

# Annual Report 2018

THE **END** FUND



## MISSION

*Control and eliminate the most prevalent neglected diseases among the world's poorest and most vulnerable people.*

## VISION


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



*The END Fund is grateful for all of our investors and partners without whom the success achieved in 2018 would not be possible.*

*For a list of our investors and partners visit*

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

A young girl with short-cropped hair, wearing a blue school uniform with a white collar, is looking off to the side with a thoughtful expression. Other children in similar uniforms are visible in the background, slightly out of focus.

*“It was good because it helped us understand what the teacher was telling us. When that medicine did not come before, sometimes our stomach was hurting in class when the teacher was teaching. After taking that medicine it became good, so it helped us in our bodies.”* —Valentiyne

We first met Valentiyne in 2013 at her school in Bungoma County, Kenya where the END Fund has a long standing school-based deworming program. We met with her again after five years of receiving annual treatment for intestinal worms. She is healthy, happy, and in school with dreams of becoming a doctor so that she can help her community when they are sick.

The negative health and economic effects of intestinal worms and schistosomiasis

affect more than 1.5 billion and 220 million people worldwide respectively and can cause stunted growth, impaired cognitive development, malnutrition, anemia, and disrupt school attendance in children. Much of this results in unrealized potential, leaving communities in a cycle of poverty. Deworming programs aim to tackle these issues and support children like Valentiyne and their communities to achieve a reality without neglected tropical diseases (NTDs).



## ANCHOR INVESTORS\* 2018

We remain grateful for the confidence and trust placed in us, with over 941 donors contributing to the END Fund throughout 2018. Donations came from around the world including Israel, South Korea, Portugal, Russia, India, United Arab Emirates, and Nigeria to name a few, which shows the increase of awareness about the END Fund's work around the world. We value our anchor investors who provided support with multi-year gifts, which are critical for the sustainability of the END Fund's long-term projects.

For a list of our investors and partners over the life of the END Fund, visit [end.org/partners](https://end.org/partners)

BILL & MELINDA  
GATES foundation

THE LEONA M. AND HARRY B.  
HELMSLEY  
CHARITABLE TRUST



the  
ELMA  
foundation



Good Ventures

Margaret A. Cargill  
PHILANTHROPIES

CHILDREN'S  
INVESTMENT FUND  
FOUNDATION



دبي العطاء  
Dubai Cares

Campbell Family  
Foundation

Shefa Fund

DELTA PHILANTHROPIES

\*Our 2018 Anchor Investors are those whose contributions of \$1 million or more were active during the year.

\*\*We would like to highlight an overstatement in the announcement of drugs distributed by END Fund programs in the 2018 financial year. In a prior version of this 2018 Annual Report, we indicated that we had surpassed \$1 billion worth of treatments delivered. A change in methodology brings the amount to \$740 million. We are pleased to announce that we have officially surpassed the \$1 billion mark, with the aggregate total value of drugs distributed by END Fund programs amounting to \$1.08 billion by December 2019.

# A Note from the CEO & Board Chair

*Dear END Fund Partners & Supporters,*

*2018 was a true landmark year for the END Fund. We saw more treatments delivered than any year prior and surpassed \$740 million worth of treatments delivered since our founding in 2012.\*\* In Kenya, we rolled out a groundbreaking triple-drug therapy to treat lymphatic filariasis (LF), while in South Africa we helped elevate NTDs to the global stage in celebration of Nelson Mandela's legacy. Across 27 countries, we trained almost 750,000 health workers to deliver treatments and educate communities on prevention. As we continue to grow in the fight against NTDs, your support means more than ever and we look forward to sharing more success with you in the year ahead.*

*Sincerely,*

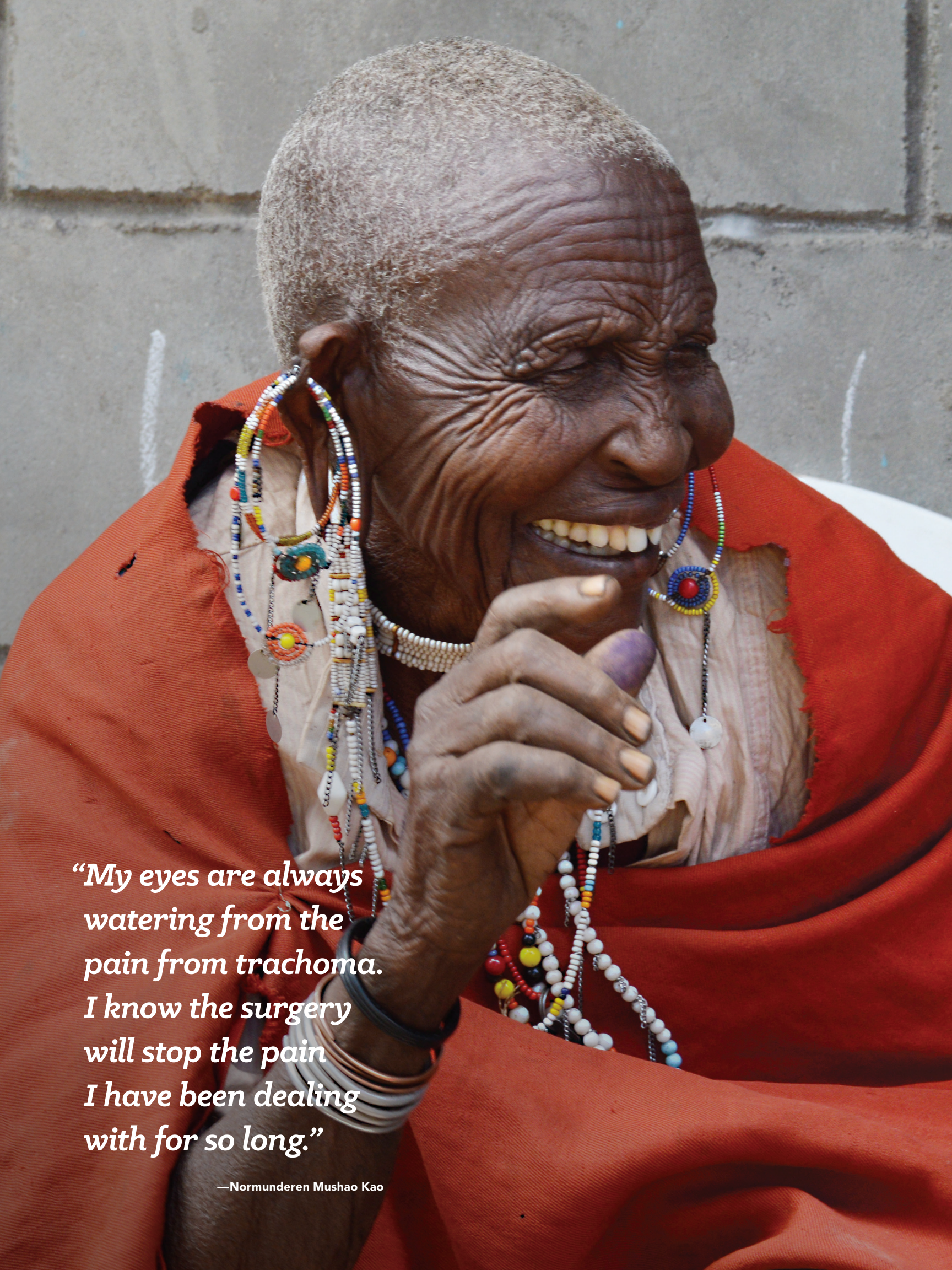


**William Campbell**  
Chair, The END Fund Board of Directors  
President, Sanoch Management



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

A handwritten signature in black ink, appearing to read 'W. Campbell'.A handwritten signature in black ink, appearing to read 'Ellen Agler'.



*“My eyes are always  
watering from the  
pain from trachoma.  
I know the surgery  
will stop the pain  
I have been dealing  
with for so long.”*

—Normunderen Mushao Kao

# Normunderen Mushao Kao is an 80 year old Masaai woman in Kilimanjaro, Tanzania who was living with the symptoms of trichiasis

Trichiasis is a painful result of trachoma that, if left untreated, causes a person's eyelids to turn inward, making their eyelashes continuously scratch their cornea and eventually leads to irreversible blindness. At times, the unbearable pain can drive those suffering from trichiasis to pull out their own lashes. While 1.9 million people worldwide are blinded by trachoma, for millions more with advanced stages of the disease, a simple surgery can prevent the loss of sight.

For more than 10 years, Normunderen had endured the excruciating pain caused by this preventable and treatable NTD. When she learned about trachoma from

a health screening in her community, she decided it was time to get the surgery. On a sunny day in July, Normunderen joined five other men and women at Kilari primary school as they waited to receive the trichiasis surgery. Through an END Fund-supported program in partnership with the Tanzanian Ministry of Health and implementing partner Kilimanjaro Centre for Community Ophthalmology (KCCO), the 20-minute surgery was performed by a trained ophthalmologic nurse, helping Normunderen and others live free from the pain of trachoma.

# Where We Invested in 2018

27

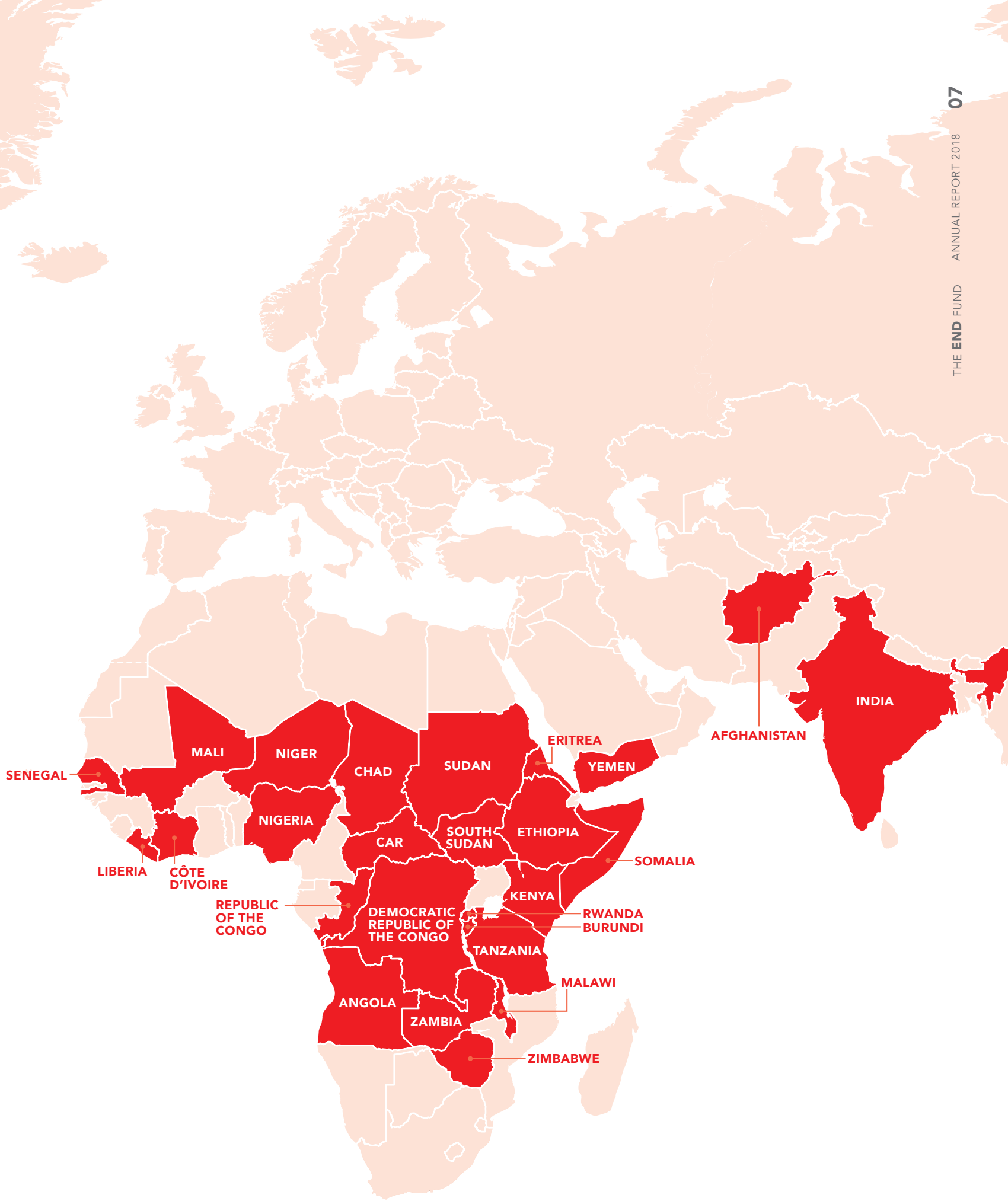
COUNTRIES

*“The END Fund is always alert for opportunities that can accelerate progress toward ending NTDs.”*

*We have expanded into the Americas to support Guyana’s introduction of a recently approved triple-drug therapy for LF. It is proven to significantly shorten the horizon to elimination of the disease. We have also expanded our trachoma elimination work in Ethiopia with the goal of supporting over 90,000 trichiastis surgeries.”*

—Warren Lancaster, Senior Vice President, Programs

GUYANA



# 2018 Impact Highlights

*The END Fund  
Surpassed Delivery of*

# \$740M

**WORTH OF DRUGS**  
2012-2018\*\*

In collaboration with our implementing partners, END Fund-supported programs delivered more than \$740 million worth of donated medicines to beat NTDs since our founding in 2012.\*\* Pharmaceutical companies—GlaxoSmithKline, Johnson & Johnson, Merck, Pfizer, Merck Serono, and Eisai—have generously donated almost all of the drugs needed to treat hundreds of millions of people affected by the five most prevalent NTDs.

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# 747,192

HEALTH WORKERS TRAINED

VALUE OF TREATMENTS

# \$218.5M\*\*

# 1,813

SURGERIES  
PERFORMED

NUMBER OF TREATMENTS  
DISTRIBUTED

# 220.3 M

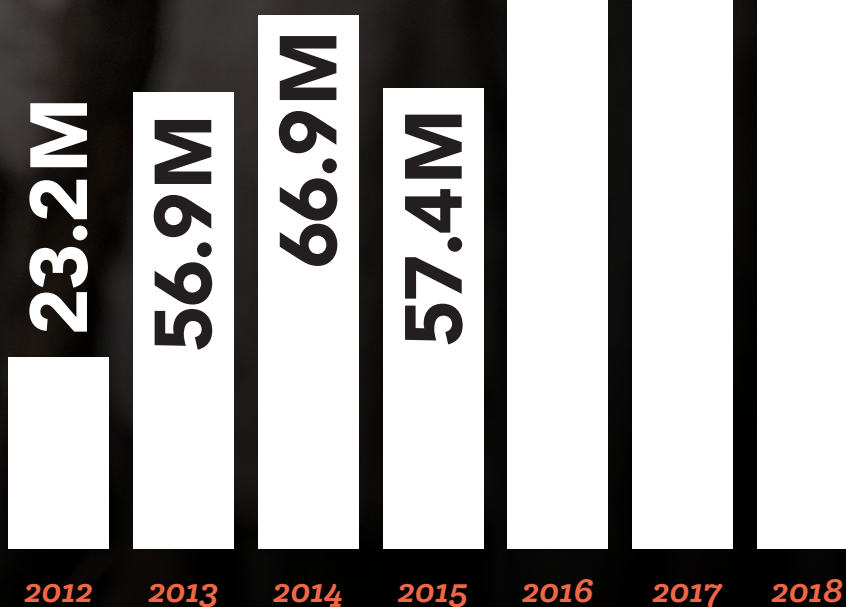
# 134 M

PEOPLE TREATED

NUMBER OF  
IMPLEMENTING  
PARTNERS

# 26

TREATMENTS  
BY YEAR



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A photograph of a man and a woman in a doorway. The man, on the left, is smiling and looking towards the camera. He is wearing a dark, short-sleeved button-down shirt. The woman, on the right, is looking off to the side with a serious expression. She is wearing a colorful patterned top. The doorway has a wooden frame and a white wall with a green and yellow painted section. A person wearing a red and black patterned headscarf is partially visible in the foreground on the right.

## **KENYA LAUNCHED AFRICA'S FIRST TRIPLE-DRUG TREATMENT FOR LF**

In November of 2018, the first IDA treatment program in Africa was launched as a key step towards achieving elimination of LF in Kenya. Named for the initials of the three-drug combination—ivermectin, diethylcarbamazine citrate, and albendazole—IDA treatment is a new therapy with the potential to reduce the time to treat and break transmission of LF from five years to only two years. In a tremendous effort led by the Kenyan Ministry of Health and supported by a consortium of local and international partners, it was piloted in three key areas along the coast.

The new approach will have significant implications for the improved health of communities and contribute to the strengthening of health systems in Kenya. With a shortened timeframe for treatment, the population that receives IDA treatment will have a reduced LF burden and trained health workers will have more time and resources to focus on other health issues. In the future, this could support efforts to achieve universal health coverage in Kenya, and offer guidance to other countries eligible for IDA treatment.

The END Fund was proud to be a part of the consortium of partners that supported the Ministry of Health in achieving this historic moment in 2018 as the first country in Africa, and only the second in the world.



## REACHING THE LAST MILE FUND

In 2018 we commenced one of the most ambitious projects we have undertaken—to completely eliminate river blindness and LF from seven countries in Africa and the Middle East in a 10 year period—in an initiative led by His Highness Sheikh Mohamed bin Zayed Al Nahyan, the Crown Prince of Abu Dhabi. This past year these Reaching the Last Mile Fund (RLMF) programs focused on financing treatment, disease assessment, and mobilizing country Ministers of Health, WHO Country Representatives, and national NTD team members in the various health ministries. By year end, we had started work in all seven countries, of which six—Chad, Ethiopia, Senegal, Mali, Niger, and Yemen—and one key cross-border area in South Sudan, began programmatic work. Some examples of these activities include:

**Niger** – We supported epidemiological surveys to evaluate if river blindness was still being transmitted from black flies to humans in Boboye and Say districts. Blood samples were collected for analysis from over 6,000 children between the ages of five and nine. The results from these surveys will help Niger validate the decision to stop mass drug administration (MDA) for river blindness if they are negative and bring the country one step closer towards the elimination of this disease.



**Ethiopia** – The RLMF program supported MDA activities in 20 districts in Ethiopia with the goal of delivering 2.6 million treatments for both river blindness and LF. In addition, the program also supported coverage surveys for river blindness to investigate if the target populations were being reached in cross-border special intervention zones. These are areas where NTDs are prevalent that cross international borders with Sudan and South Sudan. Coordination of activities in these areas are key to Ethiopia's success, as disease transmission will spread beyond geographical boundaries.

# Transformative Partnerships

Our work to accelerate progress towards ending NTDs relies on the knowledge, expertise, and dedication of our in-country partners, consultants, and stakeholders. Their drive to sustainably reach the control and elimination of these diseases is crucial to the goal that we collectively want to achieve.

*“Any program, for it to succeed, needs strong community participation and even contribution. If they know this problem [of NTDs] affects them, they should be in the forefront. When you look at the community drug distributors, they are part of the system to reach elimination and they are motivated.”*

—Atman Dumila, NTD Coordinator,  
Lamu County Public Health Office





**S**tanding on the bank of the fast-flowing Gambia River in Senegal, Daniel Boakye observed fly collectors as they waited for flies to land. Stationed at the breeding site, the collectors' job was to capture each one of the small black flies into a glass tube. They would then be sent to the lab to be tested for the presence of the parasite that causes river blindness - a disease that can lead to blindness and painful skin infections for the 205 million people worldwide who are at risk.
































Daniel saw a fly collector using one tube per fly and stepped in to show him how to transfer multiple flies into a single tube. It was important to preserve the limited vials that were needed to collect the required 6,000 flies per breeding site. He held one fly-filled tube up to the sun, then held another one against it so the openings were touching and watched as the fly in one tube flew into the other towards the light. Daniel quickly capped it and handed it back to the fly catcher, signaling him to continue the crucial work they were all involved in.

This is only one step in the complicated process of reaching the last mile for river

blindness. For years the goal was to control the disease as a public health problem, but that goal has since been moved to elimination. With this shift comes the need for monitoring and evaluation. We need to know exactly where each country stands on the road to elimination, where the disease might still exist, and where it is completely absent.

That's where Daniel, a medical entomologist and END Fund partner on our RLMF programs, comes in. With the NTD community's goal to reach the end of river blindness, his decades of experience dealing with insects like the black fly is important, and even he admits there aren't many people left with his level of expertise in the technical aspects of river blindness elimination. From locating fly breeding sites and finding larvae living on vegetation, to being able to sort through and screen the insects in a lab, Daniel has done it all. And though he continues to play a crucial role in eliminating this preventable disease, he realizes that the next generation of experts will be vital to finish the job.

## PORTFOLIO OF INVESTMENTS 2018

Country	Implementing Partners	Diseases	Beneficiaries	Treatments Distributed	Surgeries Provided	Health Workers Trained	Value of Treatments	Disbursements Granted
Afghanistan	World Food Programme		4,926,193	4,926,193	0	33	\$221,678.69	\$221,323.00
Angola	The MENTOR Initiative		2,550,339	4,393,450	0	9,113	\$2,555,915.96	\$1,346,869.22
Burundi	CBM		0	0	0	0	N/A	\$95,921.60
CAR	CBM Organisation pour la Prévention de la Cécité	 	2,137,256	2,893,979	0	8,218	\$45,424,817.85	\$129,559.00
Chad	Organisation pour la Prévention de la Cécité		4,856,864	10,433,458	0	5,902	\$32,602,669.30	\$402,367.01
Congo-Brazzaville	Organisation pour la Prévention de la Cécité		896,567	971,433	0	23,157	\$55,318.72	\$282,497.95
Côte D'Ivoire	Sightsavers World Food Programme		4,710,042	9,018,507	0	8,387	\$27,770,786.99	\$831,789.40
DRC	CBM United Front Against River Blindness		20,905,933	45,404,061	0	177,128	\$162,175,302.95	\$2,916,216.05
Eritrea	The Fred Hollows Foundation		143,986	143,986	0	190	\$28,797.20	\$652,849.17
Ethiopia	AMREF Health Africa The Carter Center Ethiopia Federal Ministry of Health Fred Hollows Foundation Orbis International	 	18,188,490	36,295,879	0	172,031	\$18,366,203.14	\$4,993,417.38
Guyana	Pan American Health Organization		0	0	0	0	N/A	\$500,000.00
India	Evidence Action		21,204,139	21,204,139	0	154,458	\$954,186.27	\$188,211.75
Kenya	Evidence Action		10,390,577	10,942,983	330	30,970	\$16,193,812.57	\$1,716,846.81
Liberia	Schistosomiasis Control Initiative		900,303	900,303	0	6,430	\$180,060.60	N/A
Malawi	Ministry of Health Malawi		0	0	0	0	N/A	\$5,099.00
Mali	Helen Keller International		0	0	482	26	N/A	\$499,455.11
Niger	Helen Keller International		0	0	0	0	N/A	\$56,759.00
Nigeria	Amen Health and Empowerment Foundation CBM Helen Keller International Mission to Save the Helpless	 	17,515,704	35,439,088	116	64,088	\$97,069,967.35	\$1,899,949.44
Rwanda	Rwanda Biomedical Center		5,207,999	11,358,079	0	43,774	\$725,357.58	\$686,290.81
Senegal	Research Triangle Institute dba RTI International Le Ministère de la Santé et de l'Action Sociale du Senegal		1,038,019	1,841,420	0	3,565	\$5,142,088.77	\$609,039.67
Somalia	World Health Organization		1,697,936	2,931,557	0	624	\$330,772.03	\$223,288.00
South Sudan	CBM The MENTOR Initiative Republic of Sudan Federal Ministry of Health		756,828	756,828	0	6,864	\$3,178,677.60	\$515,292.89
Tanzania	Sightsavers Kilimanjaro Centre for Community Ophthalmology Ministry of Health, Community Development, Gender, Elderly and Children	 	0	0	885	111	N/A	\$217,385.86
Yemen	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)		4,232,789	8,495,363	0	16,054	\$3,283,841.12	\$935,000.00
Zambia	Centre for Neglected Tropical Diseases (CNTD)		10,988,195	10,988,195	0	16,069	\$494,468.78	N/A
Zimbabwe	Ministry of Health and Childcare of Zimbabwe	 	759,534	947,726	0	0	\$15,392,840.14	\$236,840.28
<b>TOTAL</b>			<b>134,007,693</b>	<b>220,286,627</b>	<b>1,813</b>	<b>747,192</b>	<b>\$432,147,563.61</b>	<b>\$20,162,268.40</b>

 Intestinal Worms

 Schistosomiasis

 Lymphatic Filariasis

 River Blindness

 Trachoma

## FINANCIAL SUMMARY 2018

### Consolidated Statement of Activities

SUPPORT AND REVENUE	US	UK	Total
Contributions	\$28,890,030	\$619,942	\$29,509,972
Investment Income	\$2,086	-	\$2,086
<b>Total Support and Revenue</b>	<b>\$28,892,116</b>	<b>\$619,942</b>	<b>\$29,512,058</b>
EXPENSES	US	UK	Total
Program Services	\$23,746,778	\$357,957	\$24,104,735
Management and General	\$1,542,780	\$57,012	\$1,599,792
Fundraising	\$1,511,705	\$8,568	\$1,520,273
<b>Total Expenses</b>	<b>\$26,801,263</b>	<b>\$423,537</b>	<b>\$27,224,800</b>
<b>Changes in Net Assets</b>	<b>\$2,090,853</b>	<b>\$196,405</b>	<b>\$2,287,258</b>

### Consolidated Statement of Financial Position as of December 31, 2018

ASSETS	US	UK	Total
Cash	\$11,609,521	\$138,600	\$11,748,121
Pledges Receivable, Current Portion	\$9,194,255	\$300,000	\$9,494,255
Accounts Receivable	\$50,714	-	\$50,714
Prepaid Expenses	\$114,046	\$2,035	\$116,081
Short-Term Investments	\$3,281,241	-	\$3,281,241
<b>Total Current Assets</b>	<b>\$24,249,777</b>	<b>\$440,635</b>	<b>\$24,690,412</b>
Fixed Assets	\$203,932	-	\$203,932
Pledges Receivable, Net of Current Portion	\$7,079,135	-	\$7,079,135
<b>Total Assets</b>	<b>\$31,532,844</b>	<b>\$440,635</b>	<b>\$31,973,479</b>
LIABILITIES	US	UK	Total
Accounts Payable	\$116,855	\$59,136	\$175,991
Deferred Revenue	\$10,000	-	\$10,000
Deferred Rent	\$172,067	-	\$172,067
<b>Total Liabilities</b>	<b>\$298,922</b>	<b>\$59,136</b>	<b>\$358,058</b>
NET ASSETS	US	UK	Total
Net Assets: Without Donor Restrictions	\$2,539,211	\$1,082	\$2,540,293
Net Assets: With Donor Restrictions	\$28,694,711	\$380,417	\$29,075,128
<b>Total Net Assets</b>	<b>\$31,233,922</b>	<b>\$381,499</b>	<b>\$31,615,421</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$31,532,844</b>	<b>\$440,635</b>	<b>\$31,973,479</b>

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



Hassan Baya Mitsanze works in his garden shop beside Lamu County Hospital, Kenya. Hassan suffered from hydrocele, a very painful swelling of the scrotum that can make it difficult to walk, caused by advanced stages of LF. In 2017, Hassan received surgery to improve his condition.

Through mass treatment and social mobilization campaigns, LF can be prevented and eventually eliminated as a public health problem.



### ***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 END 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](https://end.org)



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