\$3,704,450
<b>Total Net Assets</b>	<b>\$3,121,007</b>	<b>\$1,249,017</b>	<b>\$4,370,024</b>
<b>Total Liabilities and Net Assets</b>	<b>\$3,330,232</b>	<b>\$1,263,246</b>	<b>\$4,593,478</b>

### NOTES:

Full financial reports are available upon request. Both US and UK charities were independently audited for the fiscal year and received clean opinions. The US charity's operations began in April 2012, so FY2012 financial information represents five months of activity. The UK statements are shown in conformity with US standards for presentation purposes.

The END Fund is a 501(c)(3), tax-exempt charitable organization registered in the United States.

The END Fund is also a company limited by guarantee registered in England and Wales (company number 6350698) and a registered charity (number 1122574).

# END FUND TEAM

## INTERNATIONAL BOARD

### **WILLIAM CAMPBELL**

END Fund International Board Chair;  
Senior Advisor, JPMorgan Chase & Co.; President, Sanoch Management

### **DOUG BALFOUR**

Chief Executive Officer, Geneva Global, Inc.

### **GIB BULLOCH**

Founder and Executive Director, Accenture Development Partnerships

### **ALAN MCCORMICK**

Managing Director, Legatum

### **DR. NEERAJ MISTRY**

Managing Director, Global Network for Neglected Tropical Diseases

### **ROB VICKERS**

Senior Vice President-Legal, Legatum

### **CHRISTINE WÄCHTER-CAMPBELL**

Co-owner, Winston Wächter Fine Art Gallery

## TECHNICAL ADVISORY BOARD

### **DR. PETER HOTEZ**

END Fund TAB Chair; President, Sabin Vaccine Institute;  
Dean, National School of Tropical Medicine at Baylor College of Medicine

### **DR. ALAN FENWICK**

Director, Schistosomiasis Control Initiative

### **DR. DANNY HADDAD**

Director, International Trachoma Initiative

### **DR. ADRIAN HOPKINS**

Director, Mectizan Donation Program

### **DR. JULIE JACOBSON**

Senior Program Officer, Bill & Melinda Gates Foundation

### **DR. PATRICK LAMMIE**

Senior Scientist, Center for Disease Control and Prevention

## END FUND TEAM

**ELLEN AGLER**, Chief Executive Officer

**KAREN ROBINSON**, Chief Financial Officer

**WARREN LANCASTER**, Technical Director

**SCOTT MOREY**, Senior Program Director

**LUCINDA GROVES**, Fundraising Director, United Kingdom

**ELISA BARING**, Director of Special Projects

**MARK REIFF**, Associate Program Director

**CAITLIN CHAPMAN**, Client Services Manager

**LISA GREWE**, Operations Manager

**TOM FORD**, Controller

**TINA MALTAS**, Administrative Assistant

# OUR VALUES

## RESULTS AND EFFICIENCY

The END Fund has a singular focus—to reduce the prevalence of neglected tropical diseases (NTDs) in the most cost-effective, high-impact manner possible. The Fund takes a results-oriented approach and rigorously monitors every grant investment. We believe that part of achieving great results is a commitment to taking on and responding to challenges swiftly, staying flexible, and fostering and embracing innovation.

## SERVANT LEADERSHIP

Successful NTD control and eradication efforts are dependent on a broad range of partners working together in concert: health and development NGOs, visionary and committed investors, pharmaceutical companies, and leaders within disease-endemic developing countries. The END Fund is dedicated to serving the broader goals and vision of the NTD movement and to always finding ways to leverage our unique assets to be of highest service to the collective movement.

## EXCELLENCE AND STEWARDSHIP

The END Fund adopts a private sector approach that employs the best practice principles, eschewing unnecessary bureaucracy, and delivering the very highest returns on an investment. We are always mindful of the trust investors have placed in the END Fund and deeply committed to the responsible planning and management of assets.

## JOY AND THE TRANSFORMATIONAL POWER OF GIVING

We believe that giving should be a joyful and transformative experience that enhances the lives of investor and grantee alike. A donation to the END Fund introduces investors to the African concept of “Ubuntu” which means, “I am because you are”. This is the recognition that we are all connected to one another and that by helping others, we help ourselves.



Join the movement.  
Visit: [end.org](http://end.org)



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