



THE **END** FUND | ENDING
NEGLECTED
DISEASES

Annual Report
2015

PROUD PARTNERSHIPS, INSPIRING GROWTH

A MESSAGE FROM THE CHAIR



I have always seen the END Fund as the ultimate collaboration – a perfect blend of raising funds and getting these resources to the people who need them the most. Our primary role has been to help connect the dots – bringing the right group of people to the right opportunities and creating results that others can buy into. Looking back through the years, both in investment and programmatic efforts, it has been inspiring to see how far we have come and how much has been accomplished.

While the END Fund was set up as a new model, using private philanthropy to tackle neglected tropical diseases (NTDs), we have developed into much more these past four years – a strong and ever-growing community. This vibrant community has included visionaries, risk-takers, and dynamic individuals who have actively supported the cause from the start of the END Fund. Now, we've seen even more emerging partnerships with international and local NGOs, investors, governments, pharmaceutical companies, local leaders, scientists, and coalitions all pushing for the same thing - to control and eliminate the five most common NTDs through cost-effective and high-impact interventions. It is because of this that the END Fund has been successful in surpassing its initial goals by reaching over 85 million unique individuals and has raised more than \$50 million.

While we are proud of our collective accomplishments, the work is far from over. There are still more than 1.6 billion people at risk of these diseases and many more opportunities for people to join together and make a powerful impact. Just last year, the END Fund hosted our inaugural Investors' Gathering, an assembly of supporters, partners, board members, and senior colleagues. This meeting was designed to start the conversation on what opportunities still lie ahead for the global cause and how those opportunities can be realized using the END Fund as the mechanism.

On a personal note, my family and I continue to discover new and rewarding ways to be involved in the END Fund

community. Our journey began in 2013, when my family traveled to Kenya to see END Fund supported trichiasis surgery and school-based deworming programs. It was a transformative experience beyond our expectations, which has led all of us to recognize our empathy for those affected by these treatable diseases. Since then we have found ourselves becoming more devoted and looking for more ways to be involved. Most recently in September, my three daughters participated in a *Dining in the Dark* dinner in New York. These unique dinners, with guests blindfolded for a portion of the evening, provide a moment in time to appreciate what it means to experience a life of suffering with NTDs like blinding trachoma. Having my daughters Sarah, Nora, and Mia engaged, whether through a life-changing trip or an intimate dinner conversation, and seeing them as passionately invested in this cause as I am, gives me a renewed sense of enthusiasm. It also reinforces the idea that there is still more that we can do and that there is room for everyone to take part.

Simply put, I believe that an investment in NTDs is an investment in life. I am grateful to all of you for being champions for a world where these diseases are no longer a cause for concern. I welcome you all to continue to contribute your insights, wisdom, and investments into this community. What we have collectively built has been – and will continue to be – transformational.

Sincerely,

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



These past four years have been a period of remarkable growth for the END Fund, in which we have amplified our collective efforts to combat NTDs—from engaging a broader community, to growing our staff, to strengthening our partnerships with ministries of health, implementing partners, and the people we serve. Since our inception, the END Fund team has been honored to support a wide range of partners in 22 countries, provide treatment to over 85 million people at risk of these debilitating diseases, complete disease mapping for over 180 million people, distribute over \$300 million worth of critical medicines, and provide surgery to thousands of people with advanced trachoma so they don't go blind. We've been excited to see new studies show that for every dollar invested in NTD control, at least \$50 is returned in increased economic impact over time, a return on investment unparalleled in global health. And, while numbers are essential to our work, the immeasurable investments—the sheer passion, devotion, and commitment of our team and our community—are critical to our continued success.

This success has been made possible by those of you who have so graciously woven your personal stories into the END Fund's own story, step by deliberate step. From foundations with billions of dollars' worth of assets to dozens of people hiking Mount Kilimanjaro to raise awareness and funds for NTDs to children organizing END Fund lemonade stands, so many people have enthusiastically embraced that NTDs are easy and inexpensive to treat. We've been honored to hear your stories in new ways and through new venues—from our *Listening Tour* and around the table during *Dining in the Dark* dinners—and in the process, learning what moves and motivates you and how you came to care about NTDs.

While we are continually looking ahead, we also welcome the opportunity to pause and reflect: about the global state of NTD control and elimination efforts; on how the END Fund has contributed to the global gains over the past year; and to consider the options on the path ahead to ensure our

collective efforts are of best and highest service to this cause going forward.

The intention embedded in the founding of the END Fund was not only to catalyze new, private philanthropic resources to control NTDs globally, but also to build a highly connected, engaged community of people who care deeply about this cause. Perhaps we should more accurately be called the END Community, as certainly financial resources have mattered in this bold endeavor, but just as important are the insight, commitment, intellect, vision, and entire range of personal and professional assets that each of you bring to the cause.

Of tremendous value to the END Fund are the partnerships and community necessary to reach our collective vision of improving the lives of over a billion people. We look forward to you sharing this inspiring journey with us into 2016 and well beyond.

Sincerely,

Ellen Agler
Chief Executive Officer, The END Fund

School children line up for a mass drug administration (MDA) at Rwesero Primary School, Rwanda, where prevalence of schistosomiasis was 69.5%, but today is 0% thanks to government commitment and strong partnerships.



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THE FIVE NTDS

THE FIVE MOST PREVALENT NTDS

TRANSMISSION CYCLES



INTESTINAL WORMS: OVER 2.5 BILLION PEOPLE AT RISK

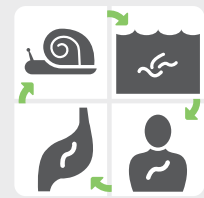
Intestinal worms, also known as soil-transmitted helminths, are estimated to infect over 1.4 billion people worldwide, mostly children. The three most common worms are hookworm, ascaris (roundworm), and trichuris (whipworm). They are transmitted by consumption of, or contact with, contaminated water,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



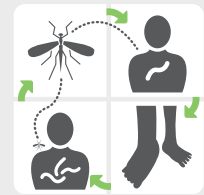
SCHISTOSOMIASIS: OVER 250 MILLION PEOPLE AT RISK

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.



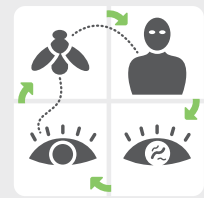
LYMPHATIC FILARIASIS: OVER 1 BILLION PEOPLE AT RISK

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.

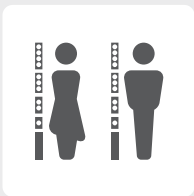


TRACHOMA: OVER 200 MILLION PEOPLE AT RISK

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, Merck Serono, and Eisai—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

90%

of people requiring treatment for schistosomiasis live in Africa

315 Million

People no longer requiring treatment for LF in 44 countries

\$0.50

Cost per person per year to treat these diseases

3

Number of countries that have certified the elimination of river blindness

THE GLOBAL EFFORT TO CONTROL NTDs

In recent years, there has been unprecedented global attention paid to NTDs. In the course of human history, few global public health efforts match the ambition and scale of those to control and eliminate this group of parasitic and bacterial diseases of poverty that affect over 1.6 billion people.

The tide of attention on NTDs is certainly rising. Leaders like Bill and Melinda Gates and Jimmy Carter have increased the time, advocacy, and resources they and their organizations are committing to ending NTDs. Chancellor Angela Merkel highlighted NTDs as one of three top health priorities for the G7 in 2015. Global heads of state adopted the Sustainable Development Goals (SDGs), which include NTDs as a priority for the next 15 years. In October 2015, the Nobel Prize in Medicine was awarded to William

C. Campbell for his discovery of ivermectin to treat river blindness and lymphatic filariasis (LF), sparking heightened global attention to efforts to end these diseases. Not least of all, *The Economist* magazine recently featured parasitic diseases on its cover, with the headline: “Kill Seven Diseases, Save 1.2m Lives a Year.”

Chancellor Angela Merkel highlighted NTDs as one of three top health priorities for the G7 in 2015.

To put the END Fund’s achievements in context, it is important to shine a light on the global progress and challenges of NTD control and elimination efforts. Much of our success has been because we have listened carefully to partners and continually refined our role based on evolving trends in the field in order to be of highest service to this collective movement. And, many of the challenges the END Fund faces are the same ones encountered by the broader community.

SCALE OF GLOBAL NTD MDA



833 MILLION

people received treatment for at least one NTD through MDA



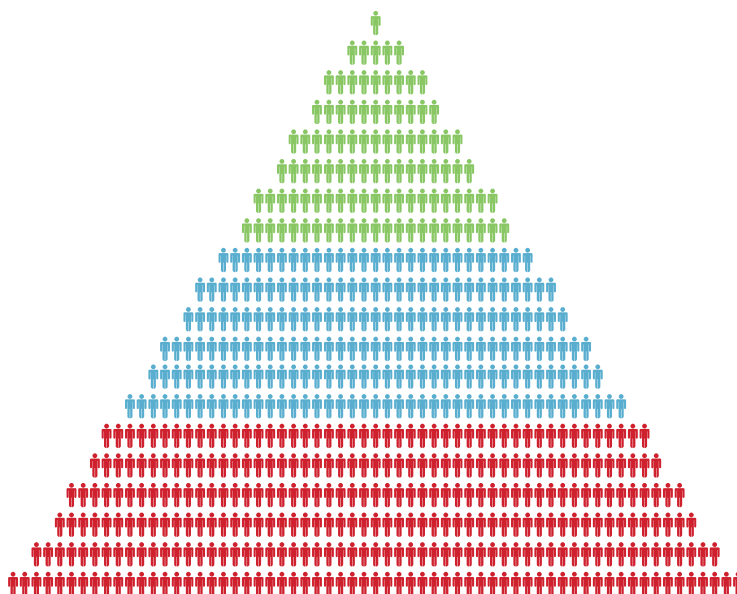
1.6 BILLION

people in need of treatment for one or more NTD



2.5 BILLION

people at risk for one or more NTD



1910–15

A \$1 million investment from John D. Rockefeller, Sr. establishes the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease in the southern U.S.

1911

Japan is one of the first countries to undertake a large-scale baseline study of LF distribution - the Ministry of Army examined the night blood of recruited soldiers in order to determine the filariasis infection at the state level.

1913

First control program for schistosomiasis is initiated in Egypt.

1945

The importance of onchocerciasis as a blinding disease is brought to global public attention by Sir Harold Ridley who publishes a comprehensive monograph on ocular onchocerciasis.



SOME HIGHLIGHTS OF THE GLOBAL STATE OF NTDs ARE:

- Pharmaceutical companies continue to donate almost \$4 billion worth of medicines to treat NTDs every year, making this the largest public health drug donation program in the world. Since the END Fund launched in 2012, over 5.5 billion tablets of NTD medicines have been donated to countries around the world.
- Treatment is expanding. In 2014, 833 million people at risk of these diseases in 74 countries received treatment for at least one NTD, up from 711 million in 2010.

Disease elimination is proving to be possible. In the past two years, Colombia, Mexico, and Ecuador have all certified the elimination of river blindness. Eight countries—including The Gambia, Ghana, Morocco, and Burundi—have achieved the elimination goals for trachoma, and six more countries are projected to stamp out this disease.

- Treatment coverage and frequency targets are being met in more and more countries. Globally, 27 countries have achieved targets to treat school-age children for intestinal worms, with the number of children being treated annually for intestinal worms nearly doubling from 2008 to 2014. 17 of the 73 countries endemic for LF have treated long and consistently enough to now be entering the surveillance stage for elimination.
- The return on investment for NTD control is more robust and compelling than ever. Erasmus University recently completed modeling analytics of the health

and economic impact of reaching the 2020 NTD control and elimination targets. If targets are met, \$565 billion could be gained in productivity between now and 2030. The potential ROI for every dollar spent on NTDs is more than \$50 in productivity for communities at risk of these diseases.

- Disease endemic countries are taking an increasing lead in the efforts to end NTDs. In early 2015, The Ministry of Health and Family Welfare of India declared a “National Deworming Day” and has made improved water and sanitation key government priorities. 74 ministries of health of NTD-endemic countries have launched their own strategic national NTD plans since 2012. And in the past year, 24 African ministers of health have signed a public NTD commitment declaring increased leadership and contributions from their own country budgets.
- Institutional donors such as the US Agency for International Development (USAID), the UK Department for International Development (DfID), the Ross Fund, and the Bill & Melinda Gates Foundation have remained committed to NTD control, continuing to allocate significant funds every year to these efforts. And through the END Fund, a growing number of individuals, foundations, and corporations are joining the NTD cause.
- Since the END Fund’s founding through 2015, we have mobilized over \$50 million in new commitments to NTD control, making the END Fund the fastest growing source of new private funds to the NTD sector.

1952

Lady Jean Wilson visits the Gold Coast with her husband, Sir John Wilson, and coins the term “river blindness” to more easily explain onchocerciasis.

1972

World Bank President, Robert McNamara, visits West Africa, sees the “*Valley of the Blind*,” and becomes passionately determined to tackle river blindness.

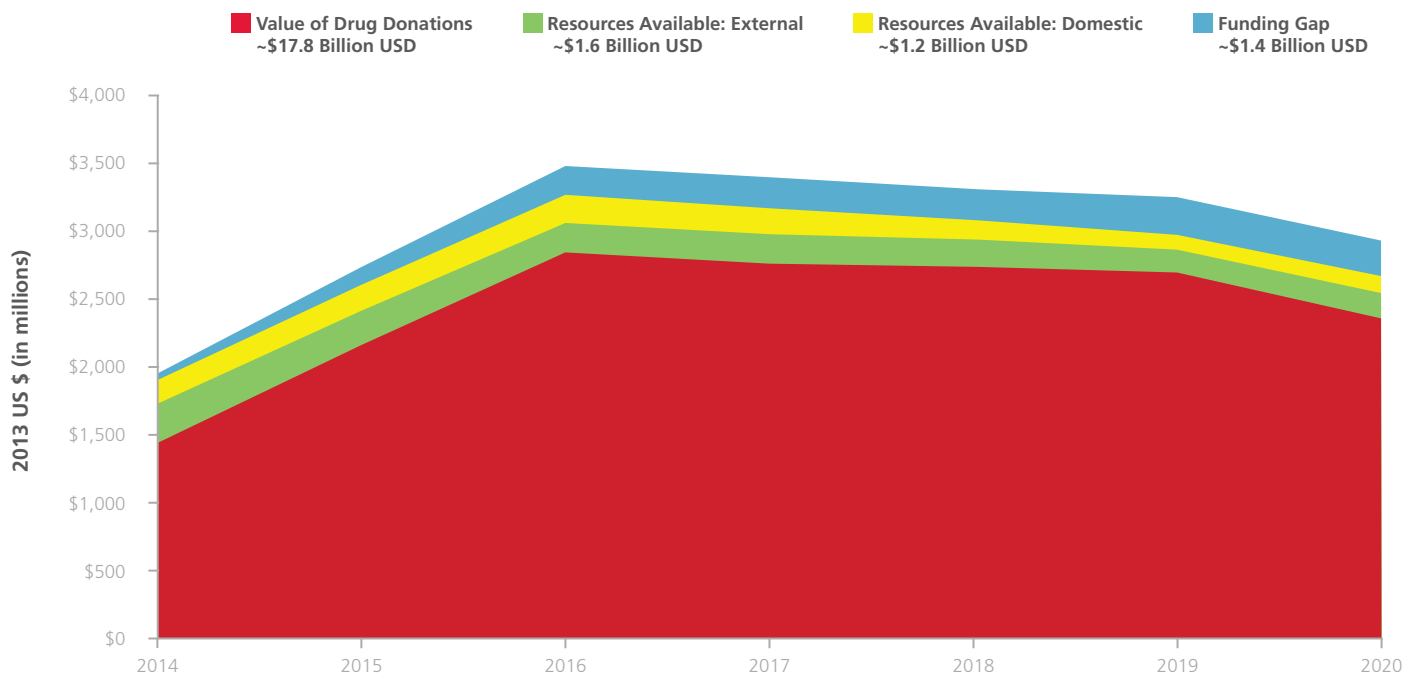
1974

The Onchocerciasis Control Program for West Africa (OCP) is launched in 11 countries by four UN agencies.

IN ADDITION TO THE GOOD NEWS AND INCREDIBLE PROGRESS, THERE ARE STILL MANY CHALLENGES AHEAD:

- Availability of donated medicines currently outweighs the ability to deliver them. As of 2015, the World Health Organization (WHO) estimates approximately 1.6 billion people need these critical medicines and many need to be treated for more than one NTD. The delivery challenge remains at the heart of global scale up of NTD control and needs to be tackled with additional financial resources, government leadership, training of health workers, and an improved supply chain.
- Progress on the five most prevalent NTDs is not uniform, and there is still a long way to go to reach coverage targets. In 2014, 559 million people were treated for LF (representing 51% of people requiring treatment); 107 million for river blindness (62% requiring treatment); 427 million for intestinal worms (47% requiring treatment); 56 million for schistosomiasis (22% requiring treatment); and 52 million for trachoma (23% requiring treatment).
- Even given the significant commitment from global donors and national governments, it is estimated that there is still at least a \$200 million gap in annual funding to reach global targets for NTD control and elimination.
- The economic case for NTD control has not been shared far and wide enough to attract the additional investments needed to fill this funding gap.
- There is much more work to be done to ensure that NTD control is not a siloed activity, but is embedded within broader efforts to train and scale community health outreach programs, links to programs aimed at improving water, sanitation, and hygiene, and is mainstreamed into education and nutrition national frameworks and activities.

A GLOBAL STORY: RESOURCES FOR NTDs



1978–81

Dr. William C. Campbell and a team of researchers suggest that ivermectin - a zoonotic drug - be used to help fight river blindness. Initial human clinical trials begin to investigate the use of ivermectin.

1980

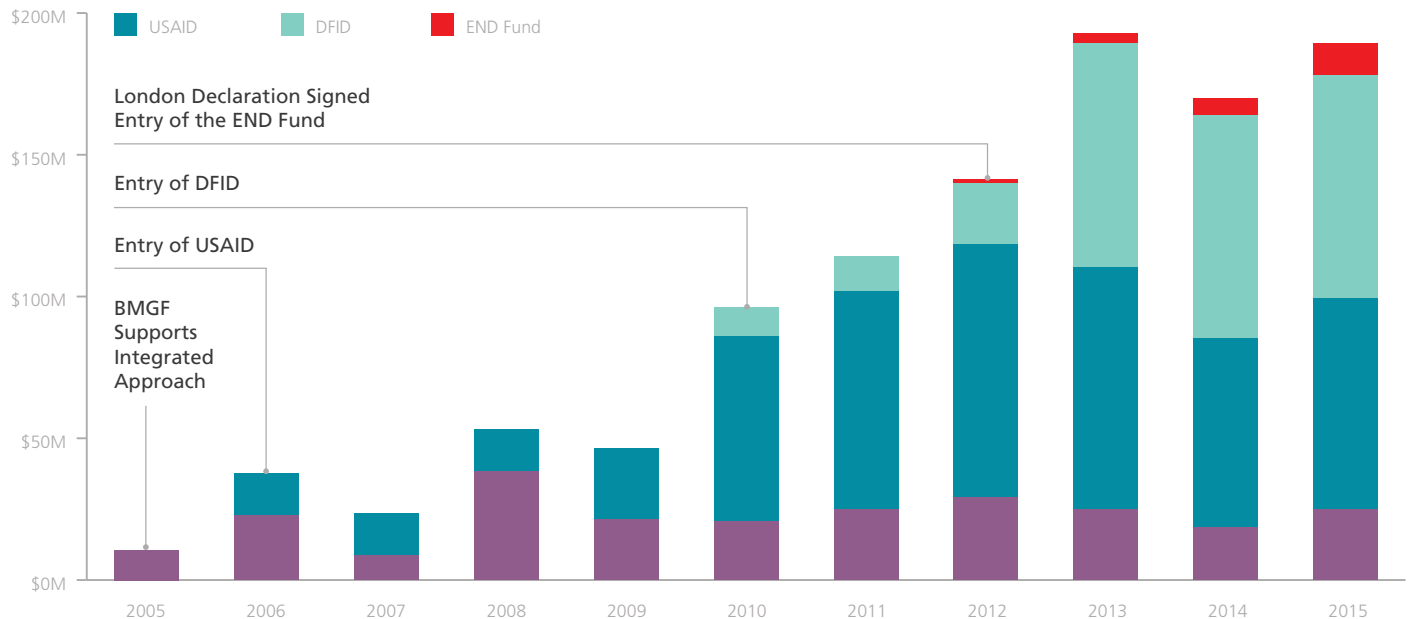
Smallpox eradicated

1987

Albendazole—a GlaxoSmithKline (GSK) drug—is approved for human use.

Merck CEO Roy Vagelos announces the company's commitment to donate Mectizan to treat river blindness for as long as needed. The Mectizan Donation Program (MDP) and the Mectizan Expert Committee were formed. A secretariat is established at the Task Force for Global Health to provide medical, technical and administrative oversight.

GLOBAL INVESTMENT IN THE FIVE PCT DISEASES



Source: 2013; Jacobson, Julie. Bill & Melinda Gates Foundation. "NTD Funding and Philanthropy." Presentation. 24, September 2014. Updated September 2015 by the END Fund.

NTDS IN THE SDGS

The Sustainable Development Goals (SDGs) provide a framework and benchmarks for countries to mobilize efforts to end poverty by 2030. As diseases that are both a cause and effect of poverty, combating NTDs has been included in the SDGs as a way to achieve these goals.



Target 3.3: By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Target 3.8: Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all



Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

1995

The WHO and the World Bank create the African Programme for Onchocerciasis Control (APOC) and provide financial support and coordination in 19 African countries.

1996

WHO-developed SAFE strategy is proposed and adopted.

1997

WHO classifies LF as a disease that can be eliminated.

1998

Pfizer's global donation of Zithromax begins and ITI (International Trachoma Initiative) is established by Pfizer and the Edna McConnell Clark Foundation to aid in the elimination of blinding trachoma.

10-STEP STRATEGY

The END Fund, in collaboration with government partners and non-governmental organizations on the ground, treats 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 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.



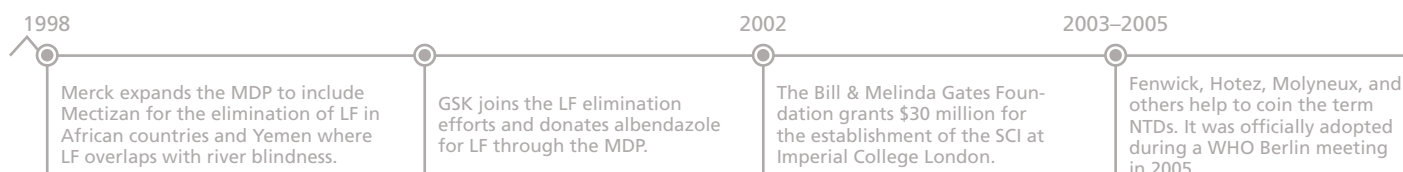
> Identify partners such as corporations, foundations, and individuals to sponsor high-impact neglected tropical disease programs.

> 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.





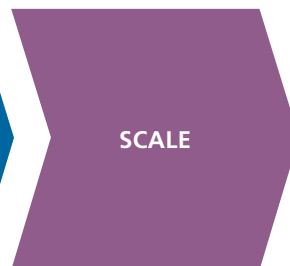
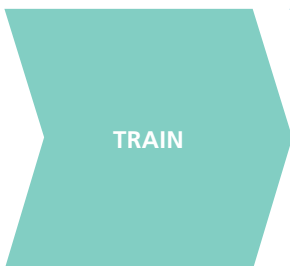
BEST BUY IN EDUCATION

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.

2004

Michael Kremer and Edward Miguel publish "Worms: Identifying Impacts on Education and Health in the Presence of Treatment Externalities," a paper that highlights the long-term economic impact that results from deworming children.

2005

Andrew Jack article "Scientists urge extra focus on 'neglected' African diseases" is published in the *Financial Times*.

2005

Bill & Melinda Gates Foundation begins to invest in integrated approach for NTD control and elimination.



WHAT IS THE END FUND?

The END Fund is a private philanthropic initiative to combat the five most common 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 MDA.

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.

VISION

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

MISSION

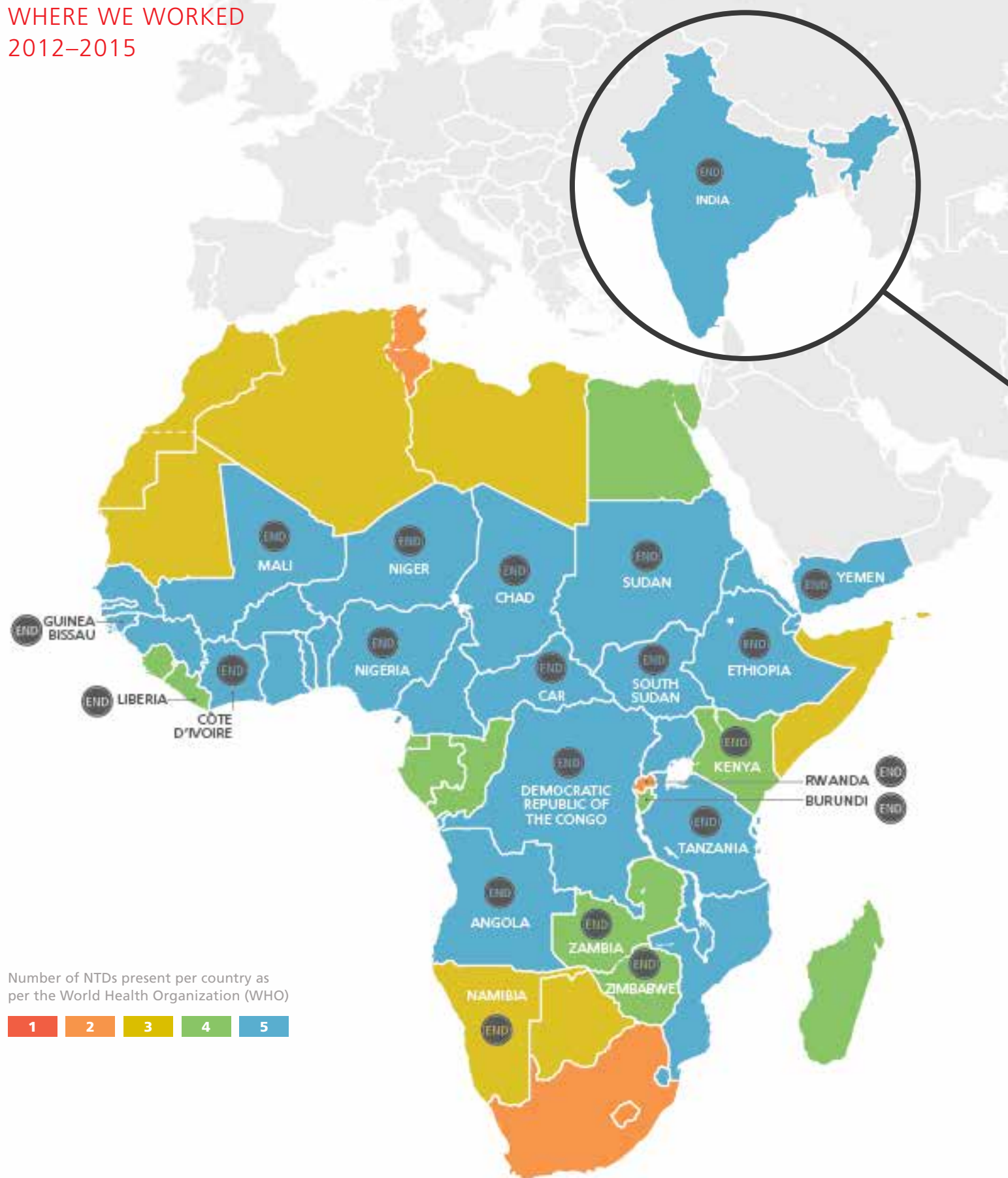
To control and eliminate the most prevalent neglected diseases among the world's poorest and most vulnerable people by 2020.

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.



WHERE WE WORKED
2012–2015



YEARS	COUNTRY	IMPLEMENTING PARTNER	MDA	SURGERY	MAPPING	TRAINING	COMMITMENT
2013-2016	Angola	MENTOR Initiative (MENTOR)	2,871,822		5,300,000	17,271	\$5,948,179
2012-2013	Burundi	CBM	161,884	4		466	\$110,151
2015-2016	CAR	World Health Organization (WHO)	2,300,668			10,239	\$180,000
2015-2016	CAR	OPC	539,842			2,069	\$62,347
2014	Côte d'Ivoire	African Program for Onchocerciasis Control (APOC)	6,175,211			11,009	\$118,378
2015	Côte d'Ivoire	Sightsavers	5,219,091			9,833	\$274,282
2013-2014	DRC	CNTD	0		65,000,000	165	\$371,020
2014-2015	DRC	APOC	4,237,755			44,094	\$1,286,965
2015	DRC	United Front Against River Blindness (UFAR)	603,087			6,829	\$127,017
2015-2016	DRC	Amani Global Works	444,130		266,000	1,319	\$646,639
2013-2014	Ethiopia	CNTD	0		79,000,000	170	\$362,451
2014-2016	Ethiopia	Schistosomiasis Control Initiative (SCI)	18,357,948			36,396	\$1,875,000
2014-2016	Ethiopia	Federal Ministry of Health (FMoH)	17,256,902			53,978	\$3,221,712
2015-2016	Ethiopia	Carter Center	0	6,980		60	\$500,000
2015-2016	Ethiopia Afar	Amref	142,084			105	\$125,070
2015-2016	Guinea Bissau	Sightsavers	0			10	\$10,586
2013-2014	India	Evidence Action - Bihar	17,490,519			65,754	\$180,000
2015-2016	India	Evidence Action - Rajasthan	18,343,289			129,432	\$294,102
2013-2014	Kenya	Evidence Action	598,658		7,900,000	1,448	\$575,571
2015-2016	Kenya	Evidence Action	111,160			631	\$273,045
2013-2015	Liberia	SCI	420,000			1,028	\$78,000
2012-2013	Mali	Helen Keller International (HKI)	9,921,453			19,635	\$783,604
2013-2014	Mali	HKI	12,051,165	190		27,018	\$1,115,864
2014-2015	Mali	Wake Forest School of Medicine	0			62	\$44,812
2015-2016	Mali	HKI		400		28	\$119,880
2015-2016	Multi-Country	World Food Program (WFP)	5,600,000			2,595	\$330,000
2012-2013	Namibia	LATH	18,229		1,157,100	26	\$256,733
2014-2015	Namibia	Synergos	14,972			946	\$337,140
2013	Niger	HKI	29,453			102	\$62,400
2013	Nigeria	Sightsavers	12,820,871			33,895	\$500,000
2015-2016	Nigeria	HKI - Awka Ibom State 3 LGAs	807,912			2,000	\$79,166
2015-2016	Nigeria	HKI - Awka Ibom State	1,100,000			7,233	\$755,779
2015-2016	Nigeria	Amen Health and Empowerment Foundation (Amen)	2,051,879			7,894	\$463,024
2015-2016	Nigeria	Mitosath - Ekiti State	2,680,722			8,150	\$609,669
2015-2016	Nigeria	Mitosath - Ondo State	3,474,417			9,621	\$749,943
2012-2016	Rwanda	SCI	16,922,411		11,460,000	4,674	\$1,381,734
2015-2016	South Sudan	Sightsavers	588,125			4,549	\$555,490
2015-2016	Sudan	Sightsavers	2,000,000			3,414	\$1,400,000
2014-2016	Tanzania	Kilimanjaro Centre for Community Ophthalmology (KCCO)	0	798		0	\$81,147
2015-2016	Tanzania	Ministry of Health	0	414		50	\$54,581
2015-2016	Tanzania	Sightsavers	0	597		177	\$300,000
2013-2014	Yemen	SCI	9,588,024		13,000,000	30,878	\$147,711
2014-2015	Yemen	SCI	7,224,480			25,111	\$243,343
2015-2016	Yemen	SCI	515,839			5,050	\$478,778
2015-2016	Zambia	Filariasis Programme Support Unit	9,038,468			17,615	\$657,461
2012-2013	Zimbabwe	SCI	1,835,016			0	\$32,500
2014-2016	Zimbabwe	Ministry of Health and Child Care (MoHCC)	10,098,472			17,000	\$1,605,649
TOTAL			203,655,958	9,383	183,083,100	620,029	\$29,766,922

END FUND PORTFOLIO

END Fund investments have supported a broad range of partners – including international NGOs (INGOs), local NGOs, MoH, and multi-lateral organizations. Since the END Fund's founding in early 2012 through 2015, we will have invested in NTD control and elimination programs across 22 countries, with 21 different partners, to treat over 200 million MDA beneficiaries, provide disease mapping for over 180 million people, train over 620,000 community health workers (CHWs) and teachers, and provide over 9,000 surgeries to people suffering from advanced stages of trachoma and LF. The numbers are inspiring, and each one tells a story of a specific person's life who has been positively impacted.

But the END Fund was never set up to be only about numbers. The how and why of our investments is always as important as the what. The END Fund was designed to take risks, promote innovation, help scale the work of strong partners as well as expand the field of NTD actors, identify high-leverage investment opportunities, build visionary coalitions of doers and donors, and effectively advocate for NTD treatment as a global health priority.

ENGAGING NEW PARTNERS IN THE FIGHT AGAINST NTDS

It has become clear to the END Fund in our ongoing analysis of the NTD field that additional partners, implementing organizations, and funding sources are needed to adequately address the global burden of disease caused by NTDS. With this in mind, the END Fund has paid special attention to evaluating potential partners who may not currently be engaged in NTD control, but who could play a valuable part in scaling treatment or bringing an innovative perspective to the field. Several investments have been key to this field-building focus of the END Fund.

First, the END Fund chose the MENTOR Initiative as the strategic implementing organization to work within Angola. None of the main NTD implementing organizations were active in Angola and the Angolan Ministry of Health (MoH) did not have capacity, technical expertise, or the strategic leadership needed in order to oversee this program on its own. MENTOR had worked successfully on malaria control programs in Angola for over ten years and had strong relations with the MoH. The END Fund's investment with MENTOR has included substantive technical support and involvement in program design, advocacy and coordination with government partners, and logistical support to achieve

a robust program. It has also allowed MENTOR to join the NTD sector by implementing its first large-scale, integrated NTD program.

Other examples of engaging new players in the NTD space include local, indigenous NGOs such as Amani Global Works, which works in the eastern DRC, and Amen, working in Gombe State in Nigeria. Both of these investments take significantly more technical and program support from the END Fund, but are allowing NTD programs to be built in remote, often neglected, communities and capitalize on the capacities of organizations with deep roots in their local communities. These programs are also often stepping-stones to building broader, well-trained networks of community health workers (CHW).

In the case of Amani Global Works, the END Fund's investment allowed the organization to identify and train a network of 500 community drug distributors to reach the entire population of approximately 250,000 on remote Idjwi Island for the first time.



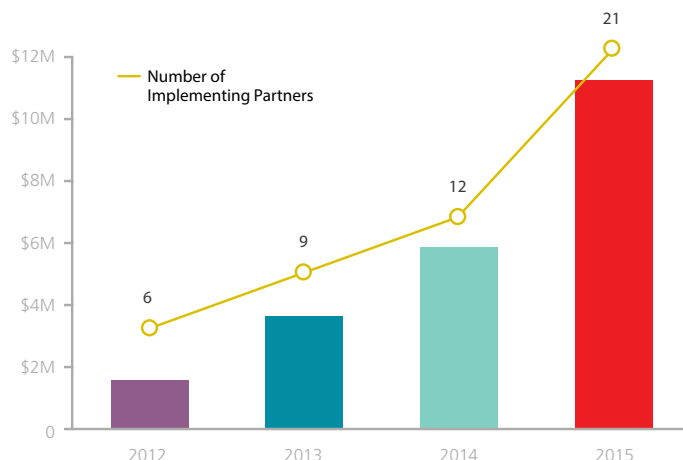
The vision is that this initial identification and training of a network of CHW will be to distribute NTD medicines, but will serve as a platform on which other trainings and distributions can take place (i.e. vitamin A, vaccinations, etc.).

The END Fund has begun sharing the lessons more broadly about how to work with indigenous, community-based NGOs on NTD control. For example, at a recent health summit in Nairobi, Kenya, the END Fund programs team presented to a group of about 30 community-based NGOs on how they might consider including NTD control into their broader efforts and how to connect community-based efforts with national NTD plans. We hope these kinds of exchanges are able to plant seeds for many more organizations to join the collective global NTD movement.

Eight percent of the END Fund's overall 2012-2015 investment portfolio has gone to local, indigenous NGOs, with all of those grants being fairly new and made in 2015.

RESOURCE DISTRIBUTION TO IMPLEMENTING PARTNERS

Now in our fourth year of granting, the END Fund has invested over \$29 million across a diverse portfolio of 21 unique implementing partners aligned with a common vision to see the END.



With their strong network in the communities and previous success in malaria control implementation, MENTOR initiative was a good partner to engage in NTD control efforts in Angola. Through this partnership, large-scale integrated NTD programs that included WASH were possible.



School teachers are trained in NTD control as part of AMEN Foundation's work in Gombe state, Nigeria to treat over 600,000 children for schistosomiasis.

Children Without Worms (CWW) launches supported by Johnson & Johnson and the Task Force for Global Health.

Legatum Foundation invests \$8.9 million to test pilot integrated NTD programs in Burundi and Rwanda in partnership with Geneva Global.

Morocco is the first country to reach trachoma elimination goal.

China is declared to have eliminated LF.

First global partners' meeting on NTDs convened by the WHO.

SUPPORTING COUNTRY LEADERSHIP OF NTD PROGRAMMING

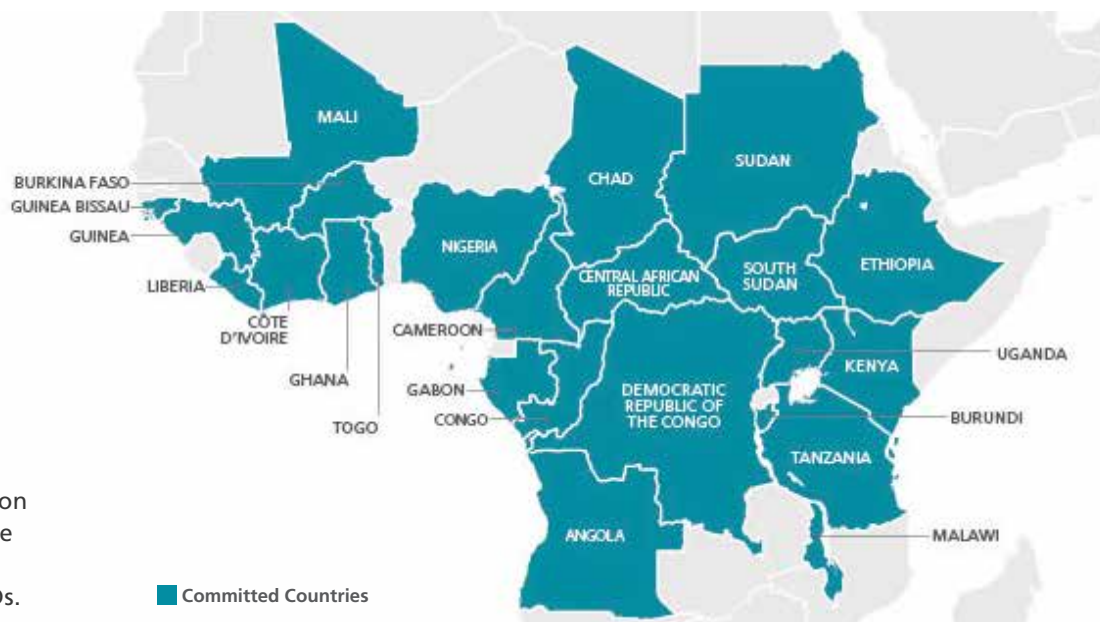
In all of the END Fund grants and programmatic activities, country leadership and engagement is a central pillar of our work. The fastest growing and highest impact progress in the NTD sector is where countries are providing strong leadership, proactively requesting specific support, and spearheading the coordination of multiple donors and partner support for their clearly articulated national plans. Over the past year, we've seen the government of India take the lead on establishing a National Deworming Day, with direct support and direction from the office of the Prime Minister. We've also seen countries like Ghana, Nigeria, and Kenya increase their own national budgets for NTD control, not relying only on external funding to scale up NTD control efforts. In 2015 at the World Health Assembly in Geneva, 26 minister of health reconfirmed their support of the Addis Ababa NTD Commitment; a formal commitment on NTDs, affirming their countries' contributions and to achieving NTD control and elimination targets. In countries that have not benefited from political will, strong leadership, and local financial commitment, NTD programs most often suffer or lag behind.

In the cases of our grants to larger INGOs, we ensure that all work is done in alignment with national NTD plans. Much of the budget of our programs is used to provide training, salaries, incentives, and needed equipment directly to MoH and government CHW to implement NTD programs at scale. Our support often helps to embed additional NTD technical experts within the MoH to work side-by-side with existing staff to add capacity for delivering strong programs.

Increasingly, and where there is strong government leadership and accountability and reporting capacity within the MoH NTD team, the END Fund is granting directly to MoH. In most cases, this has proven to be a cost-effective and high-impact model. We have been able to directly fund additional NTD MoH staff at the federal and regional levels and to ensure that the training of CHW and drug distribution mechanisms are embedded directly into the national health system without relying on complementary systems that are sometimes used

COUNTRY-LED NTD COMMITMENT

In 2014, 24 African ministers of health signed the Addis Ababa commitment, a declaration to committing to increase country leadership and resources to combat NTDs.



USAID's funding to support integrated NTD control commences in five countries - Burkina Faso, Ghana, Mali, Niger, and Uganda.

The open access journal PLOS NTDs is established by founding editor Dr. Peter Hotez.

Johnson & Johnson's begins donation of mebendazole for deworming - Bangladesh, Cameroon, Uganda, and Zambia are the first countries to receive drugs.

Colombia is the first country to stop treatment for river blindness and begin the three-year post-treatment surveillance phase.



Dr. Irene Umulisa of the Rwanda Biomedical Center is a key partner in advancing the control and elimination targets in Rwanda and knows the importance of government commitment.

when NGOs support national plans. So far, this has worked extremely well in Ethiopia and in Zimbabwe, both countries that have strong national NTD leadership. In Rwanda, we have been working through SCI as an implementing partner and are moving forward in the next phase of support to Rwanda with a direct grant to the MoH.

Direct government granting is certainly not the answer for every country, as many countries have specifically requested the technical support and added programmatic capacity that comes through partnership with competent NGOs. But direct government support has been an increasing area of focus for the END Fund as we see key early successes and efficiencies in this component of our portfolio.

About 16 percent of our investments since the END Fund's founding have gone to direct government support.



One of the ways the Government of Yemen leads NTD prevent and control efforts is by disseminating messaging about upcoming activities through public service announcements.

2007

Merck Serono launches the Merck Praziquantel Donation Program.

2008

Korea is declared to have eliminated LF.

SCORE is established at the University of Georgia to answer strategic questions about schistosomiasis control and elimination.

The Copenhagen Consensus brought together a panel of the world's most distinguished economists to evaluate the most cost-effective and efficient methods to advance global welfare. Out of over 30 proposals, the panel found deworming to be one of the top 10 best investments.

FOCUSING ON COUNTRIES WITH THE HIGHEST DISEASE BURDEN



Ethiopia is a prime example of the END Fund model, with a consortium of partners, including the Federal MoH, SCI, Evidence Action, and Children's Investment Fund Foundation (CIFF) coming together in 2015 to treat 16.5 million school-age children for intestinal worms, and a subset of 6.5 million school-age children for schistosomiasis.

In sub-Saharan Africa, the countries with the largest populations suffering from NTDs are the same countries with the highest populations: Ethiopia, Nigeria, and DRC.

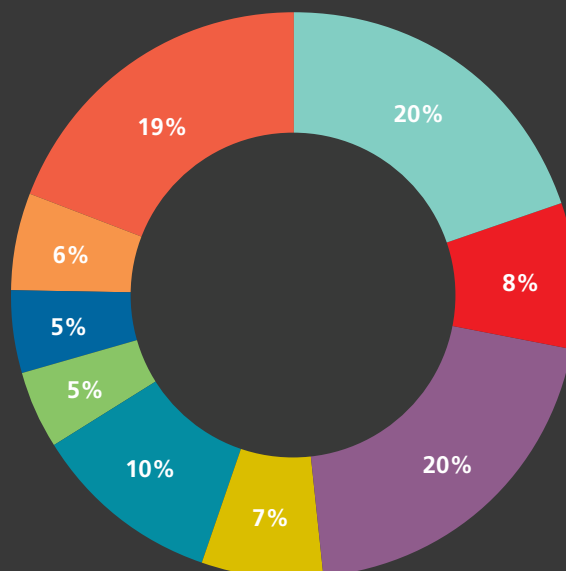
In order to dramatically bend the curve upwards of global treatment for those suffering from or at risk of NTDs, the entire NTD global community has recognized the need to focus efforts on treatment in these high-burden countries. With that goal in mind, the END Fund has actively sought out investments to support NTD control in these countries. Indeed, a significant portion of new granting in 2015 was to partners working in these areas.

For example, in 2015, the END Fund has launched three new partnerships in Nigeria, with HKI, MITOSATH, and Amen. In Ethiopia, we are partnering both directly with the FMOH and SCI and recently completed a partnership agreement with The Carter Center. In DRC, we have had investments with APOC, Amani Global Works, and the United Front Against Riverblindness. There is much more to do in the countries, but the END Fund certainly has responded to the requests of the broader NTD community for special time and emphasis on initiatives in these high-burden countries.

INVESTMENTS BY COUNTRY

Angola	\$5,948,179
DRC	\$2,431,641
Ethiopia	\$6,084,233
Mali	\$2,064,160
Nigeria	\$3,157,580
Rwanda	\$1,381,734
Sudan	\$1,400,000
Zimbabwe	\$1,638,149
Other	\$5,661,246

Other countries where investment was under \$1 million include Burundi, CAR, Côte d'Ivoire, Guinea Bissau, India, Kenya, Liberia, Multi-Country, Namibia, Niger, South Sudan, Tanzania, Yemen, and Zambia.



2009

Three countries—Ghana, Mexico, and Saudi Arabia—report the elimination of trachoma.

Togo conducts the last round of MDA for LF.

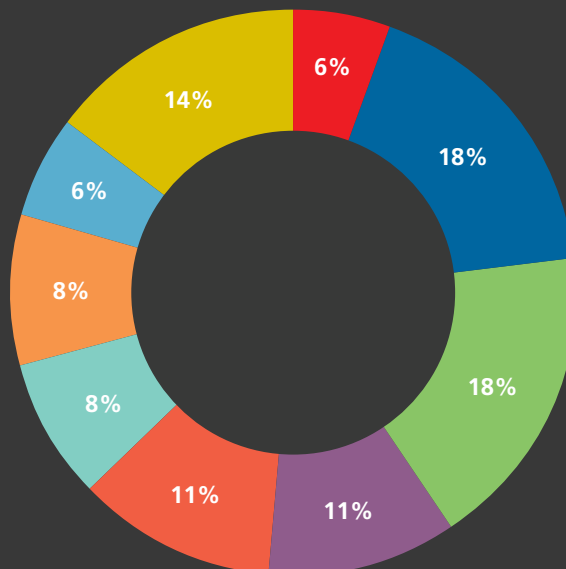
NTD NGDO Network (NNN) is established as a global forum for NGOs working to control NTDs.

Bill & Melinda Gates Foundation awards \$34 million to the GNNTD to attract new sources of private sector funding and strengthen WHO/AFRO.

MDA BENEFICIARIES BY COUNTRY

Côte d'Ivoire	11,394,302
Ethiopia	35,756,934
India	35,833,808
Mali	21,972,618
Nigeria	22,935,801
Rwanda	16,922,411
Yemen	17,328,343
Zimbabwe	11,933,488
Other	29,578,253

Other countries where beneficiary totals are under 10 million include Angola, Burundi, CAR, DRC, Gineau Bissau, Kenya, Liberia, Multi-Country, Namibia, Niger, South Sudan, Sudan, Tanzania, and Zambia. Some programs span multiple countries where beneficiary totals were also under 10 million people.



With all five of the most common NTDs prevalent in Nigeria, the END Fund has supported NTD treatment in this populous nation since 2013. Given this large population, varied geography, and large disease burden, it has become important to invest in diverse partners from large international NGO's to local community-based organizations.



Following disease mapping in 2014 and 2015, DRC continues to see increased attention as a high priority country for the NTD community. In order to achieve treatment goals, the END Fund will continue to seek additional funding and implementing partners.

2010

Launch of the WHO's first report on NTDs "Working to overcome the global impact of neglected tropical diseases."



Launch of thiswormyworld.org - an open-access information resource on the distribution of intestinal worms, schistosomiasis and LF.

2011



Yemen conducts the last round of mass treatment for LF.

2012



Uniting to Combat NTDs London Declaration for NTDs is signed.

SUPPORTING THE TREATMENT OF PEOPLE WHO SUFFER FROM THE MOST ADVANCED STAGES OF NTDS

The END Fund places a significant emphasis on leveraging the generous donations of medicines by pharmaceutical companies—including Johnson & Johnson, GlaxoSmithKline, Pfizer, Merck, and Merck Serono—to scale up global NTD treatment. However, we also recognize that some people have such advanced stages of these diseases that the interventions needed are quite different.

■ For those living with the painful and debilitating effects of advanced stage trachoma, the END Fund has invested in helping to provide surgeries to stop the progression to blindness.

In Tanzania—through grants to Sightsavers and the KCCO — and through supporting The Carter Center in Ethiopia—the END Fund will facilitate thousands of sight-saving surgeries. We have also supported Wake Forest University to develop training mannequins and curriculum to teach more surgeons how to effectively conduct this surgery, which are being piloted in Niger and Mali. In Mali and Tanzania, we

have provided support to conduct hundreds of surgeries to remove hydroceles – a type of elephantiasis which manifests as large, debilitating tumors caused by advanced stages of LF. These surgeries have helped men have more mobility and less pain. We have also aided support groups of people living with elephantiasis in Mali, where they learn proper washing and self-massage techniques to reduce infections and the swelling of advanced lymphedema.

In NTD parlance, these efforts are known as “morbidity management” and involve providing treatment for the advanced stages of these diseases. Global elimination targets for trachoma include providing surgery to the backlog of people in need. Currently, almost 5 million people in Africa are estimated to need this surgery. We have been proud to help with these efforts in a small way. Likewise, we are pleased to see organizations such as USAID increase their funding for morbidity management projects, having recently granted \$50 million over 5 years to HKI to manage funds for these efforts across Africa.



Bani Samake from Mali receiving treatment for advanced LF also known as elephantiasis. Simple hygiene kits like the pail and cloth pictured above are tools to help those like Bani prevent infection and reduce morbidity caused by LF.



In Niger, the use of the Human Eyelid Analogue Device for Surgical Training and Skill Reinforcement in Trachoma (HEADSTART) will help decrease the backlog of trichiasis surgeries by increasing the number of trained surgeons.

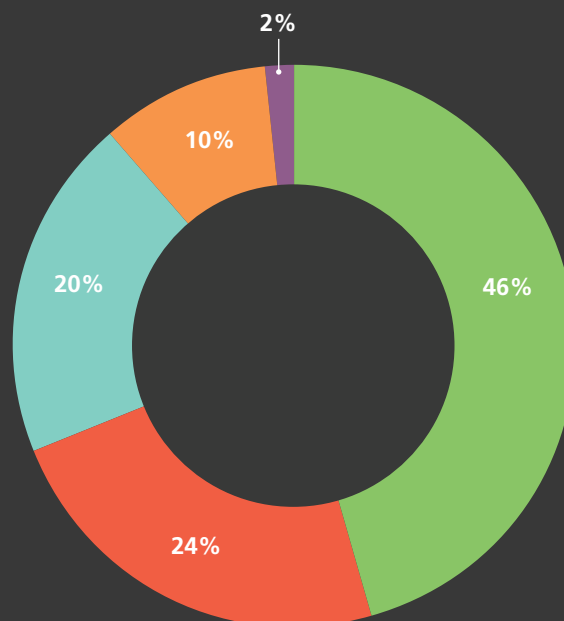


TREATMENTS BY DISEASE

Treatments for intestinal worms and schistosomiasis have been highest in the END Fund portfolio in the past few years.

Intestinal worms	84,377,779
Schistosomiasis	43,517,349
Lymphatic filariasis	36,297,675
River blindness	17,979,881
Trachoma	2,832,783

Treatment refers to the number of times an individual receives the appropriate dosage of drug(s) to treat a particular disease. This does not refer to the number of people treated or the number of pills distributed.

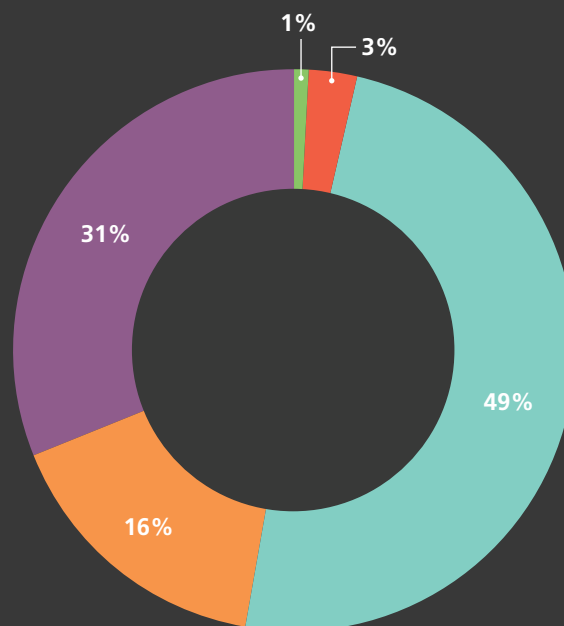


VALUE OF DRUGS DISTRIBUTED BY DISEASE

Each of the diseases the END Fund works to control has recommended treatment frequency and donated treatment drugs. LF treatment requires a course of two donated drugs: ivermectin and albendazole.

Intestinal worms	\$3,330,803.00
Schistosomiasis	\$8,703,469.80
Lymphatic filariasis	\$154,083,630.38
River blindness	\$49,797,955.20
Trachoma	\$97,306,096.05

Certain drugs are used to treat for more than one NTD. The value of these treatments are reflected for each disease they have treated.



2013

END Fund is named one of the five best philanthropic organizations working in Africa by *Barron's Penta Daily*.

2014

Burundi conducts last round of treatment for trachoma and is selected by SCORE to be assessed to move beyond control to elimination of schistosomiasis.

The STH Coalition is launched with a \$120 million pledge by a cross-sectoral group of partners to combat intestinal worms.

The Global Schisto Alliance is launched with the support of Merck KGaA.

Dr. Dirk Engels is appointed as the new WHO NTD Director after Dr. Lorenzo Savioli retires.

ADVOCATING AND PROGRAMMING FOR NTD INTEGRATION WITHIN BROADER HEALTH AND DEVELOPMENT INITIATIVES

As is widely recognized, improved WASH is essential for the reduction of NTDs. Increasingly, the NTD sector has worked to reach out and engage the WASH sector by inviting organizations such as WaterAid to NTD conferences, by cooperating in field programs with organizations specializing in WASH, and by developing protocols for how to better integrate the work between what, operationally, often work as siloed, separate sectors. The END Fund has worked to program and support much-needed concrete examples of how NTD and WASH programming can work hand in hand and to share these examples with the broader NTD and development community. We have been fortunate to have visionary investors who clearly understand these links and who have funded WASH components of our NTD work, which has allowed the END Fund to be innovators and leaders in these efforts.

Teachers and school children are educated on receiving deworming treatment, as well as on how to prevent NTDs through hand washing with soap, using latrines instead of open defecation in fields, and basic information on the life cycle of parasites so that it is clear why children should not swim in infected lakes and rivers.

In addition, the program includes basic repairs of latrines and provision of soap to each school. In Zambia for example, the program focused on clean water and sanitation efforts through an initiative known as community-led total sanitation (CLTS) to support both the facial washing and the environmental improvement factors of the trachoma Surgery, Antibiotics, Facial cleanliness, and Environmental improvement (SAFE) strategy. More broadly, the END Fund works to advocate to MoH and at global health forums the importance of integration of these sectors across all of the countries we work in.

The END Fund has also worked to integrate NTD programming within broader efforts to scale and train CHW. In Ethiopia, for example, the END Fund supported the development of specific training materials on NTDs for the expanding network of Ethiopian Health Extension Workers, part of the national Health Development Army, to ensure

that this broad network of frontline, community-based health workers are armed with knowledge on prevention, identification, and treatment of the most prevalent NTDs. The END Fund is also in discussions with organizations focused on scaling the CHW workforce throughout Africa to assess how we might direct key investments and advocate for inclusion of NTD education and treatment into CHW training across disease-endemic countries.



In addition to MDA, equipping local community members with NTD knowledge and integrating SAFE strategies are essential to long-term prevention and control of NTDs. In Zambia, a community-based initiative focuses on these integrations to address the high prevalence of Trachoma.





Warren Lancaster, END Fund and Jacques Sebisaho, Amani Global Works describing NTDs to community members in Idjwi, DRC.

Gates Annual Letter makes big bet on wiping out polio, guinea worm, elephantiasis, river blindness, and blinding trachoma off the face of the earth by 2030.

Under the leadership of the Ministry of Health and Family Welfare of the Government of India, National Deworming Day was launched, in eleven states on February 10 to treat an initial 140 million pre-school and school-aged children. This was the largest single day of deworming in the world.

Since 2012, 74 ministries of health of NTD-endemic countries have launched their own strategic national NTD plans.

WHO WE ARE

COMMUNITY LEADERS



Julião demonstrates the use of the tippy-tap at the official launch of the WASH training campaign for teachers in the Huambo province.



An educational poster hangs outside of a classroom depicting the proper hygiene practices in school. This is one type of social mobilization that is essential for the success of WASH and the control and prevention of NTDs.

JULIÃO'S STORY

Julião Samutaka has worked for more than 20 years in Caála - a small town in Huambo province, Angola - and is now proudly teaching children age 5-15 at Bumba Flor primary school. In the community where he works and lives, many NTDs are endemic, including intestinal worms. Prior to the Helmsley Charitable Trust, Dubai Cares, MENTOR, and END Fund partnership, students at Bumba Flor had to leave school to use water and latrines. With 89 of the 181 school population being female students this inconvenient and unsanitary environment proved to be a barrier to education and learning, as well as to their health.

The END Fund's partner, MENTOR, held WASH trainings where Julião joined the first group of trainees who received hygiene kits for their community. By introducing and implementing the hygiene kits and knowledge he received, Julião believes that many positive changes have been triggered at the school and in the community. He learned that washing hands with soap, a simple WASH intervention interrupts the transmission of infection.

"We need more water (access) points," Julião shared. "After I attended the WASH training, I have passed the messages to other people in the community and now more people are caring about better sanitation and good personal hygiene practices. This will improve our health status and avoid being sick."

There are still milestones to be reached to motivate the population in implementing good hygiene practices, but according to Julião, all WASH training participants were excited to learn more.

In addition to the training and hygiene kits, the END Fund has also provided investment and knowledge management to other types of interventions. With support from the Helmsley Charitable Trust, over 2,315 schools in three provinces of Angola have received hand-washing facilities and tools to dig pit latrines through an END Fund-MENTOR program.

Julião's community is now rebuilding the latrines and constructing tippy taps - locally made hand-washing stations - for quick access to clean water. By empowering Julião, his community, and removing barriers to good health, positive change becomes possible.



Without access to healthcare on Idjwi Island, Toyota could not get the care she needed and developed elephantiasis, causing lifelong pain and disability.

TOYOTA'S STORY

Toyota Mkisayura, a market vendor, farmer, and single mother of five, lives on Idjwi in the DRC. Idjwi is a remote island that sits between DRC and Rwanda. This seclusion has meant that it has remained peaceful, isolated from most of the political instability that has plagued the region in recent years. However, it also means that it has remained disconnected from the broader health system in the DRC.

For people like Toyota, not having access to health care meant that she did not get the care she needed when she first started feeling discomfort in her legs and feet, which began swelling at age eighteen. Toyota suffers from elephantiasis, a debilitating condition that is caused by diseases like lymphatic filariasis.

Suffering from elephantiasis has put Toyota's livelihood at risk. "Other vendors wanted to chase me from the market. They'd discourage me by saying the flies that land on my sores would also touch the sugar, and this could infect other people," she said, describing the stigma attached to those with her condition.



"My children motivate me. I educate them myself, I'm the one who feeds them, I care for them when they are sick. My children are my joy and treasure."

In spite of this hardship, Toyota's children bring her hope. And thanks to community-based MDA, her children will receive the needed medication to ensure their lives are free of disease and the stigma that their mother has had to endure.



Though there is stigma attached to the disease, she is not ashamed and sells doughnuts and farms in spite of her condition.

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INVESTORS

Since our founding, the END Fund has mobilized over \$50 million 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. This includes Fund Investors, defined as those who entrusted the most nimble investment to us in alignment with our shared vision. These flexible investments have been 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 to enhance capacity and achieve progress. We remain grateful for all the gifts entrusted to us and inspired each day by these commitments.

\$1,000,000+



**Campbell Family
Foundation**



\$100,000+

Anonymous	Global Network for Neglected Tropical Diseases	Alan McCormick & Family*	Trust Zimbabwe	Limited	Vitol Foundation
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\$25,000+

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Reed Baker*	Phil Benson*	Martha Lisa Buckley*			
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Miranda Banks*	Elise Bernhardt*	John Burg*			
	Frederick Berry*				
	Myra Best*				



The END Fund hosted *Dining in the Dark* is a unique and engaging event series that provides an opportunity for participants to experience the loss of sight due to NTDs like trachoma or river blindness. The dynamic event highlights the elimination agenda and coalesces support around a foreseeable end to NTDs as a public health concern.

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Richard Corey*	Fiona Dixon*	Mark Engel*
Rory Costello*	Elizabeth Dobinson*	Carroll English*
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Jenny Davis*	Margaret Dunn*	Brian Fix*
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Wes Davis*	Elly Dupre*	Donn Flores*
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Jodi Delaney*	Rebecca Eastmond*	Melissa Bunch*
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Harry DeVerter*	Wendy Ehst*	Kenneth Fuirst*
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Andrew Dexter	Lyle Einstein*	Susan Fulwiler*
Kaynaaz Dholoo	Vitaliy Elbert*	Alberto Furger*
Sarah Dibble*	Ben Elconin*	Lorien Gabel*
Jamie & Judith Dimon*	Joanna Elliott*	Alexander Gallafent*
Judith Dimon*	Kimberly Elliott*	Anne Gallon*
Benna Dinhofer*	Sarah Elliott*	Paul Gambaccini*
Scott Dinhofer*	Breanna Ellsworth*	Gail & Roger Gangstee*
Dinyar and Aashish Devitre Foundation*	Cynthia Ellsworth*	Peter Gardner*
Caitlyn Dittrich*	Amanda Ely*	Richelle Gardner*
	Felipe Encinales*	



The END Fund is proud to engage various audiences in NTD awareness and steward the conversation for others to join the community in reaching the control and eliminations end goals.

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Pape Gaye*	John Goodman*	Heather Haines*
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We believe giving should be a joyful and transformational experience at all ages that enhances the lives of investors and grantees alike.

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Since 2014, groups of dedicated visionaries, humanitarians, and entrepreneurs have embarked on a challenge to summit Mt. Kilimanjaro with the END Fund and reach the highest point in Africa. By climbing they raise awareness for NTDs and funds for treatment initiatives, and step by deliberate step, show what is possible with teamwork and commitment.



Through diverse and dynamic partnerships and events, including with the African Philanthropy Forum (APF), the END Fund is able to expand its network of influencers and create opportunities for collaboration. APF, an affiliate of the Global Philanthropy Forum, is a learning community of Africa's strategic philanthropists and social investors.

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* 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.



During "The Art (and Science) of Collaboration in Global Health" in London, partners come together to discuss ways to work together to combat NTDs.



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.”



CHRISTINE MORSE

CHIEF EXECUTIVE OFFICER, MARGARET A. CARGILL FOUNDATION

“Investing in a partnership with the END Fund to work on neglected tropical diseases has been a good fit for the Margaret A. Cargill Foundation. These simple yet effective interventions relieve people’s suffering and enhance their quality of life, and we hope others will join us in this effort.”



SHEIK KHALED JUFFALI

CO-CHAIR OF THE SHEFA FUND, JEDDAH, SAUDI ARABIA

“We at the Shefa Fund have been proud and honored to support the END Fund in the treatment of millions of children suffering from neglected tropical diseases in Ethiopia. Each child matters infinitely, no matter where they live and what their life circumstances. As is said in the Quraan, ‘Whoever saves one life, it is as if he had saved mankind entirely.’ We look forward to continuing to partner to work with the END Fund to improve and save lives and engage even more philanthropists in the Middle East in this important cause.”

TECHNICAL ADVISORY COUNCIL



PETER J. HOTEZ, MD, PHD

Chair, The END Fund Technical Advisory Council; 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 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."

IMPLEMENTING PARTNERS



END Fund and African Programme for Onchocerciasis Control partnered in Côte d'Ivoire and DRC.



END Fund and CBM partnered in Burundi.



END Fund and The Kilimanjaro Centre for Community Ophthalmology (KCCO) partnered in Tanzania.



END Fund and Amani Global Works partnered in the DRC.



END Fund and Evidence Action partnered in Kenya and India.



END Fund and Liverpool School of Tropical Medicine (LSTM) partnered in the DRC, Ethiopia, and Zambia.



END Fund and Amen Healthcare and Empowerment (Amen) partnered in Nigeria.



END Fund and Federal Ministry of Health of Ethiopia (FMoH) partnered in Ethiopia.



END Fund and The Mentor Initiative (MENTOR) partnered in Angola.



END Fund and AMREF partnered in Ethiopia.



END Fund and HEAD START; Wake Forest University partnered in Mali.



END Fund and the Ministry of Health and Child Care (MoHCC) of Zimbabwe partnered in Zimbabwe.



END Fund and The Carter Center partnered in Ethiopia.



END Fund and Helen Keller International (HKI) partnered in Mali, Niger, and Nigeria.



END Fund and MITOSATH partnered in Nigeria.



END Fund and Onchocerciasis Control Program partnered in Central African Republic.



END Fund and Synergos partnered in Namibia.



END Fund and the World Health Organization partnered in Central African Republic.



END Fund and The Schistosomiasis Control Initiative (SCI) partnered in Ethiopia, Liberia, and Rwanda.



END Fund and The World Food Programme (WFP) partnered in Chad, Côte d'Ivoire, DRC, South Sudan, Sudan, and Zambia.



END Fund and Sightsavers partnered in Côte d'Ivoire, Guinea Bissau, Nigeria, South Sudan, Sudan, and Tanzania.

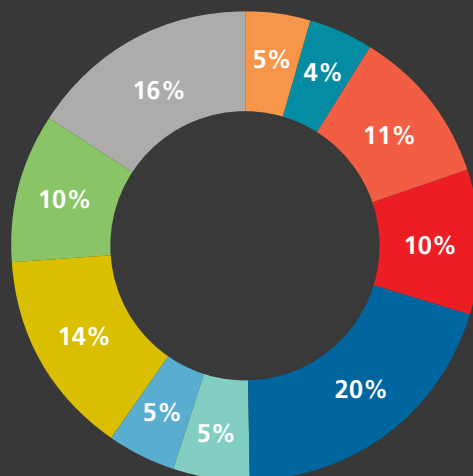


END Fund and United Front Against Riverblindness (UFAR) partnered in DRC.

DISBURSEMENT TO IMPLEMENTING PARTNERS

APOC	\$1,405,343
Evidence Action	\$1,322,718
Ethiopia FMOH	\$3,221,712
HKI	\$2,916,693
MENTOR Initiative	\$5,948,179
Zimbabwe MoHCC	\$1,605,649
Mitosath	\$1,359,611
SCI	\$4,237,066
Sightsavers	\$3,040,358
Other	\$4,709,593

In addition to these partners where we invested more than \$1million, we invested over \$4 million in 12 implementing partners.





DR. FRANCISCA OLAMIJU

EXECUTIVE DIRECTOR, MITOSATH

"The MITOSATH-END Fund partnership is very unique, because the END Fund invests in local NGOs - they see local NGOs as people they need to work with to build in-country capacity. It is also unique in that the END Fund does more than provide funding, they engage with you from the proposal stage to implementation and program design. The effort they put into training and providing feedback is very helpful for us to continue to grow and improve. We look forward to more partnership and expansion and we are really grateful for the support."



LISA ROTONDO

DIRECTOR, USAID ENVISION PROJECT; CHAIR, NTD NGDO NETWORK (NNN)

"Combating NTDs requires diligence, a collaborative spirit, and innovation. The END Fund has shown these qualities and proven to be a creative and committed partner in the NTD community as we all work towards controlling, and in some instances, eliminating, the terrible burden of these diseases."



DR. MAGDA ROBALO

DIRECTOR, COMMUNICABLE DISEASES CLUSTER, WHO REGIONAL OFFICE FOR AFRICA

"NTDs constrain human, economic and social development in least advanced nations of the world. These diseases undermine the ability of individuals and communities to lift themselves out of a nearly perpetual cycle of disease and poverty. The END Fund has been an instrumental partner in combating this by providing an innovative approach to deliver interventions and cost-effective medicines and tools."

FINANCIAL SUMMARY

JANUARY 1, 2015-DECEMBER 31, 2015

Consolidated Statement of Activities

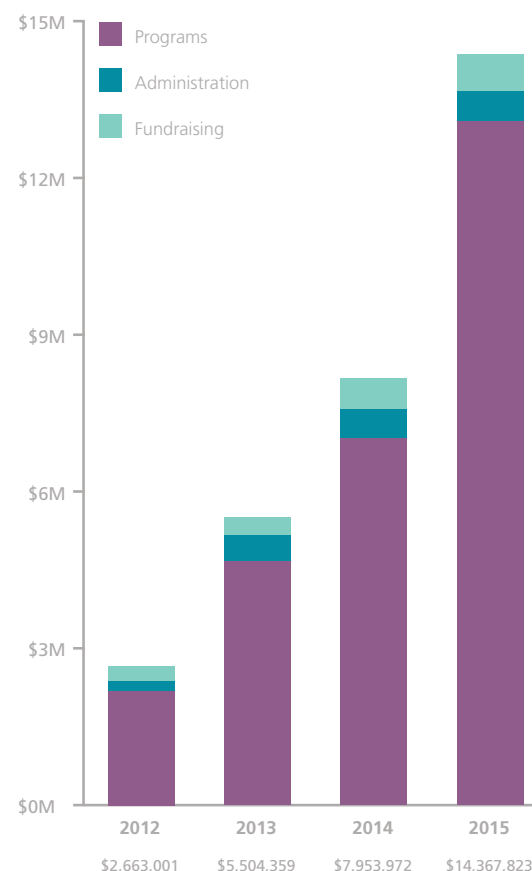
SUPPORT AND REVENUE	US Entity	UK Entity	Total
Contributions	\$13,727,944	\$1,570,106	\$15,298,050
EXPENSES	US Entity	UK Entity	Total
Program Services	\$12,182,464	\$896,321	\$13,078,785
Management and General	\$573,929	\$14,837	\$588,766
Fundraising	\$700,272	-	\$700,272
Total Expenses	\$13,456,665	\$911,158	\$14,367,823
Changes in Net Assets	\$271,279	\$658,948	\$930,227

Consolidated Statement of Financial Position

ASSETS	US Entity	UK Entity	Total
Cash	\$5,770,223	\$730,099	\$6,500,322
Pledges Receivable, Current Portion	\$11,849,344	\$465,000	\$12,314,344
Prepaid Expenses	\$43,941	\$1,969	\$45,910
Total Current Assets	\$17,663,508	\$1,197,068	\$18,860,576
Other Assets	\$7,883,341	-	\$7,883,341
Total Assets	\$25,546,849	\$1,197,068	\$26,743,917

LIABILITIES AND NET ASSETS	US Entity	UK Entity	Total
Accounts Payable	\$83,771	\$73,120	\$156,891
Deferred Revenue	-	\$465,000	\$465,000
Net Assets: Unrestricted	\$1,445,522	\$15,715	\$1,461,237
Net Assets: Temporarily Restricted	\$24,017,556	\$643,233	\$24,660,789
Total Net Assets	\$25,463,078	\$658,948	\$26,122,026
Total Liabilities and Net Assets	\$25,546,849	\$1,197,068	\$26,743,917

Cumulative Expense Growth



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).

DEDICATED TEAM



ELLEN AGLER
Chief Executive Officer



ELISA BARING
Director, Special Projects



CARLIE CONGDON
Associate Director, Programs



CECILIA DOUGHERTY
Associate Director, Operations



YAYNE HAILU
Associate, External Relations



HEATHER HAINES
Director, External Relations



KIMBERLY KAMARA
Director, Programs



KATE KELLY
Executive Assistant



WARREN LANCASTER
Senior Vice President, Programs



FRANK LEI
Associate Director,
Finance & Operations



SARAH MARCHAL MURRAY
Chief Operating Officer



KATIE DOUGLAS MARTEL
Partnership Officer,
External Relations



KAREN PALACIO
Director, Programs



JAMES PORTER
Associate Director,
External Relations



JAMIE TALLANT
Director, Programs



ABBEY TURTIMEN
Associate, External Relations

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 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



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