



THE **END** FUND | ENDING
NEGLECTED
DISEASES

Annual Report
2014

PROUD PARTNERSHIPS, INSPIRING GROWTH A MESSAGE FROM THE CHAIR



As the END Fund's third official year, 2014 has been an incredible time of progress and encouragement. While I've had the pleasure of witnessing the dramatic evolution of the END Fund and the neglected tropical disease (NTD) movement, I am reminded that the core of what we do and our shared purpose in the space remains the same – controlling and eliminating NTDs, which affect over 1.5 billion people in the world. Since our beginning, we have been able to reach 75 million unique beneficiaries, an inspiring and humbling realization: it's inspiring because our practice of servant leadership and results-oriented approach seems to be making a difference in the lives of those who are most at risk; at the same time, we must remain humble, because there is still so much more to be done in order to reach our goal.

While we are proud of our achievements in the field, we are also just as honored to provide an opportunity to make an impact for others who are as dedicated and passionate about combating NTDs as we are. We are happy to have enhanced relationships with current strategic investors, such as Legatum; the Bill & Melinda Gates Foundation; and the Margaret A. Cargill Foundation, and also pleased to welcome new partners to the NTD movement, such as ELMA Philanthropies; Shefa Fund, hosted by the Swiss Philanthropy Foundation; and the Leona M. and Harry B. Helmsley Charitable Trust. As of the end of 2014, over five hundred new donors have joined the END Fund, from multi-million dollar investors to elementary school children contributing their money and working to inspire other children with the message that "only fifty cents can change a life." This encourages all of us to continue working hard and building a community of investors, partners, and individuals who care about making the biggest impact for the greatest number of people.

One of the most personally rewarding moments of the year was the inaugural *Summit to See the END*. The joy and transformational power of giving that is a hallmark for the END Fund's work was so evident as 18 dedicated and passionate hikers, including my wife and her childhood friend, embarked on a challenge to summit Mt. Kilimanjaro. In addition to being a way to help improve the lives of vulnerable people by raising funds and awareness for NTDs, *Summit to See the END* was an experience that enhanced the lives of all those involved, connecting us even deeper to this remarkable cause.

I want to thank all of you who have been part of the END Fund journey to date and who, like my family and I, are moved by the enthusiasm for this cause. In the coming year, we look forward to continuing to expand our reach and amplify the message widely about how critical and urgent investment in NTD control is to ushering in a more prosperous world. The END Fund is committed to effectively using investment dollars to have the highest impact through low-cost interventions that dramatically increase the quality of life. I welcome you to join us and be a part of a movement that is truly worthy. With your support, strong partnerships, and continued knowledge sharing, we can see the end of NTDs in our lifetime.

Sincerely,

A handwritten signature in black ink, appearing to read "William Campbell".

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

TRANSFORMATIVE POWER OF PARTNERSHIP

A LETTER FROM THE CEO



2014 was an inspiring, record year for the END Fund as we renewed our commitment to combat neglected tropical diseases (NTDs). Over 45 million of the world's poorest and most vulnerable people at risk received the treatment they needed because of expanded partnerships with visionary donors and committed program partners working on the frontline.

NTDs persist in impoverished communities where access to medical care and prevention education is limited. While an estimated two and a half billion people are at risk of these diseases that inflict severe pain, long-term disability, and cause death for over 500,000 people per year, they are entirely preventable. The available low-cost and mostly donated treatments not only improve the health and well being of those affected, they increase school attendance and improve worker productivity – significantly increasing access to economic opportunities over time, making investment in NTDs a crucial part of a country's economic growth.

The END Fund has been growing rapidly thanks to our burgeoning family of investors who recognize the critical role of philanthropy in the efforts to see an end to NTDs. We are so proud to have raised \$50 million since our launch in 2012, already halfway to our initial goal of \$100 million, and facilitated the delivery of over \$250 million worth of donated medicines.

As we grow, so does our impact. With our work now expanding over 15 countries, we estimate that since our founding, the END Fund has worked with dedicated program partners and ministries of health to reach 75 million unique beneficiaries through mass drug administration; mobilize training for over 247,000 community health workers; and conduct over 1,300 sight-saving surgeries for patients with

blinding trachoma. This is a feat that could have only been realized through the collaborative spirit of our partners and the commitment of governments to prioritize NTDs and coordinate integrated treatment efforts. We also recognize the importance of increasing local capacity, especially in high disease burden countries, which is crucial to the global goal of control and elimination. It is encouraging to see ministries of health step up their leadership in the movement and show that scaling up programs on a national level is possible.

Indeed it has been a momentous year, but our collective work is far from complete. We believe that through our proven 10-step strategy, which you will read more about in this report, and continued building of a strong and vibrant NTD community, we can play our part in having an impact in the fight against NTDs.

I want to express thanks to all of you who supported us and excitement for those who will be joining us on this transformative journey. We look forward to working with you to continue the momentum we saw last year into more results in 2015.

Sincerely,

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

Primary school children in Zimbabwe (Muhwera district, Mashonaland East Province featured here) are the focus of a national school-based deworming program. After mapping in 2010 found the country endemic for both schistosomiasis and intestinal worms, the Ministry of Health and Child Care launched the first ever MDA in 2012. 2014 marks the third year of treatment.



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WHAT IS THE END FUND?

The END Fund is a 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.



A leader in the global health movement to tackle NTDs, the END Fund works 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. In 2014 alone, the END Fund's investment facilitated over 45 million people with treatments for NTDs



INTERNATIONAL COMMUNITY PARTNER

DAVID ADDISS, MD, MPH

Director, Children Without Worms

"The END Fund plays an absolutely essential role in the global effort to control and eliminate NTDs. Its skillful work, extraordinary dedication, and strong values continue to encourage an ethos of collaboration and partnership within the NTD community – and beyond. Together, guided by this ethos, we will certainly succeed in reducing the terrible burden of these diseases."



PROGRAM BENEFICIARY

ALICE NSABIMAMA

Mother of children formerly suffering from intestinal worms

"We were really thrilled with this drug distribution campaign. When the child takes those drugs, you can really see that there is some improvement. And you can see that the child used to lose weight before taking the drugs, but now gains weight. I would like to thank those people who are helping us. I would ask them to continue to have in their hearts to help poor people like us."



GOVERNMENT PARTNER

DR. PORTIA MANANGAZIRA

Director, Epidemiology and Communicable Diseases, Ministry of Health and Child Care

"I'm really looking forward to 2016 and also to 2020. I think even the name says it all – END. What we want in Zimbabwe is to see an end to the menace of NTDs. I'm really hoping by 2016 we can demonstrate that we've had considerable impact, so that in 2020 we can count a number of NTDs in this country as eliminated. I hope for a fruitful collaboration with the END Fund in this effort."



IMPLEMENTING PARTNER

JOHAN WILLEMS

The MENTOR Initiative

"The END Fund is supporting the in-country partnership with the needed technical expertise on the specific aspects of NTD program management. The unremitting efforts of the END fund, with the national and international stakeholders, has made it possible for us, in partnership with the Angolan ministry of health, to implement a large-scale NTD program that will change the lives of millions of children."

THE FIVE NTDS WE FIGHT AND HOW

THE FIVE MOST PREVALENT NTDS

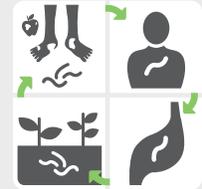
TRANSMISSION CYCLES



INTESTINAL WORMS: OVER 2.5 BILLION PEOPLE AT RISK

Intestinal worms, also known as soil-transmitted helminths, are estimated to infect over 1.4 billion people worldwide, mostly children. The three most common worms are hookworm, ascaris (roundworm), and trichuris (whipworm). They are transmitted by consumption of, or contact with, contaminated water, food, or soil.

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.



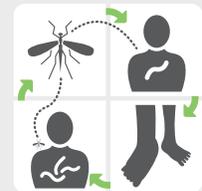
SCHISTOSOMIASIS: OVER 230 MILLION PEOPLE AT RISK

Schistosomiasis, also known as bilharzia or snail fever, is caused by a parasitic worm that lives in freshwater snails. The 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 estimated deaths per year in sub-Saharan Africa.



LYMPHATIC FILARIASIS: OVER 1.3 BILLION PEOPLE AT RISK

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 negative social and economic consequences of LF are immense, as the disease causes stigma, social isolation, and loss of productivity.



RIVER BLINDNESS: OVER 100 MILLION PEOPLE AT RISK

Onchocerciasis, or river blindness, is a parasitic worm disease spread by the bite of infected black flies. The disease causes extremely painful and debilitating itching, skin lesions, and blindness. It is the world's fourth leading cause of preventable blindness.



TRACHOMA: OVER 100 MILLION PEOPLE AT RISK

Trachoma is a bacterial eye infection which, if untreated, causes the eyelashes to turn inwards and scratch the cornea. This can lead to severe visual impairment and irreversible blindness. Trachoma is passed from person to person through flies. It is common in children under the age of five and in adults—mainly women—who care for them. Trachoma is the world's leading cause of preventable blindness.



PREVENTION AND CONTROL METHODS



MDA

Mass Drug Administration is the delivery of medicines to an entire community at risk of, or infected with, neglected tropical diseases. Medicines are generally distributed by community health workers and at schools on an annual or biannual basis.

A generous consortium of pharmaceutical companies—GlaxoSmithKline, Johnson & Johnson, Merck, Pfizer, and Merck Serono—have donated the majority of medicines needed to treat these diseases.



WASH

Water, Sanitation and Hygiene programs are essential to preventing and controlling NTDs. These initiatives include promoting face and hand washing, the use of soap, and ensuring there are well-maintained latrines and clean water sources near the community.



SAFE

Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements are the four methods necessary to control trachoma. Surgery is needed for late stage trachoma to stop the progression to blindness.

Donated antibiotics are delivered through the annual MDA. An integrated program also focuses on promoting the importance of face washing to control dirt and bacteria in the eyes. Environmental improvements include water wells and latrines.



WHAT'S IN A NUMBER

200,000

Number of eggs a roundworm lays in a child's stomach every day

7 million

People in need of trachoma surgery

\$100 per person

Cost of surgery to cure hydrocele, a tumor caused by lymphatic filariasis

40 Million

Number of people disfigured by elephantiasis

\$0.50

Cost per person per year to treat these diseases

\$40 per person

Cost of trachoma surgery to prevent blindness

OUR 10-STEP STRATEGY

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.



> Identify partners such as corporations, foundations, and individuals to sponsor high-impact neglected tropical disease programs.

> Engage implementing partners, ministries of health, and scientific technical experts to design a coordinated program.

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

> Define target populations.
> Formalize treatment strategy.

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



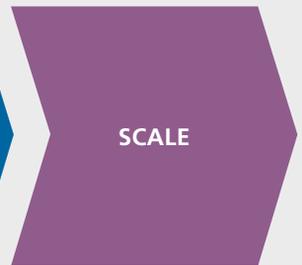
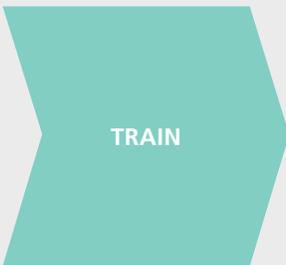
BEST BUY IN EDUCATION

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.



BEST BUY IN PUBLIC HEALTH

NTDs cause suffering for hundreds of millions of people each year. Just 50 cents per person per year funds the delivery of medicines to treat the most common NTDs.



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

- > Prepare target populations to receive medicines.
- > Aid social mobilization through media promotions, door-to-door visits, and community health education.

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

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

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

TRANSFORMATIVE PARTNERSHIP



Without the integrated NTD program in Burundi, Petronie's family would not have gotten the care they needed.



Preventing her children from contracting NTDs again is a priority for Petronie as she practices proper hygiene when cooking.

PETRONIE'S STORY

Petronie is a farmer and a mother of three in Burundi. For her, and other mothers like her, intestinal worms was a common threat to the health and joy of her children. This disease could stunt their growth, impair their cognitive function, and limit their educational and long-term economic advancement.

When the integrated NTD control program began in 2007, the Burundian population was treated with mass drug administration and educated on healthy behaviors that could improve the outcomes of having intestinal worms and prevent it entirely. Petronie gained invaluable tools for keeping her and her children healthy, essentially changing their lives.

“Through the health care trainers here at the village who come to teach us, I have changed my ways of cooking...when I give food to my children, I wash their hands with soap,” she said highlighting that much has improved since the program started.

Along with the drug treatments, behavioral change education—like the water, sanitation and hygiene (WASH) programs Petronie participated in—is an important part of tackling NTDs.



Community-based education programs provided Petronie the tools for preventing NTDs like washing hands before meals.

BABA'S STORY

Nderigesi Kilon't, also known as Baba, is a Maasai from the Arusha region of Tanzania. Baba was in danger of permanently losing his eyesight due to trichiasis, an advanced condition of trachoma.

In July of 2014, the END Fund and a group of visionary hikers traveled to Tanzania to summit Mt. Kilimanjaro with the aim of raising funds and awareness for the five most prevalent (and preventable) NTDs. As part of the climb, the hikers participated in a learning day to see first hand both the devastating effects of these diseases and the simple interventions that bring about change. There, we met Baba who described, "My right eye has been hurting for at least two years – at first my eye was really itchy and teary. Then, it started to hurt when it was too bright outside." Eventually he began to notice a loss of vision.

Baba received a 15-minute operation conducted by Patrick Masae, a clinical nurse who completed the surgery in a small schoolroom with no electricity and little tools.



Baba received a simple 15-minute surgery that saved his eyesight from blinding trachoma.

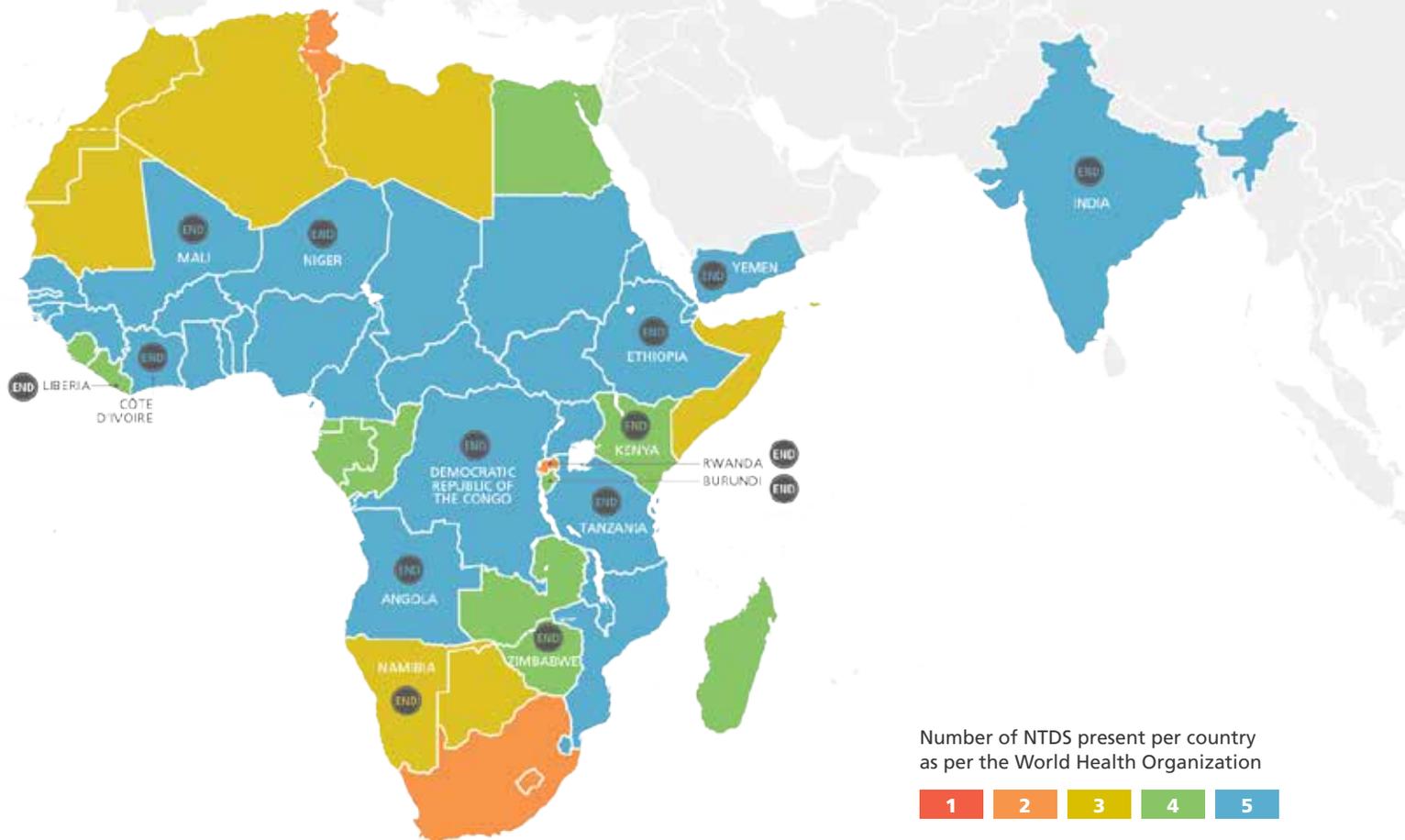
This simple but life-altering procedure is often made possible in low-resource settings thanks to trained local health workers. Baba was grateful to Patrick for his skilled work and the END Fund for funding his sight-saving surgery.

Moving forward, the END Fund is partnering with the Tanzanian Ministry of Health, the International Coalition for Trachoma Control, Sightsavers, and other donors such as the Queen Elizabeth Diamond Jubilee Trust to ensure that more surgeons are trained and equipped to provide even more such sight-saving surgeries. This means thousands more trichiasis surgeries will be able to be performed in the coming years, so that others like Baba won't suffer from blinding trachoma.



Trained clinical nurses like Patrick Masae often perform these life-changing procedures in small rooms with no electricity like this schoolroom in Miti Mirefu, Tanzania.

WHERE WE WORKED IN 2014



2014 END FUND PORTFOLIO OVERVIEW

SURGERIES: 190

HEALTH WORKERS TRAINED: 125,390

POPULATION BENEFITING FROM MAPPING: 49,260,000

UNIQUE BENEFICIARIES RECEIVING MDA: 45,578,000



Mwele Malecela, Director General of the National Institute for Medical Research, talks to a beneficiary shortly after her 15-minute trichiasis surgery. Mwele and other trusted partners in Tanzania supported and joined the END Fund's NTD learning day in Arusha.

ANGOLA

CATALYZING PARTNERSHIPS FOR POTENTIAL NATIONAL SCALE

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 20 million
LIFE EXPECTANCY AT BIRTH	51
INFANT MORTALITY	102/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	3 Provinces
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	20 million
Schistosomiasis	20 million
2014 BENEFICIARIES	673,200 school-age children treated 5,300,000 living in mapped regions 5,480 teachers trained



INVESTORS



IMPLEMENTOR



Building upon the mapping and training in Huambo, Uige, and Zaire, the focus is now on strengthening the partnership to scale up treatment in these three provinces and beyond.

Though the majority of the population in Angola suffers from a high burden of NTDs, there has historically not been significant attention or investment in NTD control in this country. Addressing the neglected disease burden in Angola and supporting a sustainable government-led treatment program is a priority for the END Fund and our partners.

Disease-mapping activities in these three provinces in early 2014 resulted in a total of 17,093 school-age children tested and treated for intestinal worms and schistosomiasis and a roadmap for where and how large-scale treatment programs should roll out. The program launched its first schistosomiasis MDA campaign in late 2014, reaching 673,200 school-age children in the three target provinces. In preparation for MDA, 5,480 teachers were trained on school-based drug distribution.

The END Fund was able to galvanize support for a multi-year initiative with MENTOR as the implementing partner. MENTOR signed a collaborative agreement with the Angolan ministry of health to support NTD treatment in three provinces—Huambo, Uige, and Zaire—aimed at assessing and reducing the burden of intestinal worms, schistosomiasis and LF in at-risk communities. The ground-work was laid for a robust and expanded community-wide program incorporating school-based WASH programs.



Disease mapping is critical in targeting areas most in need of MDA.



A child receives treatment for intestinal worms and schistosomiasis from a trained teacher.

BURUNDI

DEDICATED TO SEE THE END

Working in concert, a broad range of partners provide an example of what can be achieved, moving a country from treatment to post-treatment surveillance.

Burundi is a good example of the possibility of what can be achieved by leveraging private philanthropic investment and marrying it with a country-led NTD plan. Through the execution of this model, trachoma is no longer considered a public health concern and Burundi has moved from treatment to post-treatment surveillance. The active partnership between the ministry of health (MoH), led by Dr. Onésime Ndayishimiye, local technical assistance partner, CBM, and the END Fund was critical to this program's success. Their championship of the initiative helped ensure an integrated and nationally coordinated country-led NTD program.

Now entering the post-treatment stage, continued dedication to surveillance activities ensures that Burundi stays on the path to elimination. The END Fund remains committed to Burundi's journey to see the end of NTDs. As part of this process, in 2014 the END Fund partnered with CBM and the MoH to host a workshop with international trachoma experts and stakeholders on developing a post-treatment strategy, resulting in detailed plans and protocol for a three-year disease surveillance plan.

COUNTRY AND PROGRAM SNAPSHOT

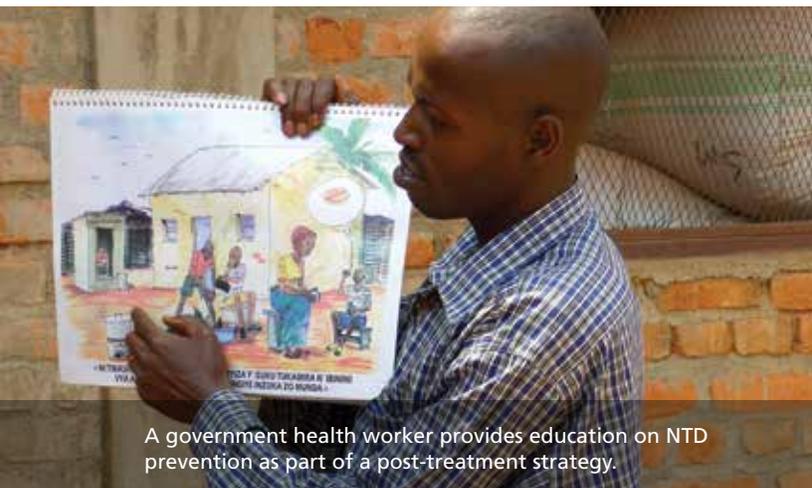
TOTAL POPULATION	Over 9 million
LIFE EXPECTANCY AT BIRTH	44
INFANT MORTALITY RATE	55/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	4 districts
TARGETED DISEASES AND POPULATION AT RISK	
Trachoma	No longer a public health concern, post-MDA status
2014 BENEFICIARIES	Surveillance Phase



INVESTORS



IMPLEMENTOR



A government health worker provides education on NTD prevention as part of a post-treatment strategy.



Multi-year MDA coupled with sanitation and hygiene education were key to reducing disease prevalence in Burundi.

CÔTE D'IVOIRE

OPPORTUNITY FOR EFFICIENCIES

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 19 million
LIFE EXPECTANCY AT BIRTH	53
INFANT MORTALITY RATE	71/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	55 districts
TARGETED DISEASES AND POPULATION AT RISK	
Lymphatic filariasis	Over 17.4 million
River blindness	Over 2.2 million
2014 BENEFICIARIES	3,666,800 people treated 1,915 health workers trained



INVESTORS



Green Park Foundation

IMPLEMENTOR



Swiftly leveraging private donor funds enabled timely and integrated treatment to expand activities and tackle two NTDs.

While Côte d'Ivoire is emerging from a decade of political and civil unrest, the country remains dedicated to NTD control efforts. A total of 55 districts (out of 79 districts in the country) were found to be endemic for river blindness and/or LF. The African Programme for Onchocerciasis Control (APOC), an organization traditionally active and resourced to fight river blindness, transitioned to include LF in their mandate, integrating the treatment of these two diseases.

The END Fund mobilized resources to ensure treatment for both could be carried out by APOC. This funding supported community-directed treatment with ivermectin (CDTI), training and capacity building, community education on NTDs, social mobilization efforts, and treatment activities targeting people at risk for river blindness and LF.

Treatment activities were planned to occur in November and December of 2014. 1,730 community drug distributors and 185 health and government workers were trained in preparation for the treatment campaign. There was a delay in the arrival of the drugs required to treat LF therefore MDA was completed by the end of March 2015. According to APOC, over 3.6 million treatments for river blindness and LF have been delivered.

Whenever possible the END Fund looks to find investment opportunities like Côte d'Ivoire, where with a modest amount of additional resources we can collectively help end the neglect of not just one, but two, or more NTDs.



Lymphatic filariasis can be a disabling disease, costing people their livelihoods. Thanks to committed partners in Cote d'Ivoire, millions of people will benefit from treatment.



Children learn about NTDs and the mass drug administration campaign during a launch event in Toumodi.

DEMOCRATIC REPUBLIC OF THE CONGO

MAPPING THE WAY FORWARD

A country with one of the highest NTD burdens in sub-Saharan Africa now has a map for the way forward and national commitment for integrated NTD treatment.

There has been increased focus on the Democratic Republic of Congo (DRC) in recent years allowing key actors, including the END Fund, to advocate for more funding for increased implementation of NTD treatment and control efforts. 2014 was a critical year for progress on NTDs in the DRC. A disease mapping project between the END Fund, CNTD, the ministry of health (MoH), and the UK Department for International Development will provide a clearer picture of the disease prevalence in DRC thus illuminating and informing future treatment strategies.

DRC has been working to adopt integrated control efforts, and in 2014 a partnership between African Programme for Onchocerciasis Control (APOC) and the END Fund allowed the expansion of these efforts to address the significant burden of LF alongside river blindness. The first round of treatments of this project was completed in early 2015 and reached over one million people in six community-directed treatment with ivermectin (CDTI) projects. In addition, over 5,000 community drug distributors (CDDs) were trained in 2014.

The DRC is well positioned to utilize the mapping results and focus national commitment to continue and increase integrated NTD treatment with additional partners.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 65 million
LIFE EXPECTANCY AT BIRTH	52
INFANT MORTALITY RATE	86/1000
CURRENT NTD COUNTRY PLAN	2011-2015
PROGRAM LOCATION	Nationwide
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 27.7 million
Lymphatic filariasis	Over 49.1 million
Schistosomiasis	Over 18.5 million
River blindness	Over 42.3 million
2014 BENEFICIARIES	
	32,000,000 living in mapped regions
	822,610 people treated for LF and river blindness
	5,350 health workers trained



INVESTORS



IMPLEMENTORS



National and provincial health ministers kick-off an integrated MDA for LF and river blindness by taking ivermectin.



Finalization of disease mapping in 2014 was important in informing an efficient and effective treatment strategy.

ETHIOPIA

COUNTRY OWNERSHIP CREATING IMPACT

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 91 million
LIFE EXPECTANCY AT BIRTH	64
INFANT MORTALITY RATE	44/1000
CURRENT NTD COUNTRY PLAN	2013-2015
PROGRAM LOCATION	Nationwide
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 72.8 million
Schistosomiasis	Over 55.9 million
2014 BENEFICIARIES	7,858,200 school-age children treated 17,290 teachers and health workers trained



INVESTORS



Green Park Foundation



IMPLEMENTORS



Country-led prioritization leads to focused partnerships and demonstrates importance of federal, regional, and local level commitment in the fight against NTDs.

Ethiopia, one of the highest NTD burden countries in sub-Saharan Africa, is a priority for international partners targeting NTD treatment efforts. In 2013, national disease mapping was undertaken for schistosomiasis, intestinal worms, and LF. Armed with these results, the Federal Ministry of Health (FMOH) prioritized treatment of schistosomiasis and intestinal worms. The results indicated that over 17 million school-age children require treatment for schistosomiasis and over 23 million require treatment for intestinal worm infections.

In 2014, the END Fund joined multiple partners in the effort to scale-up treatment for both parasitic diseases.

The END Fund supported the FMOH to launch a school-based deworming campaign in three high-burden regions (Amhara, Oromia, and SNNPR), treating 7.8 million school-age children for intestinal worms and facilitated training for over 17,000 health officials, teachers, and health extension workers. This program increased capacity and commitment to NTDs at regional and local levels, as evidenced by the regional health bureaus co-funding the treatment campaigns.

In addition, the END Fund partnered with RTI's ENVISION program to co-produce and distribute over 45,000 educational NTD pocket guides to be used as a tool for prevention activities.

Proud to be supporting a range of NTD activities in one of the world's most affected countries, the END Fund is also partnering with SCI to co-fund a multi-year program with the UK Department for International Development (DFID) aimed at treating schistosomiasis and intestinal worms in co-endemic areas. MDA activities are planned for 2015 targeting school-aged children in five regions for treatment.



Training conducted by FMOH provides critical knowledge to health workers who facilitate treatment during MDAs.



A young boy receives treatment during a pilot MDA in SNNPR, Wondo Genet, Ethiopia.

INDIA

SWIFT FUNDS HARNESS GOVERNMENT LEADERSHIP

Government leadership, with the support of needed funding, enabled the continuation of one of the largest state-wide, school-based deworming programs in the world.

Since 2011, the government of Bihar has worked to address the state's significant intestinal worm burden through a multi-strategy initiative. In the past year, they have shown true leadership by launching one of the world's largest school-based deworming initiatives and Bihar's most successful MDA campaign.

While government funds the actual costs of treatment, the END Fund was able to provide a targeted investment to support Evidence Action to work alongside the Government of Bihar. This enabled the government to reach over 17 million school-age children with MDA and train 65,750 teachers and education officials. With strong commitment from the state government, along with innovative technical and logistical support from Evidence Action, the program proved that government ownership of a cost-effective initiative such as this one could result in widespread impact and serve as a scalable example for others.

The success of Bihar and other similar states was instrumental in encouraging the national government to expand India's NTD efforts. While control initiatives are still implemented by individual states, the government launched a national deworming day on February 10, 2015 and is working to create a national intestinal worm database and map for all states to target and scale-up treatment more broadly.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 1.2 billion
LIFE EXPECTANCY AT BIRTH	66
INFANT MORTALITY RATE	41/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	1 state
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 220 million
2014 BENEFICIARIES	17,470,500 school-age children treated 65,750 teachers and education officials trained



INVESTORS



**Powell
Family**

IMPLEMENTOR



Due to the high burden of intestinal worms in Bihar, India, children receive treatment every six months.



Technical assistance was crucial to ensuring that school-age girls like those captured above received MDA treatment, resulting in one of the largest school-based deworming programs in the world.

KENYA

RESULTS AND EFFICIENCY

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 43 million
LIFE EXPECTANCY AT BIRTH	61
INFANT MORTALITY RATE	48/1000
CURRENT NTD COUNTRY PLAN	2011-2015
PROGRAM LOCATION	17 districts
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 17.2 million
Schistosomiasis	Over 12 million
2014 BENEFICIARIES	475,500 school-age children treated 1,100 teachers trained



INVESTORS



IMPLEMENTOR



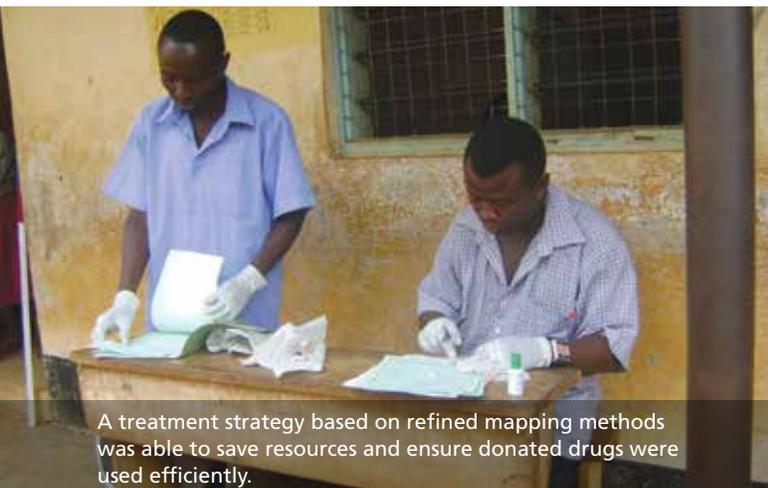
Using sophisticated analysis of refined mapping data significantly streamlined the program.

Kenya publicly launched a National School-Based Deworming Program (NSBDP) in 2011, a government-led initiative that aims to treat all children at risk of intestinal worms and schistosomiasis throughout the country. The END Fund – in partnership with the Ministries of Health and Education, the Children’s Investment Fund Foundation (CIFF), and Evidence Action – provided support to reach all children affected by intestinal worms and schistosomiasis.

The first phase focused on mapping schistosomiasis prevalence, intensity, and distribution throughout the country. Using a more precise approach than the standard mapping protocol, the information allowed for a more specific and efficient strategy that avoids hundreds of thousands of unnecessary treatments.

The second phase concentrated on developing a comprehensive treatment plan based on the mapping data. As a result, in 2014 the NSBDP treated 475,500 school-age children for intestinal worms and schistosomiasis in the END Fund supported regions. This initiative demonstrates how donated deworming medicine can be used in the most efficient, targeted way.

The treatment strategy is continuing to evolve and will guide the remaining three years of the program. The END Fund has played a critical role in advancing NTD treatment in Kenya through the NSBDP.



A treatment strategy based on refined mapping methods was able to save resources and ensure donated drugs were used efficiently.



The National School-Based Deworming Program, which aims to reach all children with treatments for intestinal worms and schistosomiasis, has seen much success.

LIBERIA

AN UNWAVERING COMMITMENT FROM STAKEHOLDERS

The Liberian ministry of health suspended efforts to control intestinal worms and schistosomiasis in 2014 to focus on controlling and recovering from the Ebola outbreak.

Before the Ebola outbreak, the END Fund partnered with SCI to leverage funding from the UK Department for International Development (DFID) to help strengthen the Liberian Ministry of Health and Social Work's (MoHSW) deworming efforts in treating school-age children for intestinal worms and schistosomiasis. A school-based MDA took place in January, treating over 420,000 children for both NTDs.

In March, an Ebola outbreak spread from southeast Guinea to Liberia. By August, the country declared a State of Emergency and the government postponed all non-essential programming and any public gatherings, which put a halt to NTD MDAs to ensure the containment of the disease. Through these challenges, the MoHSW, SCI, and the END Fund remained committed and optimistic. There are plans to resume NTD control efforts in a post-Ebola climate.

The END Fund, MoHSW, and SCI are monitoring the situation on the ground and are cautiously optimistic that pilot programming in three counties can begin again in 2015.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 4 million
LIFE EXPECTANCY AT BIRTH	62
INFANT MORTALITY RATE	54/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	15 counties
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 3.4 million
Schistosomiasis	Over 1 million
2014 BENEFICIARIES	420,000



INVESTORS



IMPLEMENTOR



SCI partnered with the MoHSW to implement social mobilization activities that encourage and motivate communities to participate in deworming campaigns.



Trucks provide transportation for health workers and drugs in order to reach those most in need.

MALI

MOBILIZING FOR MORBIDITY MANAGEMENT

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 14 million
LIFE EXPECTANCY AT BIRTH	57
INFANT MORTALITY RATE	78/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	6 southern regions
TARGETED DISEASES	Advanced lymphatic filariasis
2014 BENEFICIARIES	38 surgeons trained 37 lymphedema patients trained in self-care and received kits 190 men received hydrocele surgery



INVESTORS



IMPLEMENTOR



The END Fund pivoted from bridge support for MDA in 2012-2013 to provide funding for morbidity management in 2014.

In 2012 - 2013, the END Fund partnered with HKI to bridge the gap in support for the Malian national NTD program. This came at a time of great need for funding for the government to continue the vital work it had started, after the United States Agency for International Development (USAID) had to freeze funding after a presidential coup in 2012. The good news of the year was that USAID was able to resume its funding of the national NTD program in 2014 and continue support of treatment for intestinal worms, schistosomiasis, LF, and river blindness.

The END Fund has continued its work in Mali by providing essential surgery to people suffering from some of the most advanced and disabling symptoms of LF, elephantiasis. Individuals impacted by LF often suffer indignity and pain from long-term disabling health issues. Surgery can help reduce the swelling and tumors caused by hydrocele and proper limb care can improve the quality of life for those afflicted by lymphedema. The END Fund was proud to help shine light on a community with NTDs that needs better support and improved service delivery mechanisms.



The END Fund supported efforts enabled training for 38 local surgeons in hydrocele surgery, a procedure that corrects the build up of fluid around the testicles.



For those who live with elephantiasis, learning proper self-care and hygiene is essential to manage symptoms.

NAMIBIA

FACILITATING INTEGRATION

The END Fund helped to embed the NTD program within the broader national nutrition initiative, supporting integration of critical health interventions.

Since 2012, the END Fund has assisted the Namibian Ministry of Health and Social Services (MoHSS) in undertaking an integrated approach to NTD treatment, including the completion of integrated disease mapping in the two most populous northern regions.

Through key funding from investors, the END Fund partnered with the Synergos Institute to support the Namibian MoHSS and the Ministry of Education (MoE) in a new agreement integrating treatment with broader health, nutrition, and education initiatives. The program moved forward with an added school-based WASH component as a complement to the MDA campaign. A pilot MDA was carried out in four high prevalence constituencies.

A joint ministerial working group recently undertook the development of a school health and hygiene curriculum, including materials on intestinal worms infection and treatment for distribution in schools. This program is enabling the implementation of a standard new health and hygiene curriculum along with important deworming activities, keeping the momentum towards an established integrated national plan.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 2 million
LIFE EXPECTANCY AT BIRTH	67
INFANT MORTALITY RATE	35/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	Nationwide
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 750,000
Schistosomiasis	Over 450,000
2014 BENEFICIARIES	15,000 people treated 950 teachers and health workers trained



INVESTORS



IMPLEMENTOR



Children wait in line to receive treatment as part of a school-based deworming campaign.



New health and hygiene materials included in the standard school curriculum will ensure children are educated about NTDs and how to prevent them.

NIGER

EYES ON ADVANCING ACCURACY

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 17 million
LIFE EXPECTANCY AT BIRTH	59
INFANT MORTALITY RATE	60/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	Nationwide
TARGETED DISEASES	Blinding Trachoma



INVESTORS

IMPLEMENTORS



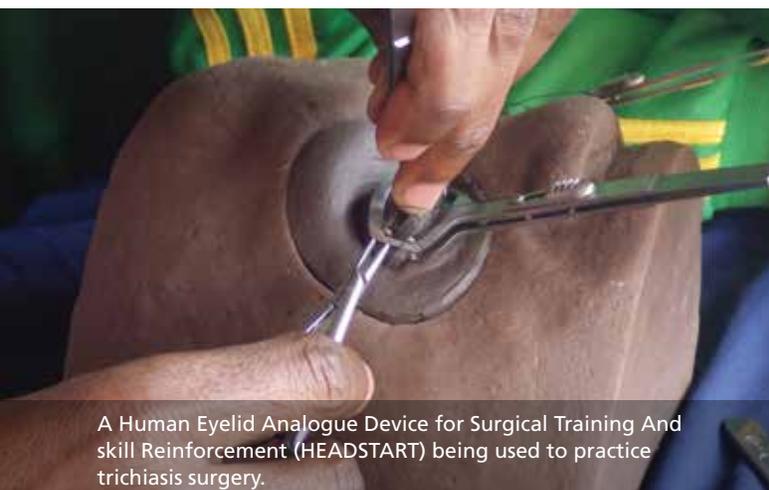
An innovative approach to training surgeons to treat advanced stage trachoma will help ensure people at risk of blindness receive accurate treatment restoring sight and livelihoods.

Niger has a goal to clear the backlog of tens of thousands of trichiasis surgeries in the coming years. With such an ambitious goal requiring rapid scale-up of surgeries, it is essential to ensure that high-quality surgical training and supervision is in place to enhance long-term surgical results.

The END Fund is supporting Wake Forest University School of Medicine on an innovative project co-funded in partnership with the Conrad N. Hilton Foundation and Helen Keller International to pilot-test the use of the Human Eyelid Analogue Device for Surgical Training And skill Reinforcement in Trachoma (HEADSTART). Typically, field nurses in remote communities, who work independently with minimal supervision, perform the 15-minute trichiasis surgery. This device allows trainees to practice the surgical procedure safely on a realistic model under the supervision of a trainer who can provide immediate feedback and help surgeons develop consistent and accurate skills.

The HEADSTART program is also an example of the END Fund's commitment to identifying new technologies for treatment. HEADSTART has seen success in East Africa and can now have impact in West Africa.

Through this pioneering approach, new protocols will be developed and there is the opportunity to enhance the skills of approximately 50 eye surgeons who will work to clear the backlog of much needed surgeries to restore people's sight and livelihoods.



A Human Eyelid Analogue Device for Surgical Training And skill Reinforcement (HEADSTART) being used to practice trichiasis surgery.



HEADSTART will enable more surgeons to be trained, improving the lives of thousands.

RWANDA

SUSTAINED COMMITMENT

The Rwandan Ministry of Health continues its dedication to one of the longest-standing integrated NTD treatment programs.

A foundational investment for the END Fund, Rwanda is a prime example of the importance of government leadership dedicated to seeing the end of NTDs coupled with collaboration from partners over the long term. A partnership with SCI and the ministry of health (MoH), this program focuses on prevention, treatment, surveillance, control, and management of intestinal worms and schistosomiasis.

Twice-annual MDA continued and treatment to over 4 million people were delivered to preschool and school-age children for intestinal worms and schistosomiasis.

In addition to steady progress and successful execution of the MDA, the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) selected Rwanda as a potential country to better understand integrated strategies for the elimination of schistosomiasis. The study included a remapping of the country for schistosomiasis and intestinal worms and used a new, more sensitive type of diagnostic tool, the Circulating Cathodic Antigen (CCA) test, for detection of intestinal schistosomiasis. With support from the END Fund, SCI provided technical assistance, training for personnel, and quality assurance for the project.

A total of 20,000 school children were surveyed for intestinal worms and schistosomiasis, using both the CCA and the original Kato-Katz testing methodology for comparison of results. Once the results are finalized, they will be used to inform treatment strategy in 2015 and the setup of sentinel sites where surveillance activities will be conducted to track the declining disease burden as Rwanda looks towards a future free of NTDs.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 11 million
LIFE EXPECTANCY AT BIRTH	65
INFANT MORTALITY RATE	37/1000
CURRENT NTD COUNTRY PLAN	2012-2017
PROGRAM LOCATION	Nationwide
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 6.5 million
Schistosomiasis	Over 200,000
2014 BENEFICIARIES	11,460,000 living in mapped regions 4,268,400 people treated 2,370 health workers trained



INVESTORS



OXFORD
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IMPLEMENTOR



CCA tests used to diagnose schistosomiasis have proven to be more effective than the traditional Kato-Katz method.



The MoH's dedication and leadership has enabled the treatment of over 4 million school-age children for intestinal worms and schistosomiasis.

TANZANIA

TRANSFORMATIVE GIFT OF CARE

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 47 million
LIFE EXPECTANCY AT BIRTH	61
INFANT MORTALITY RATE	36/1000
CURRENT NTD COUNTRY PLAN	2012-2017
PROGRAM LOCATION	22 districts
TARGETED DISEASES	Blinding trachoma Advanced lymphatic filariasis



INVESTORS



IMPLEMENTORS



Passionate donors commit to support diverse partnerships to manage LF and blinding trachoma as part of a national NTD elimination strategy.

The inaugural *Summit to See the END* raised funds and awareness for NTDs as 18 dedicated hikers climbed to the peak of Mt. Kilimanjaro. The funds raised enabled the END Fund to engage in partnerships for the first time to support Tanzania's NTD elimination strategy.

To fully treat people infected with NTDs, the END Fund is supporting morbidity management activities for LF infection and blinding trachoma as part of Tanzania's integrated NTD program. These activities often reach those most marginalized and discriminated against due to disease.

LF was once prevalent throughout Tanzania but the Ministry of Health and Social Welfare (MoHSW) prioritized treatment and today, MDA is no longer required in many districts. The MoHSW is now focused on addressing hydrocele, a painful swelling in the scrotum that results from LF infection. The END Fund is partnering with the MoHSW to provide support for the training of village health workers and surgeons who will perform 250 surgeries in two remote districts.

There is also a large backlog of trichiasis surgeries for advanced cases of trachoma. To help address this need, the END Fund is partnering with both international and local organizations. Through the Kilimanjaro Center for Community Ophthalmology (KCCO), surgery will be provided to 450 people in need.

In addition, the END Fund has partnered with Sightsavers, International Coalition on Trachoma Control, and the Queen Elizabeth Diamond Jubilee Trust to ensure surgeons receive training and are able to perform thousands of trichiasis surgeries.



A clinical nurse examines a patient's eye before trichiasis surgery.



Trichiasis surgery is a simple intervention that prevents the loss of eye-sight in about 15 minutes.

YEMEN

IMPROVING LIVES AMIDST ADVERSITY

Facing turmoil in the country, strong national and local partners continued to provide much needed NTD treatment to millions in need.

In 2014 Yemen experienced rising levels of violence, including in the capital, Sana'a. Despite the deteriorating security situation and significant political and social unrest, the National Schistosomiasis Control Program (NSCP) was able to reach over 4.95 million children and over 2.2 million adults with treatment for schistosomiasis and intestinal worms through MDA. The program also supported training for over 25,000 health workers.

This program is a partnership between the Ministry of Public Health and Population (MoPHP), the World Health Organization (WHO), the World Bank, SCI, and the END Fund. The success achieved to date can be attributed to the strong commitment of this group and the heroic efforts of the team on the ground carrying out treatment under difficult circumstances.

The END Fund remains dedicated to fighting NTDs in Yemen and has partnered with SCI since 2013 to support technical assistance to the NSCP. This has ensured that Yemen maintains a strong treatment program and is able to reach the country's poorest communities. In addition, the END Fund is supporting a pilot initiative to establish the country's first river blindness elimination program as the MoPHP begins expanding control and elimination activities to other NTDs.

Overall, this is a significant accomplishment for Yemen, a country with one of the highest concentrations of NTDs in the Middle East. As noted by the WHO, if schistosomiasis is defeated by 2016, Yemen will be one of the few countries to have eliminated it as a public health concern.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 23 million
LIFE EXPECTANCY AT BIRTH	64
INFANT MORTALITY RATE	40/1000
PROGRAM LOCATION	263 districts
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 9 million
Schistosomiasis	Over 9 million
2014 BENEFICIARIES	7,224,500 people treated 25,110 health workers trained



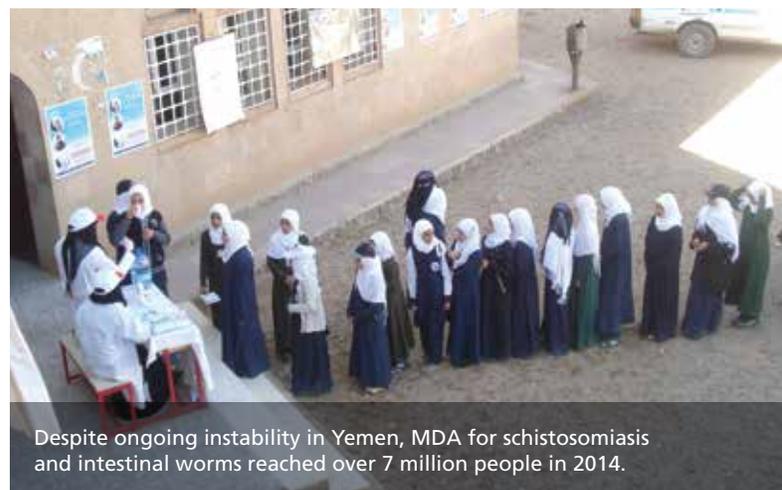
INVESTORS



IMPLEMENTOR



Trained health workers keep records of the number of people treated during a December MDA.



Despite ongoing instability in Yemen, MDA for schistosomiasis and intestinal worms reached over 7 million people in 2014.

ZIMBABWE

RESOLUTE COMMITMENT TO NTD CONTROL

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	Over 13 million
LIFE EXPECTANCY AT BIRTH	58
INFANT MORTALITY RATE	55/1000
CURRENT NTD COUNTRY PLAN	2012-2016
PROGRAM LOCATION	Nationwide
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	Over 3 million
Schistosomiasis	Over 3.5 million
2014 BENEFICIARIES	2,682,900 people treated



INVESTORS



Daniel Zakharov

IMPLEMENTOR



Nimble investment and government leadership in partnership with key stakeholders leads to the scaling up of treatment of two NTDs.

A national prevalence survey completed in 2010 found that Zimbabwe is endemic for both schistosomiasis and intestinal worms, making these diseases priorities to address. This led to the Ministry of Health and Child Care (MoHCC) launching the first-ever MDA program in 2012 aimed at combating these two NTDs among school-age children. Since then, the END Fund has supported government-led efforts to implement and scale-up NTD treatment.

The MDA campaign was planned for November but was postponed to January 2015 due to logistical reasons and the approaching school holiday break. In collaboration with UNICEF and other partners, the rescheduled campaign reached over 2.6 million school-age children in 57 out of 63 districts nation-wide. It was a significant accomplishment for the MoHCC as it reached more individuals with treatment than ever before.

The implementation of a national campaign for NTD treatment in Zimbabwe is contributing to the revitalization of the primary health care system, which is still rebuilding from the economic crisis of the past decade.

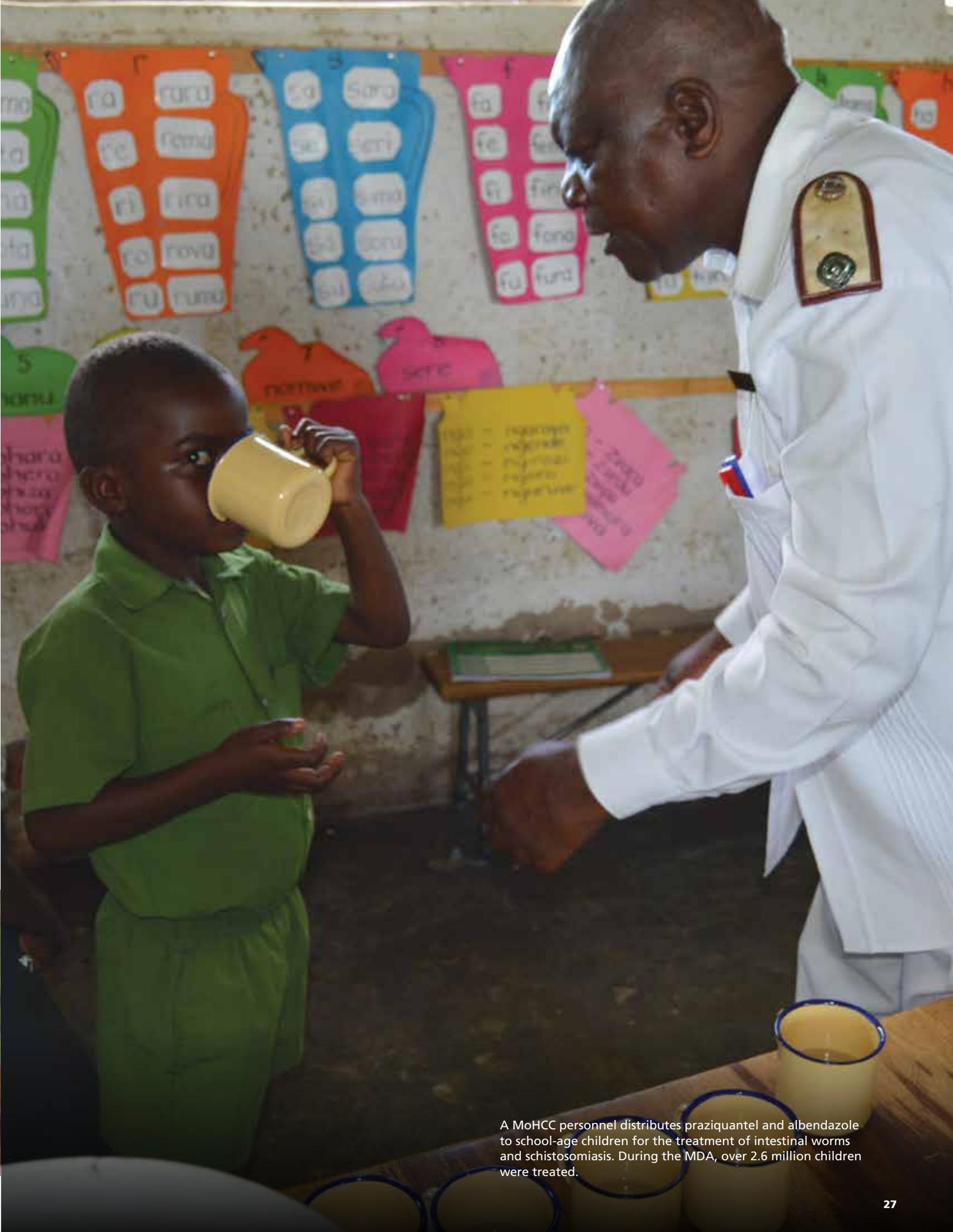
The MoHCC remains committed to NTD control efforts and has demonstrated genuine leadership in combating these diseases under challenging conditions. In 2015, the MoHCC will look at recently conducted disease mapping to determine where and when LF and trachoma should be integrated into the national NTD program, deepening its commitment to controlling and eliminating NTDs in the country.



Before MDA begins in the Muhwera district, a government health worker explains the treatment activities of the day to the school children.



Rose Jena, Managing Director, National Healthcare Trust Zimbabwe joined MoHCC and the END Fund during this year's MDA campaign.



A MoHCC personnel distributes praziquantel and albendazole to school-age children for the treatment of intestinal worms and schistosomiasis. During the MDA, over 2.6 million children were treated.

WHO IS THE END FUND?

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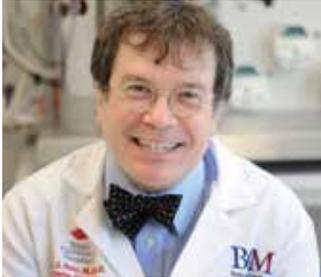
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U.S. Science Envoy, U.S. Department of State, Middle East and North Africa; President, Sabin Vaccine Institute; Founding Dean of the National School of Tropical Medicine at Baylor College of Medicine; Editor-in-Chief of PLoS Neglected Tropical Diseases

“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.”



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

Assistant Professor of Ophthalmology and Global Health; Director, Global Ophthalmology Emory, Emory University

“The END Fund has emerged as an important partner, driving integrated and efficient strategies for NTD programs. This is the type of approach that will see the end to blinding trachoma in the near future.”



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

“To support endemic communities requires increasing resources available for programs. Resource mobilization is a critical factor to accelerate the control and elimination of NTDs. Investing in a dynamic and creative partner like the END Fund provides that catalytic opportunity to grow new resources, raise awareness, and most importantly, reach more people.”



PATRICK LAMMIE, PHD

Senior Staff Scientist, Centers for Disease Control and Prevention

“We will only achieve our NTD control and elimination goals with effective collaboration. The END Fund is playing a critical role in this effort by bringing in new partners and focusing needed resources on neglected people and countries.”

OUR 2014 FUND INVESTORS

Since our founding, the END Fund has mobilized over \$50 million in pledges to support NTD control efforts in sub-Saharan Africa, India, and the Middle East. Visionary investors have been catalytic in providing critical support across our entire fund portfolio for maximum impact. These FUND Investors, defined as those who entrust the most flexible investments to us, are instrumental in the END Fund's ability to be of highest service to the broader NTD control and elimination goals. This type of investment helps ensure catalytic funds are available nimbly to enhance capacity and achieve progress. We remain grateful for all gifts entrusted to us.



These FUND Investors, defined as those who entrust the most flexible investments to us, are instrumental in the END Fund's ability to be of highest service to the broader NTD control and elimination goals.

Lia Abady	Sarah Alexander	Ruben Ayala	Elisa Baring	Andrew Bej	Laura Bettis
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BILL & MELINDA GATES foundation

BILL AND MELINDA GATES

Co-Chairs and Trustees, Bill & Melinda Gates Foundation

"When we started our foundation, we were looking for the most strategic ways to equalize the two halves of the world. We see an opportunity and we want to make the most of it. We'll see the last of diseases like elephantiasis, river blindness, and blinding trachoma, which disable tens of millions of people in poor countries. The drugs that can stop these scourges are now being donated in huge numbers by pharmaceutical companies, and they're being used more strategically thanks to advances in digital maps that show where diseases are most prevalent."



ALAN MCCORMICK

Managing Director, Legatum

“While a lot of funding goes into well-known diseases, today, still only a small proportion goes towards combating NTDs. That proportion is now increasing thanks to the work of the END Fund which acts not only as the largest private funder of NTD interventions but increasingly as a respected advocate in the broader NTD movement. Legatum is delighted to have played a catalytic role in founding the Fund and bringing about the very real prospect, in our lifetime, of seeing the demise of these diseases. I remain proud to serve on the END Fund’s Board of Directors and to have been a member of the inaugural *Summit to See the END* team – declaring the end of these diseases.”



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Cynthia Carpenter	Luca Conte	Thomas Dove	Deirdre Fruh	Bambi Haggins	Edward & Barbara Johnson
James Carroll	Michael Cook	Kenneth Dowd	Kenneth Fuirst	Heather Haines	Joyce Johnson
Ellen Carson	Adriana Cordero	Mary Doyle Tadduni	Alexander Gallafent	Magnus Halvorsen	Bryan Jones
Scott Case	Mary Couig	Cedric Dubourdieu	Anne Gallon	Stuart Handloff	Taibi & Shirl Kahler
Veronique Casimir-Lambert	Carina Courtright	Carolyn Dunn	Garfield Weston Foundation	Kathy Hanrahan	Lara Kairouz
	Ian Crabtree	Margaret Dunn			R.O. Kamada



Powell Family

SCOTT POWELL

Chief Executive Officer, Santander Holdings USA, Inc.

“My family and I are proud to support the END Fund’s commitment to NTD control in India. As a part of a modest, leveraged investment we’ve become a part of the incredible story of highly scalable impact of low-cost MDAs. I hope others have the opportunity to be a part of such transformational giving in their lifetime.”

Katie & David Kampf	Demetra Lalaounis	Kristin Lieb
Daniel Kanka	Joanne Lammers	Brian Lifsec
Amanda Kara	Max Lang	Courtney Lilli
Larry Katz	Nicholas & Gardiner Lapham	Sandra Lim
Kauffman Foundation	Richard LaSota	William Lin
Mary Celeste Kearney	Andrew Lauppe	Cynthia Lindenmeyer
Michael Keeley	Emanuele Lauro	Katherine Loftus
Saskia Keeley	Eloise Lawrence	Jeffrey Lorch
Terrence Keeley	Raymond Le Blanc	Gerard Lorden
Florence Kehrer-Bory	Grant Le Lievre	Robert Lotinsky
John Keller	Sean Lee	Helen Lowe
Thomas Kelly	Legatum Foundation	Shannon Lynch
Steven Kelsch	Gayle Leggate	Alan & Christina MacDonald
Mary Kerwin	CW Lemkau	Lawrence MacDonald
William King	Suzanne Leonard	Dominique Machado
Mona Kirby	Vania Leveille	Brendan MacMillan
Elon Kohlberg	Margaret Levert	Katherine Maltas
Lorie Kombert	Levitan Family Foundation	Joseph Mandato
Cristina Kotz	Simon Levy	Jay & Laurie Mandelbaum
Ramkumar Krishnamachari	Rebecca Lewis	Lesley Mansford
Michael La Forgia	Stephan Lewis	Mary Marchal
Donna Laake	Victor Li	The Marchal Murray Family
Ava Lala		

Katherine & Ryan Martel	Ann Mull	Scott Powell
Sally Martin	Melissa Murdoch	Coston Powell
Laura Martinez	Elijah Murphy	Ana Power
Lester Martinez-Lopez	John Murray	Maria Power
Peter Mason	Stephen Murray	Margaret Presley
David Matthew	Donna Myers	Clifton Presser
James Mattison	Alan Nadel	David Presser
Adam & Diane Max	Benjamin Nagin	Michelle Quirsfeld
HJ Maxmin	Hadil Nasr	Nejem Raheem
Stacy Maza	Jeffrey Neeck	Vijaya Ramachandran
Roberta Mazzariol	Matthew Nemeth	Kathryn Ramey
Nicky McCasland	Margot Neufeld	John & Cynthia Reed
The McCormick Family	Carl Nickels	Francis Reidy
Liam McCormick	Julie Nicollin	Susan Reinertson
Alan McCready	Cynthia Nielsen-Mcardle	Linda Reisman
Suzanne McGill	Elinor Nissley	John Resta
Audrey McIvride	Erika Noujeim	Michael Reynolds
Carl McNair	Sandra Nunnereley	Richard & Carol Weingarten Foundation
Tara McPherson	Richard Oates	John Riches
Francoise Meisch	Luann O'Brien	Jenn Richey Nicholas
Carl Meyer	John O'leary	Bob Riddle
Jeanne Meyers	Leif Olson	Maryellen Ridinger
Raphael Michel	Stein Olson	Nada Rizk
Microsoft	Gerald O'malley	Jan Roberts-Breslin
Josh Mikesell	Oracle	David Robinson
Marisa Milanese	The Orange Tree Foundation	Karen Robinson
Christina Milano	Antonio Osio	Howard Rodman
Charles Miller	Kevin Ott	Marion Rohrbach
Danielle Miller	Sharon Pacchiana	Samuel Rosenblatt
Judy Miller	Hae-Sue Park	Daniel Ross
Natalie Miller	Gordon Parker	Patricia Ross
Patricia Miller	Michael Partin	Paul Rothenburg
Robert Miller	Caroline Parziale	Laura Rothrock
Sally Miller	Emily Paul	Deborah Rovine
Ross Millington	Karen Payes	Martine Rubenstein
George Milne	Darrin Payne	William Rubenstein
Rita Miraglia	Alisa Perren	Bruce Rubin
Karina Mirochnik	Casciola Pierre	Dawn Rucker
Margaret Mittan	Boris Pilichowski	Karamagi Rujumba
George Monteiro	Paola Pioltelli	Sebastian Sachse
Jennifer Moorman	David Plastino	Roxana Salazar
Anna Moran	Archie Pollock	S.G. Sampath
Scott Morey	Charles Pollock	Michael Sampson
Elizabeth Morris	Gale Pollock	Earl Sanders
Brian Morrison	John Pollock	Josie Sandler
Brian Moynihan	Robert Pollock	Thomas Santel
Steven Mueller	Jennifer Porst	Edson Santos
Jenna Mulhall-Breton	James Porter	John Scanlon

Matthew Scherer	Susan Southwood	Damien Tran
Stephen & Susan Scherr	Charles Spada	The Travel Business
Abbie Schiller	Michael Spatz	Abbey Turtinen
Judith Schofield	Lee & Stephanie Spiegel	James Tweedie
Schramm-Brown Fund of the Community Foundation for Palm Beach and Martin Counties	Victoria Stabile	Aaron & Stephanie Udler
Sandra Schrock	Jillian Stanley	Howard Unger
J Schroeder	Susan Stavish	Joseph Valentine
Jonathan Schrott	Jean Stawarz	Catalina Vargas
Jann Schultz	Ronald Steptoe	Diego Vargas
David Sciascia	Glenn Stiskal	Guillermo Vargas
Lise Scott	Judith Stoleson	Helena Vargas
Patti Scull	Mark Stoleson	Philip Vassiliou
Jacques Sebisaho	George Stone	Joseph Ventresca
Jonathan Seelig	John Storz	Diane Verity
Shira Shafir	William Strasburg	Janet Vessotskie
Eric Shapiro	Stacey Strong	Robert Vickers
Jonathan Shea	Miriam Suarez	Patricio Vives
Marc and Hildy Sheinbaum	Roy Suko	Joseph Vogt
M.E. Shepherd	Lewis Sumner	Christine Wächter- Campbell
Paul Sheriff	Elizabeth Sweetland	James Walker
James Shields	Leslie Swope	Andrew Wall
Sandra Shusted	Derek Tang	Arthur Wallace
Melissa Silverman	Jorge Tapias	Kevin Watters
Nina Sirianni	Kate Tarrant	Colin Webb
Helle Sjovaag	Kevin Tate	George Weightman
Jennifer Smith	Matthew Taylor	Gabriel Weisert
Martin Smith	Clark Tedford	Sasha Welland
Harvey Soefer	Lisa & Dan Temple	Jacqueline Westwood- Lynch
Florence Sofer	Cheriyam Thomas	Jack Whisler
Jennifer Sokolove	Chris Thompson	Keren White
Janet Southby	Diane Thorsen	Eileen Wilhem
	James Throneburg	Judy Williams
	Ross Thuotte	
	Karen Thurman	
	Thomas Torrisi	



THOMAS MCPARTLAND

Chief Executive Officer, The Elma Philanthropies

“In learning about how NTDs disproportionately affect children in Africa, we recognized that investment in NTD programing was not only about building capacity for health, but for education, economic development, and the overall future of children. We are pleased to facilitate the END Fund’s efforts to scale up this important work.”

Kristin Williams	David Winters	Elizabeth Wooley
N. Williams	The Wisch Family Foundation	Alan Zarembo
Christina Wilson	Gerald Woldt	James & Vivian Zelter
Mary Wilson	Jeffrey Wolf	Danijela Zezelj-Gualdi
Amy Winkelman	Richard Woodfield	
Charity Winters		



**Campbell Family
Foundation**

WILLIAM CAMPBELL

Senior Advisor, JP Morgan Chase & Co.; President, Sanoch Management

“What the END Fund has going for it, which is truly significant, is that it provides very low-cost interventions that really change poor peoples lives. The fact that you can be part of this change with what you’ve earned over your lifetime is really rewarding for our family. We want to encourage everyone to think that they can make a whole lot of difference in this pursuit.”

FINANCIAL SUMMARY



MELISSA MURDOCH

Trustee, Garfield Weston Foundation

“The END Fund delivers effective solutions for those most in need. By investing in its growth in the UK as an organization, we are encouraged that its capacity to continue achieving excellence in the NTD movement will also flourish.”

The END Fund is proud to collaborate with the following global consortium in the fight against the five most prevalent NTDs.



STH Coalition
The Global Schistosomiasis Alliance

CONSOLIDATED STATEMENT OF ACTIVITIES: JANUARY 1, 2014-DECEMBER 31, 2014

SUPPORT AND REVENUE			
	US Entity	UK Entity	Total
Contributions	\$26,704,014	\$534,823	\$27,238,837
EXPENSES			
Program Services	\$6,295,744	\$640,065	\$6,935,809
Management and General	\$526,845	\$16,753	\$543,598
Fundraising	\$378,023	\$96,542	\$474,565
Total Expenses	\$7,200,612	\$753,360	\$7,953,972
Change in Net Assets	\$19,503,402	(\$218,537)	\$19,284,865

CONSOLIDATED STATEMENT OF FINANCIAL POSITION: AS OF DECEMBER 31, 2014

ASSETS			
	US Entity	UK Entity	Total
Cash	\$8,118,098	\$1,315,266	\$9,433,364
Pledges Receivable, Current Portion	\$8,789,238	\$255,477	\$9,044,715
Prepaid Expenses	\$32,750	\$4,193	\$36,943
Total Current Assets	\$16,940,086	\$1,574,936	\$18,515,022
Other assets: Pledges receivable, net of current portion	\$11,256,386	-	\$11,256,386
Total Assets	\$28,196,472	\$1,574,936	\$29,771,408

LIABILITIES AND NET ASSETS			
	US Entity	UK Entity	Total
Accounts Payable	\$76,448	-	\$76,448
Deferred Income		\$514,803	\$514,803
Net assets: Unrestricted	\$7,149,898	\$187,453	\$7,337,351
Net assets: Temporarily restricted	\$20,970,126	\$872,680	\$21,842,806
Total Net Assets	\$28,120,024	\$1,060,133	\$29,180,157
Total Liabilities and Net Assets	\$28,196,472	\$1,574,936	\$29,771,408

NOTES:

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).

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 us.
end.org



The END Fund would like to thank the generous photographers and organizations whose images are reproduced in this report with their kind permission. These include: African Programme for Onchocerciasis Control (APOC), Centre for Neglected Tropical Diseases at the London School of Hygiene and Tropical Medicine (CNTD); Jessica Dimmock; ©Bill & Melinda Gates Foundation/Frederic Courbet; Geneva Global, Inc.; Esther Havens; The MENTOR Initiative; Ministry of Public Health and Population, Republic of Yemen; Jonathan Olinger and Lindsay Branham of Discover the Journey (DTJ); Mo Scarpelli, Rake Films; Schistosomiasis Control Initiative (SCI); and Sightsavers International (SSI); Talking Eyes Media; Wake Forest University School of Medicine.

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Country snapshot information sources from WHO, country NTD master plans, and country NTD action plans.