



# Impact Report

2012-2016



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## MISSION

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

## VISION

To ensure people at risk of neglected tropical diseases (NTDs) can live healthy and prosperous lives.

**THANK  
YOU!**

We at the END Fund are grateful for all of our investors and partners without whom the success achieved in the last five years would not be possible.

For a list of our investors and partners, visit

[end.org/partners](https://end.org/partners) 

# VALUES



## Results and Efficiency

The END Fund has a singular focus—to reduce the prevalence of 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 are 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.



# AN INCREDIBLE FIVE YEARS

Since our founding in 2012, the END Fund—in collaboration with our dedicated partners and investors—has earned a track record of delivering results, while keeping our sights set on ending neglected tropical diseases (NTDs) in our lifetime.

In five years, we've successfully **reached more than 140 million men, women, and children with over 331 million treatments** to prevent and control the five most common NTDs, **raised over \$75 million dollars, leveraged over \$403.3 million worth of generously donated medicines, trained over 740,000 health workers, and provided more than 10,000 surgeries** to people suffering from blinding trachoma and lymphatic filariasis.

While these numbers are impressive, it's the people we've met along the journey that most inspire our efforts. In April of 2016, we had the fortune of traveling together to Ethiopia where we saw first-hand the tenacity and hard work it takes for governments and implementing partners to make a difference in their communities. As we toured labs and facilities, visited health centers for those suffering from lymphatic filariasis, and observed a mass drug administration at a rural school, it was clear that a strong partnership at every level and in every district is responsible for Ethiopia's success in fighting NTDs.

Thanks to this kind of collaboration, across our portfolio in 2016 alone, we **reached over 100 million people with treatments**. We are so grateful to our community of champion investors who have made this impact possible and who continue to deepen their engagement with the END Fund through program visits, fundraisers, and activities like tackling Kilimanjaro. Subsequently, NTDs have received more attention through this kind of awareness raising, and in 2016 the END Fund **was honored to be recognized by GiveWell as a top-rated charity for our deworming programs**.

As two people who have been invested in this movement for over five years, we believe that an end to the suffering and economic crippling of NTDs on our collective watch is possible. But we know progress will only come from all of us working together. We thank you for your support and partnership on this challenging but rewarding road to ending these diseases of neglect.

Sincerely,



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

A handwritten signature in black ink that reads "Ellen Agler".



**William Campbell**  
Chair, The END Fund Board of Directors  
Retired Senior Advisor to Chairman, JPMorgan Chase  
Independent Investor

A handwritten signature in black ink that reads "William Campbell".



**MELESE KITU IS  
A 25-YEAR-OLD  
TRICHIASIS SURGEON  
IN ETHIOPIA WHO  
WORKS TIRELESSLY  
TO SAVE RURAL  
AND IMPOVERISHED  
COMMUNITIES FROM  
SUCCUMBING TO THE  
ADVANCED STAGES OF  
BLINDING TRACHOMA.**



For him, there is nothing more fulfilling than using his skills and knowledge as a surgeon to improve the lives of the poor. Melese fondly remembers a patient who, due to the excruciating pain she endured on a daily basis, didn't believe she would ever be healed. A month after the surgery, the patient was fully healed and overjoyed. She secretly delivered gifts of honey and maize to Melese's office to thank him for helping her.

*“For trachoma surgeons like myself, there is no feeling like serving these poor communities. I will never forget her gratitude.”*





## WHAT IS THE END FUND?

The END Fund is a private, philanthropic initiative working to control and eliminate the five most common NTDs, which affect over 1.5 billion people globally. The END Fund does this by

- growing and engaging a community of activist philanthropists dedicated to ending NTDs;
- raising and allocating capital effectively to end NTDs;
- serving as a platform for donor coordination, collaboration, and leverage;
- engaging as a technical, strategic, and advocacy partner with governments, local and international non-governmental organizations, academic institutions, pharmaceutical companies, multi-laterals, funders, and private sector business leaders;
- actively managing a portfolio of high-impact, strategic investments to scale treatment and reach disease elimination goals;
- fostering innovation and fast-tracking the deployment of new NTD tools and technology;
- leading targeted outreach, advocacy, and awareness efforts to share the investment opportunity and large-scale social impact of ending NTDs with key public and private sector leaders and decision-makers;
- monitoring and evaluating the impact of our portfolio of investments and contributing learnings and best practices to the broader NTD and global health communities; and,
- taking a systems approach to understanding, engaging with, and influencing the broad ecosystem of stakeholders working on ending NTDs.

### We invest in ending:

-  **INTESTINAL WORMS**
-  **SCHISTOSOMIASIS**
-  **LYMPHATIC FILARIASIS**
-  **TRACHOMA**
-  **RIVER BLINDNESS**



### **INTESTINAL WORMS**

**People at Risk:**  
Over 2.5 Billion

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.

# IMPACT HIGHLIGHTS

2012-2016

## PEOPLE TREATED



140 M



## VALUE OF TREATMENTS

\$192.2 M

## SURGERIES PERFORMED



10,419

## POPULATION MAPPED

151.1 M

## NUMBER OF TREATMENTS

331.8 M

## HEALTH WORKERS TRAINED

740,051

## CUMULATIVE RESOURCES RAISED\*



## INDIVIDUAL DONATIONS

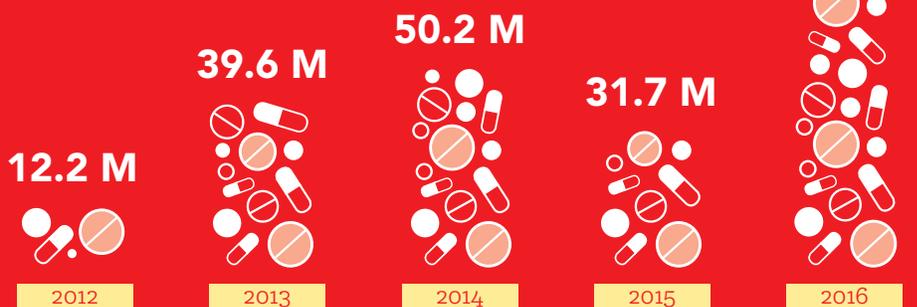
2,136



## BENEFICIARIES BY YEAR

In order to achieve control and elimination goals, the same people are often treated over multiple years.

101.3 M



\* Funds raised by the end of 2016, including multi-year grant commitments extending beyond 2016.

# WHERE WE WORKED

2012-2016



**27**  
COUNTRIES



## RIVER BLINDNESS

People at Risk:  
120 Million

River blindness (also known as onchocerciasis) is an eye and skin infection that is caused by a parasitic worm, transmitted by the bite of a black fly that lives and breeds in fast-flowing rivers and streams.



## PROGRAM AND PORTFOLIO MANAGEMENT

**T**o accelerate progress towards end goals for control and elimination of five NTDs, the END Fund engages in active program and portfolio management with local and international NGOs, academic partners, ministries of health, and multilateral organizations.

In close partnership with stakeholders across the global NTD community, the END Fund:

- **identifies gaps and opportunities** – understands investment needs and gaps, landscapes investable opportunities, and increases coordination among stakeholders;
- **builds coalitions** – mobilizes and activates collaboration among country-level stakeholders, including ministries of health, NGOs, donors, etc.;
- **designs programs** – works with implementing partner NGOs to expand data collection, mapping, and sector knowledge in order to identify compelling program opportunities;
- **strengthens capacity** – aims to grow and strengthen the pool of partner organizations to assist local governments in the implementation of quality NTD programs;
- **manages grants and provides technical support** – conducts country program visits and provides partner support, technical assistance, and capacity building as needed; and,
- **conducts monitoring, evaluation, and program communications** – designs and executes monitoring, evaluation, and information sharing activities to inform program design, organizational decision making, and donor updates.

### REFINING OUR “END GOALS” IN A CHANGING SECTOR

Due to improvements in disease mapping and much broader engagement by in-country and global stakeholders, the NTD sector has evolved rapidly over the last five years. Political leaders in disease-endemic countries are making commitments around neglected diseases, and many governments now have technical staff assigned to work on NTDs. There are many more partners with whom to collaborate and coordinate new opportunities. There are more detailed maps of disease prevalence in high risk countries, indicating an increased level of interest and sophistication. And those additions to the space enable more in depth discussions on extending the financing of neglected diseases and gradually requiring countries to self-fund treatment.

These changes to the environment in which we work, combined with our track record of success, have positioned us well to increasingly influence this sector to push for faster, more efficient movement toward our collective goals.



### SCHISTOSOMIASIS

**People at Risk:**  
230 Million

Schistosomiasis (also known as bilharzia or snail fever) is a chronic disease caused by parasitic worms that live in certain types of freshwater snails. Schistosomiasis is second only to malaria as the most deadly parasitic disease.



## NIGERIA

With a population estimated at over 180 million people, Nigeria has the highest NTD burden in Africa: over 150 million people require treatment for at least one NTD. The Nigerian government has been proactive on control efforts, launching a national plan in 2012 and committing increased domestic financing. Since our first investment in Nigeria in 2013, we have supported a range of partners—including international NGOs, Sightsavers and Helen Keller International, and local Nigerian organizations, MITOSATH and Amen—to provide integrated NTD treatment to over 20 million people.

## DRC

The Democratic Republic of Congo (DRC) has one of the largest populations at risk for NTDs in Africa, with over 50 million people needing treatment for all five diseases we target. The END Fund actively coordinated with the Ministry of Health (MoH) and international funders—including the US and UK governments—to ensure limited resources had the highest collective impact. Our investments in the DRC supported a broad coalition of partners, including CBM, the World Health Organization, United Front Against River Blindness, and Amani Global Works. More than 5 million people in over a dozen provinces have received treatment since our first investment in the country in 2014.

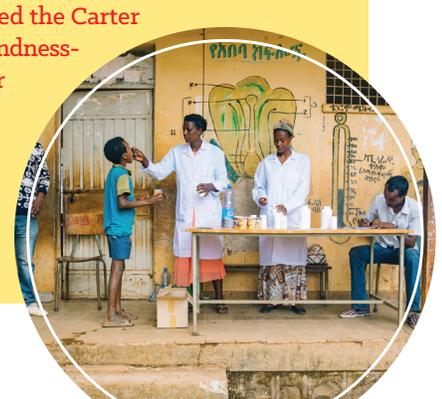


## ZIMBABWE

Some of the earliest investors in the END Fund did so with a passion to see the end of NTDs in Zimbabwe. Over 7 million of the country's 15 million people need NTD treatment. Starting in 2012, we played a critical role in catalyzing support, technical assistance, and a broad range of partners to help the MoH scale up a program to reach all school-age children at risk of intestinal worms and schistosomiasis—a program that now reaches over 2.5 million children. In 2016, the END Fund helped launch a national program for lymphatic filariasis and a targeted program to start trachoma treatment in endemic areas. An innovative text messaging campaign in 2016 reached millions of people across Zimbabwe with information on NTD treatment dates and prevention messages. With partners including Higherlife Foundation and Green Park Foundation, over 7.3 million people have received treatment as part of these ongoing efforts.

## ETHIOPIA

The Ethiopian MoH has been a leader in the fight against NTDs, launching a national NTD plan in 2013 and prioritizing NTD programs in its national health programming. We have actively coordinated with a coalition of partners and have played a key role in launching and supporting an ambitious five-year national deworming program as a co-funder with Children's Investment Fund Foundation (CIFF), Dubai Cares, and others. The program aims to treat over 20 million people for intestinal worms and schistosomiasis, and, in 2016, expanded to target additional at-risk groups, including adolescents at risk for intestinal worms and adults living in high-endemic districts for schistosomiasis. To achieve this, we supported both the MoH directly and key partners, such as the Schistosomiasis Control Initiative. In addition, we supported the Carter Center to provide blindness-preventing surgery for thousands of people with advanced-stage trachoma.



## KENYA

Kenya has been a priority country for the END Fund since 2012. In partnership with CIFF, we supported the Kenyan MoH, Ministry of Education, and implementing partner, Evidence Action to ensure that all school-age children receive treatment for intestinal worms and schistosomiasis. Our investments have provided support to reach over 500,000 children at risk for schistosomiasis. In 2016, we increased funding to the MoH to launch a lymphatic filariasis elimination program, targeting endemic areas in the coastal region and providing treatment to over 2 million people at risk.



## YEMEN

Yemen carries some of the highest burden of NTDs across the Middle East and has been affected by ongoing conflict and poverty. Despite the challenges, the Yemeni MoH has consistently delivered a high-quality program to treat schistosomiasis and intestinal worms, with support from partners including the END Fund, Schistosomiasis Control Initiative, and the World Bank. Since our first investment in Yemen in 2013, over 9 million people have received treatments for these two diseases. We have also contributed to a pilot program for treatment of river blindness with the hope of scaling it up to a national program.



## RWANDA

The Legatum Foundation's early investment in Rwanda's NTD program, starting in 2007, helped to generate the evidence and enthusiasm for creating the END Fund as a private philanthropic platform to engage others in ending NTDs. The END Fund's investments in Rwanda at first supported international NGOs to provide technical assistance to the government. We have since transitioned to supporting the government itself to manage and operate the program on its own. The goal now is to include NTD diagnosis, treatment, and prevention education as a part of the routine clinic-based health care delivery system. Disease prevalence for both intestinal worms and schistosomiasis has dropped dramatically—some places saw prevalence as high as 69% drop to zero—and over 4.7 million children have benefited from the national deworming program.



## ANGOLA

Over half of the 25 million people in Angola live in areas requiring treatment for at least one NTD. Since 2012, the END Fund has been the only major NTD funder and technical assistance partner working alongside the MoH and local implementing partner, the MENTOR Initiative, to launch the first-ever integrated NTD program in six provinces. In 2016, this program provided treatment to over 2 million people. Thanks to key funders, such as the Helmsley Charitable Trust and Dubai Cares, it has been a model for integration of deworming with hygiene and sanitation activities for school-age children. Deworming programs are now delivered at over 2,000 schools with students and teachers also receiving support to establish hand-washing facilities outside latrines, hygiene clubs, and education programs about NTD prevention. With support from the END Fund, the MoH has updated its national NTD plan with intentions to further prioritize NTD prevention and treatment in its national health policy.

# COMMUNITY OF INVESTORS

## ANCHOR INVESTORS\*

2012-2016

Anchor investors have been catalytic in providing critical support across our entire fund portfolio for maximum impact. We remain grateful for the gifts entrusted to us and inspired each day by these commitments.

For a list of our investors and partners, visit [end.org/partners](http://end.org/partners)



BILL & MELINDA GATES foundation



CLIFF CHILDREN'S INVESTMENT FUND FOUNDATION



Campbell Family Foundation



AT THE NATURAL HISTORY MUSEUM IN LONDON, END FUND BOARD MEMBER AND INVESTOR GIB BULLOCH LEARNED ABOUT THE LIFE CYCLE OF INTESTINAL WORMS.



END FUND CHAIR AND INVESTOR BILL CAMPBELL SHOWS HIS DAUGHTER MIA THAT PHILANTHROPY IS A FAMILY AFFAIR AS THEY PARTICIPATE IN A MASS DRUG ADMINISTRATION IN KENYA.

\*Anchor investors are those that have contributed \$1 million or more.

The END Fund has always held as a cornerstone value that true activist philanthropy—a deep, personal and ongoing engagement with the NTD cause—can be transformational, both on an individual level and for millions of people suffering these diseases.

**S**o many of our investors have been on an involved learning and service journey with the END Fund. They have traveled to see the impact of the broad range of our programs and implementing partners firsthand, participated in thoughtful conversations and learning events with scientific and program leaders, and become informed and passionate advocates and activists when speaking to the media or participating in global and local events. Many have hosted END Fund dinners and events in their homes and communities, engaged friends, family and colleagues in the cause, and even climbed Mount Kilimanjaro to help end NTDs.

By aggregating and leveraging their donations to co-fund critical NTD investments, each investor is able to do more than any individual could do on their own. They also have an opportunity to learn about a broad portfolio of NTD investments, across dozens of organizations and countries, and by so doing, learn about how to influence the entire system needed to scale up treatments and reach disease elimination goals.

In recent years, the END Fund has organized and hosted learning visits for investors in Ethiopia, Rwanda, DRC, Mali, Angola, Tanzania, Kenya, and Zimbabwe. These programs have included participating in school and community-based MDA campaigns, observing 15-minute trachoma surgeries, touring laboratory facilities to learn about the latest disease surveillance technologies, and speaking directly with patients suffering from the stigmatizing and disabling effects of NTDs.

One of our investors helped facilitate a partnership for a pilot SMS campaign around an MDA with Zimbabwe's largest telecommunications service provider. Likewise, the END Fund has been fortunate to have our supporters participate in key events, like the World Economic Forum (WEF) on Africa, and in interviews



MELISSA MURDOCH, END FUND BOARD MEMBER AND INVESTOR, VISITS A SCHOOL-BASED DEWORMING IN SEKE DISTRICT, ZIMBABWE, SEEING FIRST-HAND THE IMPACT OF HER INVESTMENT.



ELLEN AGLER JOINS BOARD MEMBERS AND INVESTORS ALAN MCCORMICK, CHRISTINE WÄCHTER-CAMPBELL, AND SCOTT POWELL AT THE TOP OF MT. KILIMANJARO DURING THE INAUGURAL SUMMIT TO SEE THE END.

that have appeared in publications like the *Financial Times*, using the tools and knowledge learned from the END Fund platform to further the cause.

The energy, talent, impact, and joy in the END Fund community of champion investors has been, and will continue to be, a key driver of our unique contribution to the global movement to end NTDs.



## TRACHOMA

**People at Risk:**  
182 Million

Trachoma is the leading cause of blindness worldwide from an infectious disease. The disease is a bacterial infection of the eye that is caused by chlamydia trachomatis, and though it causes irreversible blindness, trachoma can be treated if diagnosed early. It is spread through direct contact with flies or infected individuals.

# OUTREACH AND ENGAGEMENT

THE END FUND IS PROUD TO COLLABORATE WITH THE FOLLOWING GLOBAL CONSORTIA IN THE FIGHT AGAINST NTDs:



EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES (ESPEN)

GLOBAL ALLIANCE TO ELIMINATE LYMPHATIC FILARIASIS (GAELF)

GLOBAL SCHISTOSOMIASIS ALLIANCE

INTERNATIONAL COALITION FOR TRACHOMA CONTROL (ICTC)

INTERNATIONAL TRACHOMA INITIATIVE (ITI)

THE NEGLECTED TROPICAL DISEASE NGDO NETWORK (NNN)

THE SOIL TRANSMITTED HELMINTH (STH) COALITION

UNITING TO COMBAT NEGLECTED TROPICAL DISEASES



JEANETTE KAGAME, FIRST LADY OF RWANDA, SPEAKS AT AN END FUND-HOSTED SIDE EVENT AT THE WEF ON AFRICA WHERE ECONOMIC DATA WAS RELEASED ON THE IMPACT OF ENDING NTDs.

CEO, Ellen Agler presents a talk on the economic and health burden of NTDs with a jar of 200 intestinal worms, the number in a child with a moderate level infection.



Board member and investor Tsitsi Masiyiwa has supported efforts to end NTDs through speaking engagements, social media, and the strategic partnership between the END Fund and Higherlife Foundation in Zimbabwe.





MARK STOLESON, PARTNER AND CEO OF LEGATUM AND END FUND FOUNDING INVESTOR, PARTICIPATES ON A PANEL CELEBRATING 10 YEARS OF USAID'S WORK IN NTDs WITH ANDY WRIGHT, VICE PRESIDENT GLOBAL HEALTH PROGRAMS, GLAXOSMITHKLINE; CLAIRE MORAN, HEAD HUMAN DEVELOPMENT DEPARTMENT, DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID); AND DR. TESHOME GEBRE, REGIONAL REPRESENTATIVE FOR AFRICA, INTERNATIONAL TRACHOMA INITIATIVE.

Since our inception, the END Fund has prioritized raising awareness about the progress and possibilities of ending NTDs in our lifetime and building a coalition of advocates to partner in making this vision a reality.

**F**or long-term success and locally sustainable programs, NTDs need greater visibility and prioritization on local and global health and development agendas. Sharing impact stories, data for decision making, and the technical and financial know-how to end NTDs with key influencers and leaders has been vital to this engagement strategy.

Over the years, we have been honored to participate in high-profile, strategic events to champion efforts to end NTDs. These forums have included: global and regional philanthropy forums in the US, Africa, Europe, and the Middle East; the Skoll World Forum on Social Entrepreneurship; TED events; the Clinton Global Initiative; Opportunity Collaboration; Hilton Humanitarian Symposiums; Milken Institute Summits; Effective Altruism conferences; WEF events; and convenings in places as diverse as Buckingham Palace, the UK Parliament, the Vatican, and the African Union.

As an example, at the WEF on Africa in May 2016, the END Fund convened the First Lady of Rwanda, Jeannette Kagame, then-Rwandan Minister of Health, Dr. Agnes Binagwaho, and Her Royal Highness Sylvia Nagginda, Queen of the Buganda Kingdom, along with CEO Ellen Agler, to discuss the economic impact of ending NTDs in Africa. Data compiled by Erasmus University was released showcasing how Africa could save \$52 billion USD by 2030 if current disease elimination goals were met, resulting in widespread coverage of the issue in prominent media outlets

across Africa. In addition, the END Fund team regularly meets with Ministers of Health, leaders within the US and UK international aid agencies, international policy making organizations, and diplomatic communities to build momentum and ensure coordination toward ending NTDs.

Each of these engagement opportunities has been a chance to share the case for how NTD control and elimination contributes to improving health, education, economic opportunities, and livelihoods for some of the poorest and most vulnerable people in the world. The END Fund has been proud to introduce and engage new audiences around the world with the movement to end NTDs, shaping a global conversation and taking the “neglect” out of NTDs.



**LYMPHATIC  
FILARIASIS**  
(ELEPHANTIASIS)

**People at Risk:**  
947 Million

A mosquito-borne disease, lymphatic filariasis can cause swelling from fluid build-up caused by improper function of the lymphatic system. This build up can lead to severe disfigurement and disability. Though infection usually is acquired in childhood, the disfiguring effects are greatest in adults.

A close-up photograph of a woman with dark hair, smiling broadly. She is wearing a bright pink short-sleeved uniform with an orange collar and light blue piping. She is wearing white latex gloves and holding a white plastic bowl filled with numerous white, oval-shaped pills. She also has a red and gold watch on her left wrist. The background is a plain, light-colored wall.

Over the past five years we have seen huge progress in the fight against NTDs, with over a billion doses of drugs given out collectively to people at risk in 2015 alone.

This is incredible and is the result of a unique partnership between the private, public, and philanthropic sectors which mobilizes our individual resources and talents and builds capacity where it's needed, to help treat the poorest of the poor across the world.

One of the key successes we've seen is that in-country MoH professionals have proven that they can deliver high quality and consistent NTD treatment coverage if adequately resourced. As a Fund dedicated to seeing the end of NTDs, the challenge is not only mobilizing greater capital, but also fast-tracking innovation and bringing more champions to the space to achieve our end goals.



# END FUND TEAM

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## BOARD OF DIRECTORS

### DOUG BALFOUR

Chief Executive Officer,  
Geneva Global, Inc.

### GIB BULLOCH

Founder and former Executive  
Director, Accenture Development  
Partnerships

### WILLIAM CAMPBELL

Chair, The END Fund Board;  
Retired Senior Advisor to Chairman,  
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### MICHAEL P. HOFFMAN

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### MELISSA MURDOCH

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### SCOTT POWELL

Chief Executive Officer,  
Santander Holdings USA, Inc.

### CHRISTINE WÄCHTER-CAMPBELL

Co-owner, Winston Wächter  
Fine Art Gallery

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## TECHNICAL ADVISORY COUNCIL

### PETER J.HOTEZ, MD, PHD

Dean, National School of Tropical  
Medicine, Baylor College of Medicine  
Director, Texas Children's Hospital  
Center for Vaccine Development

### ALAN FENWICK, PHD, OBE

Founder, Schistosomiasis Control  
Initiative

### DANNY HADDAD, MD

Chief of Programs, Orbis International;  
Former Assistant Professor,  
Ophthalmology and Global Health;  
Former Director, Global Ophthalmology,  
Emory; Former Director, International  
Trachoma Initiative

### ADRIAN HOPKINS, MD

Retired Director, Mectizan®  
Donation Program

### JULIE JACOBSON, MD, DMTH

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

### PATRICK LAMMIE, PHD

Senior Scientist, NTD Support Center,  
Task Force for Global Health

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## STAFF

### ELLEN AGLER

Chief Executive Officer

### MOLLY ANDERSON

Associate, Programs

### ELISA BARING

Director, Programs

### CARLIE CONGDON

Associate Director, Programs

### CECILIA DOUGHERTY

Associate Director, Strategy  
& Operations

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### ANA GABRIELA POWER

Director, Programs

### DIANA BENTON SCHECHTER

Vice President, Strategy  
& Operations

### JAMIE TALLANT

Senior Director, Programs

### ABBEY TURPINEN

Associate Director, External  
Relations

# PORTFOLIO OF INVESTMENTS 2012-2016

PROGRAM	YEARS	IMPLEMENTING PARTNERS	DISEASES	BENEFICIARIES REACHED	TREATMENTS DISTRIBUTED	SURGERIES PROVIDED	HEALTH WORKERS TRAINED	VALUE OF TREATMENTS	POPULATION MAPPED	DISBURSEMENTS GRANTED
Angola	2013 - 2016	The MENTOR Initiative	   	3,884,645	5,765,339		22,587	\$1,418,069	5,834,002	\$5,921,260
Burundi	2012-2013	CBM		161,884	161,884	4	466	\$5,560,715		\$110,151
CAR	2015 - 2016	Organisation pour la Prévention de la Cécité World Health Organization	    							\$242,347
Chad	2016	Organisation pour la Prévention de la Cécité	 	3,228,255	4,820,015			\$20,326,250		\$96,928
Coalition for African River Blindness Elimination	2016									\$976,044
Cote D'Ivoire	2014 - 2016	African Programme for Onchocerciasis Control Sightsavers	  	14,878,975	29,670,009		13,634	\$103,554,481		\$1,279,160
DRC	2013 - 2016	African Programme for Onchocerciasis Control CBM CNTD United Front Against River Blindness	   	20,191,088	25,580,574		102,079	\$89,910,032	32,766,000	\$3,729,237
Ethiopia	2013 - 2016	Amani Global Works AMREF Health Africa The Carter Center CNTD Ethiopia Federal Ministry of Health FMOH International Orthodox Christian Charities Schistosomiasis Control Initiative	    	37,794,925	47,988,535	6,980	176,972	\$13,919,216	79,000,000	\$6,590,778
Guinea Bissau	2015-2016	Sightsavers					10			\$10,586
India	2013-2016	Evidence Action		35,007,455	35,007,455		182,996	\$1,575,335		\$647,842
Kenya	2013-2016	Evidence Action	  	2,734,539	3,313,536		9,720	\$8,671,675	7,900,000	\$1,591,128
Liberia	2013-2016	Last Mile Health Schistosomiasis Control Initiative	  	754,677	754,677		5,438	\$150,935		\$271,000
Mali	2012-2016	Helen Keller International	   	21,972,618	46,344,593	748	46,780	\$86,580,677		\$2,041,557
Mauritania	2016	Organisation pour la Prévention de la Cécité								\$50,051
Multi-Country Projects	2015 - 2016	World Food Programme		10,483,912	10,483,912			\$471,776		\$496,980
Namibia	2012-2015	Liverpool Associates of Tropical Health Synergos	 	33,271	64,431		972	\$8,056	1,157,100	\$593,873
Niger	2013	Helen Keller International Human Analogue Applications	   	29,453	83,459		127	\$616,118		\$107,212
Nigeria	2013, 2015 - 2016	Amen Health and Empowerment Foundation Helen Keller International MITOSATH Sightsavers	    	22,790,888	34,652,881		81,331	\$183,180,646		\$3,302,059
Rwanda	2012 - 2016	Rwanda Biomedical Center Schistosomiasis Control Initiative	 	17,398,416	22,796,234		4,674	\$1,126,022	11,460,000	\$1,463,387
Somalia	2016	World Health Organization	 							\$66,218
South Sudan	2015 - 2016	Sightsavers		195,856	195,856		1,491	\$822,595		\$416,490
Sudan	2015 - 2016	Sightsavers		878,819	878,819		1,166	\$30,187,433		\$1,000,000
Tanzania	2014 - 2016	Kilimanjaro Centre for Community Ophthalmology Ministry of Health, Community Development, Gender, Elderly and Children Sightsavers	 			1,377	54			\$335,772
Yemen	2013 - 2016	Schistosomiasis Control Initiative	  	17,332,005	27,775,264		57,784	\$5,030,746	13,000,000	\$870,358
Zambia	2012 - 2016	Filarial Programmes Support Unit Geneva Global	 	11,316,998	10,966,314	1,310	20,770	\$63,709,475		\$1,321,826
Zimbabwe	2012 - 2016	Ministry of Health and Childcare of Zimbabwe Schistosomiasis Control Initiative	   	14,248,905	24,534,724		11,000	\$6,162,799		\$1,689,121
<b>TOTAL</b>				<b>235,317,584</b>	<b>331,838,511</b>	<b>10,419</b>	<b>740,051</b>	<b>\$622,983,050</b>	<b>151,117,102</b>	<b>\$35,221,365</b>

 Intestinal Worms

 Schistosomiasis

 Lymphatic Filariasis

 River Blindness

 Trachoma

## NOTE:

Some programs are on-going but for the purpose of this chart, we have captured information between the inception of each program through Dec. 31, 2016. While we only show funds that have been disbursed in the last five years, close to \$18 million USD have been committed to END Fund programs for 2017 and beyond.

# FINANCIAL SUMMARY

January 1, 2016-December 31, 2016

## CONSOLIDATED STATEMENT OF ACTIVITIES

SUPPORT AND REVENUE	US	UK	Total
<b>Contributions</b>	<b>\$17,665,991</b>	<b>\$551,776</b>	<b>\$18,217,767</b>

EXPENSES	US	UK	Total
Program Services	\$14,865,029	\$494,145	\$15,359,174
Management and General	\$509,910	\$23,078	\$532,988
Fundraising	\$734,817	\$17,658	\$752,475
<b>Total Expenses</b>	<b>\$16,109,756</b>	<b>\$534,882</b>	<b>\$16,644,638</b>
<b>Changes in Net Assets</b>	<b>\$1,556,235</b>	<b>\$16,894</b>	<b>\$1,573,129</b>

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As of December 31, 2016

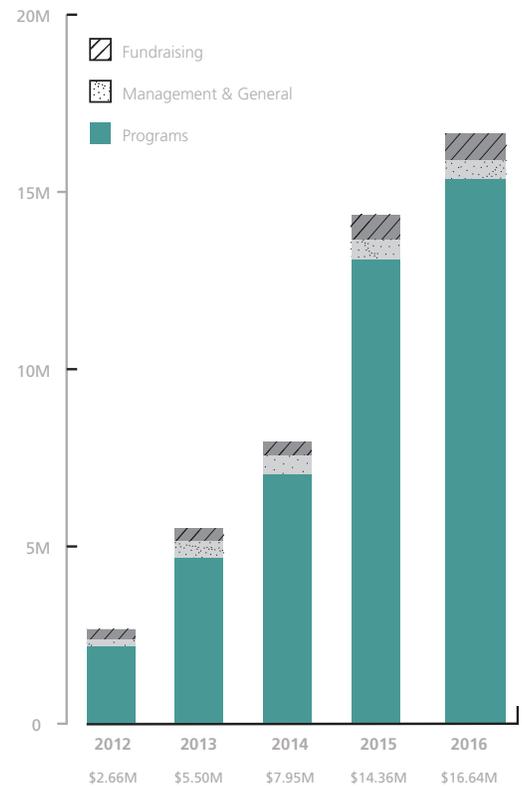
ASSETS	US	UK	Total
Cash	\$9,480,758	\$916,692	\$10,397,450
Pledges Receivable, Current Portion	\$7,778,924	\$105,000	\$7,883,924
Accounts Receivable	\$234,319	-	\$234,319
Prepaid Expenses	\$69,341	\$1,589	\$70,930
<b>Total Current Assets</b>	<b>\$17,563,342</b>	<b>\$1,023,281</b>	<b>\$18,586,623</b>
Pledges Receivable, Net of Current Portion	\$9,506,184	-	\$9,506,184
<b>Total Assets</b>	<b>\$27,069,526</b>	<b>\$1,023,281</b>	<b>\$28,092,807</b>

LIABILITIES	US	UK	Total
Accounts Payable	\$50,213	\$242,439	\$292,652
Deferred Revenue	-	\$105,000	\$105,000
<b>Total Liabilities</b>	<b>\$50,213</b>	<b>\$347,439</b>	<b>\$397,652</b>

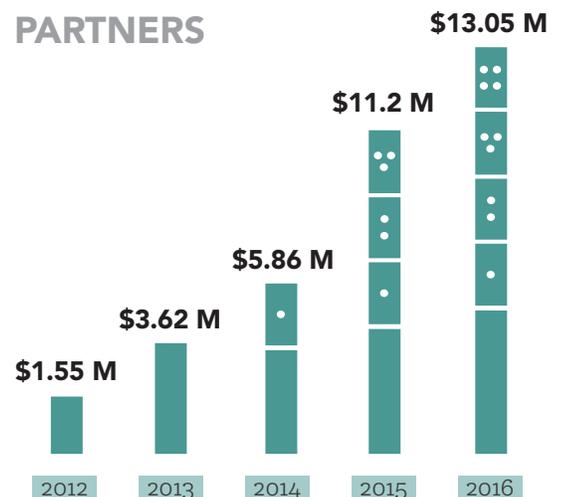
NET ASSETS	US	UK	Total
Net Assets: Unrestricted	\$1,554,818	\$79,451	\$1,634,269
Net Assets: Temporarily Restricted	\$25,464,495	\$596,391	\$26,060,886
<b>Total Net Assets</b>	<b>\$27,019,313</b>	<b>\$675,842</b>	<b>\$27,695,155</b>

TOTAL LIABILITIES AND NET ASSETS	US	UK	Total
	\$27,069,526	\$1,023,281	\$28,092,807

## CUMULATIVE EXPENSE GROWTH



## DISBURSEMENTS TO IMPLEMENTING PARTNERS



**NOTE:**

The END Fund is a 501(c)(3), tax-exempt charitable organization registered in the United States (EIN 27-3941186). The END Fund is also a company limited by guarantee registered in England and Wales (company number 6350698) and a registered charity (number 1122574).



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