

THE **END** FUND



MISSION

Control and eliminate the most prevalent neglected tropical diseases (NTDs).

VISION

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

OUR COVER

Cover art: *The Crimson Echo* by Aïda Muluneh



In the village of Masi-Secteur, the community health worker measures the height of Lupondi Bonheur to determine the amount of drugs to be given to her to treat river blindness, which is endemic in the province of Kwilu, Democratic Republic of the Congo (DRC).

Our Values

Human Dignity

We believe in the fundamental dignity of all human beings, and so we:

- Uphold a vision of human flourishing at the center of our work and interactions.
- Embrace and respect differences, foster an inclusive culture, and instill fair, ethical, and equitable practices.
- Center the experiences of people and communities affected by NTDs in all that we do.

Passionate Focus

We have a singular, passionate focus to end NTDs, which place a significant and preventable burden on the human condition, and so we:

- Optimize our time and resources to maximize progress toward achieving specific disease control and elimination goals.
- Leverage our unique assets to be of best and highest service to the collective movement to end NTDs, ensuring we complement and do not duplicate the work of others.
- Strive to ensure that no one at risk of NTDs is left behind.

Relational Approach

We believe that honoring joyful and effective relationships is central to achieving our mission, and so we:

- Treat everyone with respect, kindness, and a spirit of generosity and gratitude.
- Invest the time and attention needed to build, earn, and maintain trusted, long-term, and collaborative relationships with partners, communities, investors, and colleagues.
- Respect everyone's unique life journey and perspectives.
- Recognize relationships are complex, nuanced, and evolving and require commitment, humility, and compassion.



Exemplary Stewardship

We take seriously the privilege and responsibility of stewarding our investors' resources and serving communities at risk of NTDs, and so we:

- Employ a highly efficient, effective, and results-oriented approach to mobilizing and allocating capital.
- Invest in data-driven, country-led, and sustainable programs.
- Ensure excellence, elegance, and accuracy in all communications and interactions with investors and partners.
- Commit to being a reflective, learning organization, proactively sharing progress, lessons learned, and challenges.

Entrepreneurial Spirit

We are committed to embracing innovation and maintaining an entrepreneurial spirit in all that we do, and so we:

- Stay flexible, nimble, creative, and action-oriented in our approach.
- Challenge the status quo and take smart risks.
- Foster, identify, and fast-track innovations that can increase our impact.
- Cultivate curiosity, humility, courage, and a growth mindset.



A Note from the CEO & Board Chair

Dear END Fund Partners & Supporters,

It is often said that it is easy to overestimate what can be achieved in a year, and underestimate what can be achieved in a decade. This feels particularly appropriate as we celebrate the END Fund's ten-year anniversary and the magnitude of what we have accomplished with you, our partners and supporters. We are humbled by your passion, resourcefulness, and commitment and we are grateful to every donor, government representative, implementing partner, health worker, and NTD champion who has helped provide over **one billion NTD treatments**, perform over **68,000 surgeries to prevent blindness and disabilities**, and train nearly **3.7 million health workers** since our founding in 2012.

From inception, we believed that NTDs could be ended in our lifetime. NTDs have needlessly held back human progress for millennia and the END Fund was founded on the principle that private philanthropy could help change this.

Our founding coincided with the London Declaration on NTDs in 2012. One of the most significant public-private partnerships in global health history, this enduring commitment has seen over 14 billion NTD treatments generously donated by our pharmaceutical partners. Over the last decade, this has inspired the END Fund to mobilize \$334 million to deliver these treatments and support the increasingly progressive goals of our government partners across 33 countries.

While this work continues at a global scale, we remain driven by the impact of NTD treatments on the life of one child, one family, one community. Through the incredible work of our partners, girls stay in school longer, agricultural yields are greater, parents have more opportunity to support their families, and children have more opportunity to play.

To continue our impact into the next decade, we recognize the need to stay adaptive enough to change. The world has evolved significantly since 2012, and some of the challenges we have faced in recent years — the COVID-19 pandemic and a critical focus on racial justice and diversity, equity, and inclusion in particular — have forced us more than ever to challenge ourselves and the structures upon which our success has been built. We are proud of our ongoing responses to these seismic events. Our COVID-19 Response Fund has enabled our partners to provide critical health services and support health workforce retention during shutdowns. We increasingly prioritize working with local partners on both NTD programs and storytelling and with governments directly as grantees. Yet, as we look back over ten years, what we are most proud of is the trust that you, our partners and supporters, continue to invest in us.

Looking forward, we continue to be inspired by our vision that all people at risk of NTDs can live healthy and prosperous lives. To realize this, we will scale up treatment in many countries while supporting others to scale down and diversify their activities as they near elimination. We will introduce new technologies and capture new data to speed up and make the process of disease elimination more accurate. We will continue to go where others do not, ensuring no community is left without the treatment it needs. Most importantly, we will do all this while maintaining our passionate focus on what a life without NTDs can mean for one child, one family, one community.

Only by centering the voices and needs of communities affected by NTDs, and only with the trust and collaboration of you, our partners and supporters, can we eliminate these ancient diseases once and for all.

With immense gratitude and optimism for the next decade,



William Campbell
Chair, The END Fund Board of Directors

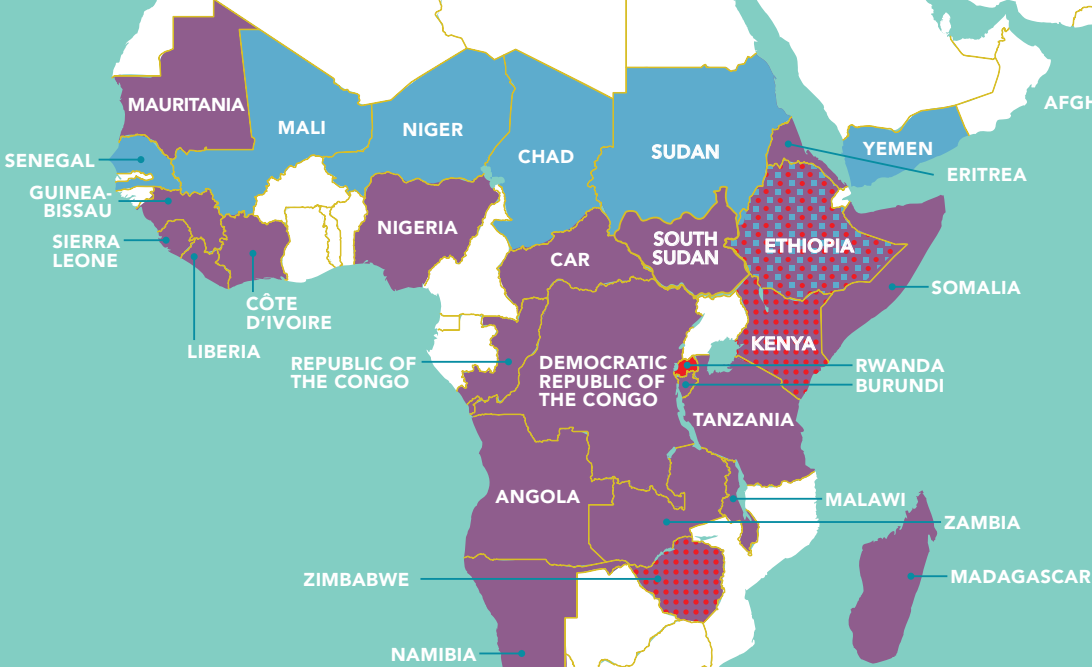


Ellen Agler
Chief Executive Officer, The END Fund



A Decade In Focus: Where We Have Worked (2012-2021)

The COVID-19 pandemic challenged the END Fund and partners to think innovatively to iterate granting and implementing processes in order to respond quickly when programs faced unexpected challenges. Despite quick and adaptive responses, NTD programs remain vulnerable as was witnessed in April 2021 when the UK Foreign, Commonwealth and Development Office significantly cut back its funding, estimated at 150 million British Pounds, for its flagship NTD program, leaving over 100 million people across 22 countries at risk of not receiving life-changing NTD treatments. To help mitigate this crisis, the END Fund leveraged our flexible fund allocation model and trusted donor relationships to support visceral leishmaniasis prevention and treatment in five East African countries through 2023.



- Flagship Fund
- Reaching the Last Mile Fund
- Deworming Innovation Fund

A Decade in Focus: 10 Years of Impact

3.7M

HEALTH WORKERS TRAINED

1.2B

NUMBER OF TREATMENTS
DISTRIBUTED

69K

SURGERIES

\$1.5B

VALUE OF TREATMENTS

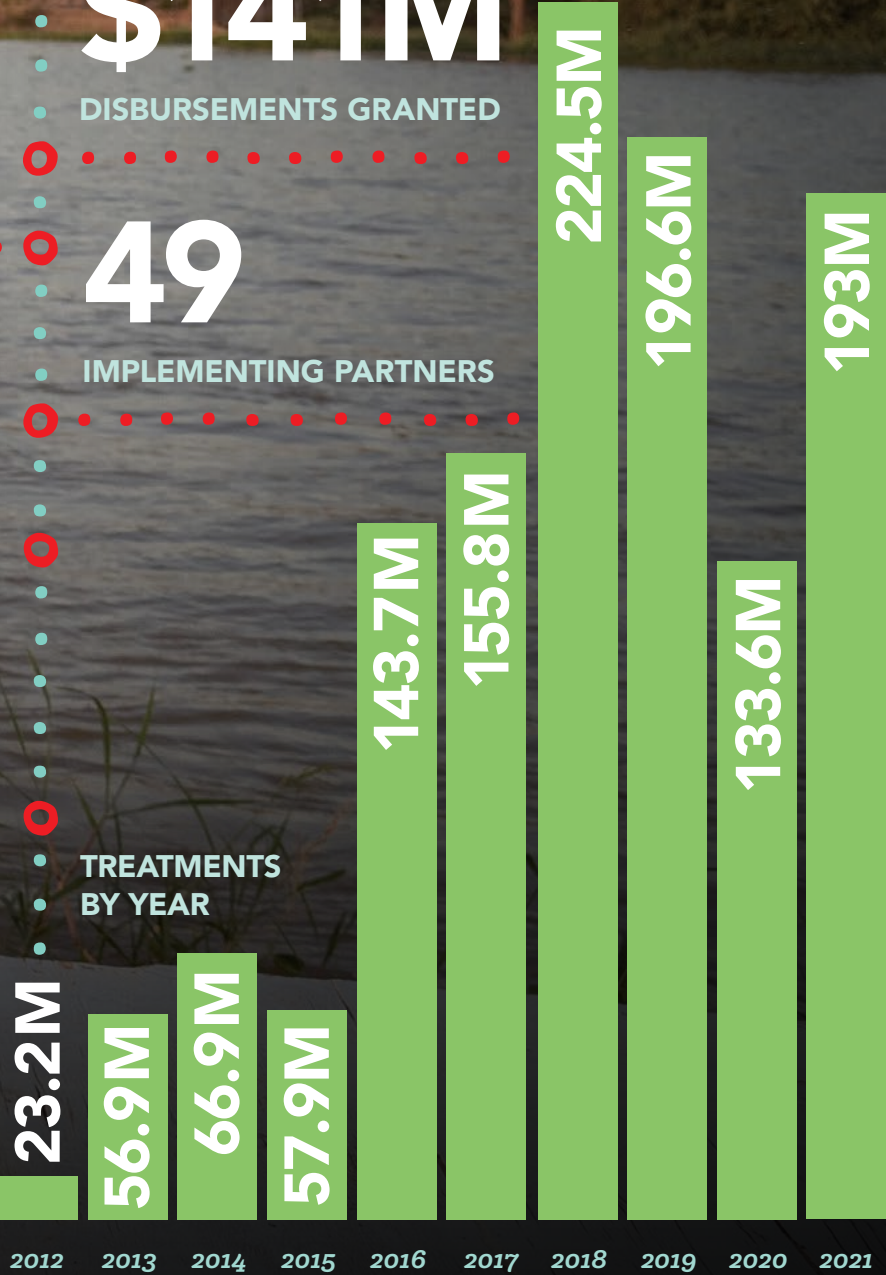
\$141M

DISBURSEMENTS GRANTED

49

IMPLEMENTING PARTNERS

TREATMENTS
BY YEAR



"In the ten years since the END Fund was created, we've provided more than a billion treatments worth more than \$1.5 billion. Our commitment for the next 10 years is to support efforts that accelerate NTD programs to achieve and surpass the 2030 elimination goals as stipulated in the World Health Organization's Road map for neglected tropical diseases 2021–2030. We challenge leaders from African governments, the public and private sectors, and civil society to become effective NTD champions and advocates by using their influence to facilitate an increase in domestic financing at regional, national, and local levels. In addition, we call on Africans living in the diaspora to play their part by directly investing in NTD programming within their countries of origin. The ultimate objective is to progressively achieve increased local action and resource mobilization towards NTD control and elimination, leading to a fully African-driven NTD programming and elimination agenda.

- Dr. Carol Karutu,
Vice President, Programs

A Decade in Focus: Elimination on the Horizon

BURUNDI is poised to eliminate trachoma, with surveillance surveys in 2020-21 indicating that the country has reached the threshold of achieving elimination as a public health problem. The involvement of the END Fund in Burundi dates back to 2009 through Geneva Global. Along with the government and partners, the END Fund has supported trachoma activities in Burundi over the past decade, enabling the country to complete mass distribution of Zithromax, trichiasis surgeries, and impact surveys to determine where the country is on the road to elimination. Burundi is preparing its dossier for submission to the World Health Organization (WHO) for official verification of its national elimination of trachoma, and will likely be certified as trachoma-free in 2022.

In **MALI** and **SENEGAL**, results from a series of impact evaluations to verify if river blindness has been eliminated have shown that the countries may have achieved elimination in up to 95% of areas where the disease was once present. The Reaching the Last Mile Fund has supported the Ministries of Health (MoH) and partners in the delivery of over 21 million treatments since 2018 and, because of this success, is now supporting the two countries to scale down treatment for river blindness in areas where it is no longer needed.

MAURITANIA is expected to submit its dossier for verification of elimination of trachoma to the WHO in May 2022. The END Fund began supporting the Organization for the Prevention of Blindness in Mauritania in 2015 with the goal of conducting trachoma assessment surveys to determine the status of the disease in the 11 regions of the country. The results of two rounds of impact surveys in 2017 and 2019 found only a single district still in need of intervention and this backlog was successfully reduced, allowing the country to finalize its elimination dossier.



NIGER became the first African country in 2021 to announce that it has eliminated river blindness. The road to elimination in Niger has been half a century long. The dedication of the Nigerien government and the support of numerous international and regional partners has enabled Niger to be on the path to submit its verification dossier to the WHO in 2022.

RWANDA has the ambitious goal of eliminating schistosomiasis as a public health problem ahead of the WHO's 2030 target. The country successfully halved the prevalence of the disease between 2000 and 2017, and has made enormous progress in lowering rates of schistosomiasis. Today, Rwanda envisions a worm-free future for most of its population by 2024.



Fatchima Moussa Rabo, a lab technician in Niamey, dissecting blackflies in Niger's river blindness laboratory facility.

The END In Sight: Eliminating River Blindness in Niger

Every year when the rains came, Nassir Banga's arms began to itch uncontrollably—a portent of the disease that would eventually take his sight. "Since becoming blind, my life has been nothing but suffering," he said.

However, Banga is quite possibly one of the last people to lose their vision as a result of river blindness in Niger. Fifty years ago, nearly 70% of Nigeriens were at risk of being infected with *Onchocerca volvulus*, the parasite that causes the disease. Today, the country stands poised to be verified by the WHO as the first in Africa to eliminate transmission.

The economic effects of river blindness were devastating to the nation. The disease impacted people's ability to work and caused hardship for their communities—especially children and caretakers, who lost opportunities to go to school and earn money. River blindness took away not only Banga's sight, but with it, his ability to make a living and be independent. "Before I had a field that I cultivated, but now I can't plant anything," he said. "Everything I used to do for myself, I can no longer do."

Elimination of river blindness ushered in a more prosperous era for Niger's economy. From 2000 to 2019, \$682 million was added to Niger's GDP from people who were treated and prevented

from going blind. Women reinvested \$72 million into their communities, and \$69 million in additional earnings resulted from more girls attending school. Niger's health system can save millions of dollars each year by proving elimination and ending expenditure on a threat that no longer exists.

"All I hope for is that the illness ceases to exist and that no one is affected by it again."

From 2018 to 2020, RLMF supported Niger to conduct extensive surveillance of 10 districts to verify elimination. RLMF supported the Niger Ministry of Health to equip its laboratory facility in Niamey and train 10 lab staff, who processed samples from over 160,000 blackflies and blood spots from over 16,000 children. Not a single sample showed evidence of the parasite. With this promising sign that elimination has been achieved, Banga's hope for others to avoid the pain he suffered from river blindness has become a reality.

Treatment and intensive surveillance of areas suspected to harbor the disease.
1992 - 2000's

The Niger government announces that it has successfully eliminated transmission of river blindness.
2021

1974

The West African Onchocerciasis Control Program launched to stamp out the disease in the region through weekly ground and aerial spraying of larvicide to kill blackflies.

2017

RLMF launched to support Niger and six other countries to accelerate elimination of lymphatic filariasis and river blindness.

2022

Niger is expected to submit its dossier for verification of elimination to the WHO.



Nassir Banga, being led around a village in southwestern Niger, is visually impaired from river blindness. Today, he is one of the last people living with the disease in the country.

A Winning Combination: Defeating Lymphatic Filariasis in Kenya

The debilitating effects of lymphatic filariasis (LF) were once a constant threat for the people living on Kenya's Lamu coast. Lymphedema, a painful and disabling swelling of the limbs caused by advanced LF, is the most visible effect of the disease. Today, it is estimated that 4.3 million people still require treatment for the disease, but the threat of irreversible swelling has been reduced dramatically.

Kenya began a mass drug administration (MDA) program against LF in 2000, but lacked funding to complete enough annual rounds to eliminate the disease. "We started with high hopes, but the funds lasted just two years," said Dr. Dunstan Mukoko, former director of the NTD Unit of the Kenyan Ministry of Health (MoH). MDA was carried out only when funding was available, until it was halted altogether after a decade.

In 2016, the END Fund, Evidence Action, and the MoH began a partnership that would transform the country's LF elimination program. The END Fund provided consistent funding to restart MDA in the coastal region, and it was conducted successfully for five years in a row.

Building on this momentum, an innovative approach was piloted in 2018 to accelerate elimination by administering three drugs at once—ivermectin, diethylcarbamazine, and albendazole (IDA). This triple drug therapy has the potential to reduce the time needed to break transmission of LF from five years or more down to just two years.

IDA was piloted in three coastal sub-counties that had lagged behind in lowering rates of the disease—Jomvu, Lamu East, and Lamu West. Dr. Sultani Matendechero, head of the Kenya National Public Health Institute, partnered with the END Fund to introduce the triple drug approach. "Essentially, we were the first country in the world to deliver effective rounds of IDA and to showcase that it is able to eliminate LF in two years," he said proudly.



4.3 MILLION

at risk of lymphatic filariasis in Kenya

Use of triple drug therapy has helped the country's elimination efforts to vault forward despite the challenges of its early years. Following two successive rounds of IDA therapy in Jomvu, Lamu East, and Lamu West, an impact assessment in 2021 confirmed that these areas had successfully interrupted transmission.

Dr. Matendechero sees a future for Kenya that is free of LF. "We are confident and comfortable that this disease will not come back—the people are safe. For me, that is going to be a real turning point for the country."

Bwanahani Abdallah, who suffers from LF, supports himself by weaving mats made of dried palm leaves in Matondoni village, Kenya.



The END of Parasitic Worms: The History of the END Fund in Rwanda

Villagers living near Ruhondo Lake in Rwanda are proud of their prospering community. People make their living by growing maize and rice, fishing, and running small businesses. “Living conditions are improving, the economy is growing every day,” said Felicien, a resident of the area.

However, the lake, rice paddies, and maize fields are sources of schistosomiasis and intestinal worms. That’s why residents eagerly accept treatment provided by community health workers, and view these drugs as essential to their wellbeing. “Taking the drugs is a relief for us. We always take them when they are available so that we are strong and able to work hard,” said Pascasie, a local farmer.

Rwanda has made enormous progress in improving socioeconomic conditions since the 1994 Rwandan genocide against the Tutsi. Eliminating diseases of poverty such as schistosomiasis and intestinal worms will help ensure sustained growth and prosperity.

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Economic modeling from the Economist Intelligence Unit found that productivity gains of \$365 million* between 2021-2040 could result from achieving the WHO’s 2030 targets for eliminating intestinal worms and schistosomiasis as a public health problem.

.....

The national NTD program was launched in 2007, targeting five NTDs for which treatment is available. At that time, the Legatum Foundation supported the Ministry of Health (MoH) to conduct disease mapping, equip health facilities with diagnostic tools, train health personnel and drug distributors, and track progress of NTD treatment and control efforts. This work laid the foundation for the NTD program and bolstered the capacities of the national health system.

Established in 2012 by the Legatum Foundation, the END Fund went on to support the Rwandan government to develop and implement its National NTD Strategic Plan. A grant from the END Fund allowed the Rwandan NTD Control Program to further embed NTD knowledge in the local communities and the health system by training approximately 45,000 community health workers and conducting mass drug administration (MDA) for intestinal worms and schistosomiasis. In total, over **85.8 million treatments** have been delivered to date (2013 - 2021), and levels of both diseases have been dramatically reduced. Building on this decade of success, the Rwandan government is expanding treatment to all populations at risk of these diseases, which will help break the cycle of transmission for good.

*Purchasing power parity

NTD indicators were added to Rwanda’s health management information system in 2012, propelling the country towards integrating NTDs into the existing national health system. Today, Rwanda funds its own school-based deworming program and has the ambitious goals of eliminating schistosomiasis as a public health problem by bringing prevalence below 0.5%, and

bringing intestinal worm prevalence below 20% by 2024. The END Fund’s Deworming Innovation Fund is dedicated to working with the MoH to sustain and grow the NTD program through local capacity building, innovation, and cross-sectoral partnerships — ensuring that every community in need of deworming is reached.

“I want to thank the government of Rwanda that comes to us in our villages to bring to us these drugs that keep us healthy. We all are very happy that these drugs are available, and that we get them at no cost.”

- Felicien Habyarimana, resident of Kamato Village in the district of Musanze, Rwanda.



Community members line up to receive deworming medication during the 2021 MDA.

Trusted Partnerships Deliver: Critical Treatment in the Democratic Republic of Congo

The Democratic Republic of Congo (DRC) is in the top three countries in Africa with the highest burden of NTDs. With more than 50 million people in need of treatment spread over a million square miles, the most effective and efficient strategy is integrated, community-based mass drug administration (MDA). Medicines are distributed by community health workers, who serve as a vital and trusted link between their neighbors and the health system.

Our partners must tackle challenging conditions to reach communities in need of MDA. In Tshuapa Province, roads are often impassable due to the vast amount of annual rainfall, so MDA teams travel via the 500-mile Tshuapa river to distribute medicine. These teams are familiar with the local cultures and languages, and explain to communities why the medicines should be taken.

“People are willing to accept treatment when a member of their own community is the one providing it,” said Marcel Edjokola, a community health worker who distributes NTD drugs in his village of Boende. “These drugs will be accepted because I am known in all the areas I go to.”

The scaling up of DRC’s MDA program is the result of strong partnerships and close coordination at the local and national levels. Since our first investments in four provinces in 2014, the END Fund now supports integrated treatment in 16 provinces. In 2021, our implementing partners CBM and the United Front Against River Blindness (UFAR) provided 168,674 community health workers (CHWs) with training to distribute drugs, ultimately reaching over 27 million people with MDA for lymphatic filariasis, river blindness, schistosomiasis, trachoma, and intestinal worms. We have also piloted a mobile data collection model with UFAR to improve the speed of MDA data reporting and verification.

OUR PARTNERS IN DRC

Since 2014, the END Fund has supported partners to conduct mapping, MDA implementation, coverage surveys, data quality assessments, and capacity building for CHWs. Our current partners include CBM, Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), International Trachoma Initiative, Mectizan Donation Program (MDP), Sightsavers, the Schistosomiasis Control Initiative, and UFAR.



Tina Mboyo poses for a photo holding her dose pole.

Tina Mboyo is a mother, merchant, and volunteer community health worker. “Sometimes when I pass people’s houses, they call out—we haven’t had the drugs yet! This shows that the drugs bring real relief to the communities.”



In her latest collection, entitled 'The Crimson Echo,' Muluneh embeds multiple layers of narrative into each image to create a powerful interpretation of the impact of NTDs on gender equity, mental health, mobility, and access to resources. She uses motifs of both insects (*The Barriers Within*) and abstracted body parts (*I Sail On The Memories Of My Dreams*) which lend specific attention to the disease vectors and physical manifestations of NTDs, which are so often overlooked. Yet Muluneh approaches the topic of these diseases and the bodies they inhabit with dignity and grace. Using bright colors and respect for tradition as her vehicle, Muluneh's work is dismantling renderings of a bleak and impoverished Africa.

In striking, intimate portraits of her female subjects, Muluneh uses elements of traditional Ethiopian body ornamentation and tattoos to honor traditional knowledge systems, beliefs,

and resilience of communities across Africa. Her subjects, extravagantly beautiful, appear composed, but silent, commanding the audience to better educate themselves, to ask questions: whom do these diseases affect? Why? Her message is blunt and didactic. By provoking the audience in this way, Muluneh protects her subjects from the burden of educating, while still successfully conveying the urgent need for education, attention, and action on NTDs from her audiences.

As the END Fund continues to seek partnerships that elevate the voices of the communities in which we operate, this collaboration serves as a testament to the impact of inclusive storytelling and speaks to the urgency with which we must collectively act to address the burden of these neglected diseases and the impact they have on communities.

A Partnership to Re-frame the END to NTDs

Storytelling has long been used as one of the most powerful communication tools to educate, unify, and spur action. In the coming decade, the END Fund is embarking on new storytelling partnerships that will allow us to increase awareness of NTDs and the impact they have on millions of people across the African continent.

Our partnerships within this context are deliberate: over the past five years we have redoubled our efforts to amplify storytellers that are representative of the communities we work with and that uphold our commitment to fundamental human dignity. By choosing more thoughtful and inclusive partnerships

and language, we are able to highlight the impact of our programs with fuller and more authentic perspectives.

To celebrate 10 years of impact, the END Fund engaged artist and activist Aida Muluneh to create a body of work with photographers from six countries where we operate. Muluneh is an Ethiopian photographer, contemporary artist, and activist who has captured the international art world through visual storytelling that intersects with, and elevates, advocacy. In breathtakingly bold colors, she dissects social issues and challenges western representations of Africa.

In 2021, the END Fund partnered with storytellers and creative teams almost entirely from across Africa to document stories of people impacted by NTDs, a 90% increase from just five years ago. We are committed to advocating for stories characterized by deep respect, full transparency, and social responsibility because of their capacity to dignify and center communities most impacted by NTDs. On our path to re-frame the END to NTDs, we must continue to hand the camera to those most closely affected by - and therefore best positioned to illustrate - the burden of these diseases.

The Barriers Within, 2021 by Aida Muluneh



I Sail On The Memories Of My Dreams, 2021 by Aida Muluneh

Partners United with a Vision for an NTD-Free Nigeria

The END Fund has an audacious but achievable goal—ending NTDs in Nigeria, where more than 166 million people require treatment. All five NTDs that can be treated with mass drug administration (MDA) are present in the country: river blindness, lymphatic filariasis, schistosomiasis, trachoma, and intestinal worms.

National and international non-governmental organizations, the private sector, popular national figures, and the international community all have a vital role to play in ending NTDs in Nigeria.

Since 2013, the END Fund's partnership with the Federal Ministry of Health (MoH) and implementing organizations has provided over 200 million treatments to millions of Nigerians. With an initial scope of targeting only river blindness in 2013, the END Fund now supports activities targeting all five NTDs in seven states alongside Amen Healthcare and Empowerment Foundation (Amen Foundation), MITOSATH, CBM / Health and Development Support, and Helen Keller International.

National organizations deftly navigate the diversity of cultures, languages, religions, and political contexts in areas where MDA is needed. Rita Oguntinyinbo, the president of the Amen Foundation, advocates to community leaders to

build trust and encourage their communities to accept treatment. "When the Emir comes out to take medication, it shows that it's safe and good enough for everybody," she said of community leaders who mobilized their communities in Gombe state to participate in the MDA.

A coalition of Nigerian private sector and philanthropic partners are committed to supporting the national NTD program. In 2021, these included Access Bank, Aspire Coronation Trust (ACT) Foundation, First City Monument Bank (FCMB), Flour Mills of Nigeria Plc. (FMN), IHS Nigeria, and the Ishk Tolaram Foundation.

The END Fund's investments in Nigeria are strategically designed to build the capacity of our partners, fill gaps in implementation, and support the MoH to achieve its national goals for NTDs. As higher levels of treatment coverage are achieved, we will shift our focus to invest in innovative reporting and diagnostic tools that measure outcomes of treatments and inform future strategies to sustain progress made in ensuring these diseases do not return.



"We don't have to see any more generations of blind people. We don't have to see any more generations where people are disfigured by river blindness and elephantiasis. And how can we do that? By lifting the dignity of everybody."

— Franca Olamiju, Executive Director of MITOSATH

Angola’s School Deworming Program Helps Children Grow, Learn, and Thrive

Arminda Maravilha is a happy and healthy sixth-grader living in Angola. “My life here is good. My favorite things to do are go for walks and to study.” But as a young child, she suffered from intestinal worms and schistosomiasis. “I had a very big belly and I was sick all the time.”

Intestinal worms and schistosomiasis harm physical and intellectual growth in children. The effects of these infections make it difficult for kids to attend school and concentrate on learning.

Fortunately, Arminda received treatment for these infections at her school each year, which helped her grow into an active, healthy child with energy to focus on her studies.

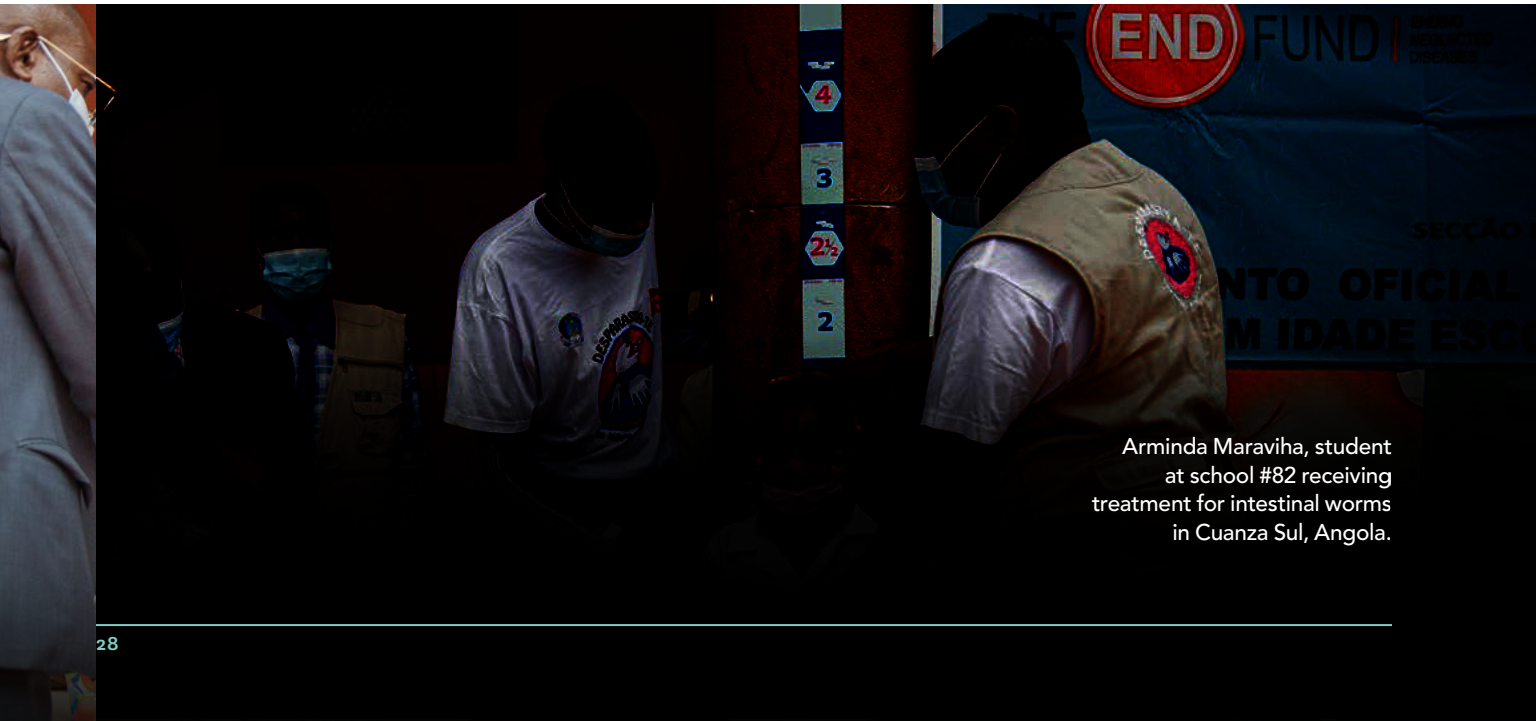
Children who are worm-free can attend school more regularly, boosting their educational achievement and potentially earning more money over their lifetimes.



Children washing hands at a tippy tap hand washing station, Cuanza Sul, Angola.

“Deworming campaigns have been transformative to communities. We wish for this program to be extended to the whole country since the results have shown that it is worth it.”

– Cristiano Rocha Andrade, supervisor of Quibala’s school-based MDA program



Arminda Maraviha, student at school #82 receiving treatment for intestinal worms in Cuanza Sul, Angola.

Generous contributions from donors led by The Leona M. and Harry B. Helmsley Charitable Trust enabled the END Fund and our implementing partner, the MENTOR Initiative, to support the Angolan Ministry of Health to launch its first-ever integrated NTD program. These grants helped Angola to scale up school-based mass drug administration (MDA) to seven provincial health departments from 2013-2021.

Cristiano Rocha Andrade supervises this work in the municipality of Quibala in Cuanza Sul, Angola. “We can already see a change in the development of children in schools who have been taking the medication,” he said.

With support from the Helmsley Charitable Trust, Angola modeled the integration of NTD prevention strategies into school MDA programs. At over 700 schools, children and teachers learned about washing hands with soap to help break the cycle of transmission, and how to build simple handwashing stations. Since water access can be a challenge in some areas, MENTOR and partners drilled boreholes for schools to provide reliable sources of clean water for handwashing.

Investing in Women and Girls by Defeating NTDs

Anyone can be infected by NTDs, but women and girls are especially vulnerable. Trachoma is more common amongst women because they usually care for young children who are infected. Women and girls are also more likely to miss school and work to care for sick family members. Societal gender roles such as washing clothes and fetching water put them at greater risk. Physically, symptoms like malnutrition and anemia are especially harmful to women during pregnancy, and susceptibility to sexually

transmitted infections is increased by NTDs like urogenital schistosomiasis.

Over the past 10 years, the END Fund funded surgeries for over 49,000 people that prevented them from going blind from advanced trachoma. Several countries are close to defeating this disease entirely. The END Fund financed surveys and provided technical assistance to verify elimination of trachoma in Mauritania and Burundi.



Susan is a Maasai woman who makes and sells traditional beadwork. She was at risk of going blind from trachoma, which would have devastated her ability to earn a living. A 15-minute operation saved her vision, and her livelihood. "After the operation, I was able to see well. So now I'm able to do my beadwork day and night, as long as I have a source of light."



10 YEARS OF SERVICE, 10 YEARS OF IMPACT

THE BURDEN OF NTDs ON WOMEN AND GIRLS

54M Number of women and girls who suffer from female genital schistosomiasis (FGS).	3-4X Greater likelihood that women and girls with FGS become infected with HIV.	4X Greater likelihood that women and girls develop trichiasis, risking blindness.	80% Proportion of the economic burden of blindness from trachoma that falls on women.
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Fighting Stigma and Isolation

The psychological and social harms of NTDs can be devastating. Discrimination and stigma against people with visible disabilities can lead to job loss, reduced income opportunities, and social isolation. People with disabilities caused by NTDs are at increased risk of mental health disorders like anxiety and depression.

People with elephantiasis can reduce the swelling in their limbs by washing and elevating them daily. Programs that educate people with this condition and their family members can

provide physical and emotional comfort to those who need it most.

From 2012-2021, the END Fund provided over 260 million treatments for lymphatic filariasis (LF), and sponsored over 17,000 surgeries and disability management services to people with elephantiasis. We have funded innovative approaches to treating LF that are helping countries like Kenya to accelerate progress towards eliminating the disease.

*According to the WHO,
1 in 2 people with leprosy or
LF will experience depression.*



Kudia Kubanza Urbain, 23 years old, lives in the village of Mbanza Mfumu Nkento in the DRC. Mr. Kudia's legs and feet have been extremely swollen since he was a young boy. He lives with a condition called elephantiasis that is caused by LF.



Boniface Opinya makes his living by fishing in a lake that harbors the parasite that causes the deadly disease schistosomiasis. “We know that we get diseases there. I lost three of my friends from schistosomiasis. But I don’t have a job if I stop going to the lake,” he said. He’s seen the positive effects of schistosomiasis treatment in his village. “That medicine helped so many people here.”



ENDING NTDS
BOOSTS ECONOMIES

It’s estimated that 57 million disability-adjusted life years are lost every year to NTDS—and this number is likely much higher. Treating and preventing NTDS can boost economic productivity, keeping adults healthy and able to make a living. Children can achieve greater earnings potential when they reach adulthood as a result of more years of schooling.
















































Through our Deworming Innovation Fund (DIF), we have provided over 34 million treatments for schistosomiasis in Kenya, Rwanda, Ethiopia, and Zimbabwe. Rwanda is close to eliminating schistosomiasis entirely, and DIF provided support to map areas of the country to detect where the disease still lingers.

\$5.1 BILLION















Economic modeling in four countries supported by DIF has found that \$5.1 billion in productivity gains could be realized by 2040 if WHO targets for the elimination of schistosomiasis and intestinal worms are met.*

*Purchasing power parity

COUNTRY PORTFOLIO 2021

Country	Implementing Partners	Diseases	People Treated	Treatments Distributed	Surgeries Provided	Health Workers Trained	Value of Treatments	Disbursements Granted
Afghanistan	World Food Programme		4,044,625	4,044,625	0	0	\$80,892.50	\$46,265.37
Angola	The MENTOR Initiative	   	2,020,283	2,789,219	0	3,851	\$500,268.27	\$1,495,456.33
Burundi	CBM		0	0	0	12	\$0.00	\$0.00
Central African Republic	CBM Organisation pour la Prévention de la Cécité	    	3,353,761	6,517,652	0	13,571	\$53,422,749.72	\$176,518.91
Côte d'Ivoire	Sightsavers	  	0	0	0	0	\$0.00	\$127,951.00
The Democratic Republic of the Congo	CBM United Front Against River Blindness	    	27,487,907	49,071,372	0	168,674	\$209,059,405.73	\$2,530,123.00
Eritrea	The Fred Hollows Foundation		0	94,025	1,416	950	\$2,134,367.50	\$0.00
Ethiopia	AMREF Health Africa The Carter Center Ethiopia Federal Ministry of Health Ethiopia Public Health Institute The Fred Hollows Foundation Orbis International SCI Foundation UNC School of Medicine	    	7,063,438	11,763,658	20,949	206,930	\$40,508,501.02	\$7,966,011.92
Guyana	Pan American Health Organization		487,043	487,043	0	1,772	\$2,077,238.40	\$113,209.50
India	Evidence Action		27,245,177	27,245,177	0	55,464	\$544,903.54	\$0.00
Kenya	Akros AMREF Health Africa African Institute for Health and Development Evidence Action	  	11,354,192	12,661,382	0	27,972	\$607,323.56	\$3,628,844.60
Madagascar	SCI Foundation	 	2,372,208	4,471,875	0	0	\$824,821.98	\$1,203,064.26
Mali	International Center of Excellence in Research Helen Keller International	 	4,981,909	4,981,909	178	2,534	\$20,924,017.80	\$678,310.81
Niger	Helen Keller International	 	0	0	800	0	\$0.00	\$0.00
Nigeria	Amen Health and Empowerment Foundation CBM Helen Keller International MITOSATH	    	15,193,675	34,202,359	1,144	52,105	\$70,660,679.57	\$2,892,141.84
Rwanda	Akros African Institute for Health and Development Rwanda Biomedical Center	 	9,975,046	29,450,622	0	-	\$1,803,594.29	\$1,043,175.01
Senegal	FHI 360 Le Ministère de la Santé et de l'Action Sociale du Senegal	  	631,399	1,339,227	0	6,224	\$3,842,305.10	\$998,313.70
Sierra Leone	Helen Keller International		0	0	1,000	180	\$0.00	\$0.00

 Intestinal Worms  Schistosomiasis  Lymphatic Filariasis  River Blindness  Trachoma  Visceral leishmaniasis

Country	Implementing Partners	Diseases	People Treated	Treatments Distributed	Surgeries Provided	Health Workers Trained	Value of Treatments	Disbursements Granted
South Sudan	CBM	  	1,514,260	3,265,153	0	13,976	\$12,754,801.86	\$1,189,155.65
Sudan	Republic of Sudan Federal Ministry of Health	 	0	861,849	0	0	\$3,625,645.40	\$2,185,769.57
Tanzania	Kilimanjaro Centre for Community Ophthalmology (KCCO) Ministry of Health, Community Development, Gender, Elderly and Children	 	0	0	221	0	\$0.00	\$96,847.83
Yemen	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)		437,523	437,523	0	1,710	\$1,837,596.60	\$368,173.80
Zimbabwe	Delta Philanthropies, Higherlife Foundation Ministry of Health and Child Care	  	0	0	0	229	\$0.00	\$213,933.16
Multi-Country (RLMF support)	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)	 	0	0	0	0	0	\$836,392.25
Multi-Country (Uganda, Kenya, Ethiopia, Sudan, South Sudan)	Crown Agents, The Foundation for Innovative New Diagnostics (FIND), Ethiopia Federal Ministry of Health, Interchurch Medical Assistance, Inc. (IMA)		3,437	3,437	0	0	\$0.00	\$1,539,854.13
TOTAL			118,165,883	193,688,107	25,708	556,154	\$425,209,112.84	\$29,329,512.64



FINANCIAL SUMMARY 2021

Consolidated Statement of Activities

SUPPORT AND REVENUE	US	UK	Total
Contribution	\$35,023,313	\$3,580,722	\$38,604,035
Investment Income	\$10,930	-	\$10,930
Total Support and Revenue	\$35,034,243	\$3,580,722	\$38,614,965
EXPENSES	US	UK	Total
Program Services	\$33,662,180	\$2,817,041	\$36,479,221
Management and General	\$1,312,544	\$162,618	\$1,475,162
Fundraising	\$1,998,614	\$1,539	\$2,000,153
Total Expenses	\$36,973,338	\$2,981,198	\$39,954,536
Changes in Net Assets	(\$1,939,095)	\$599,524	(\$1,339,571)

Consolidated Statement of Financial Position as of December 31, 2020

ASSETS	US	UK	Total
Cash	\$4,221,735	\$756,194	\$4,977,929
Restricted Cash	\$27,923,023	\$261,555	\$28,184,578
Pledges Receivable, Current Portion	\$1,685,546	\$25,422	\$1,710,968
Related Party Receivable	\$351,517	-	\$351,517
Investments	-	-	-
Prepaid Expenses	\$467,347	\$3,953	\$471,300
Total Current Assets	\$34,649,168	\$1,047,123	\$35,696,291
Fixed Assets	\$80,659	-	\$80,659
Pledges Receivable, Net of Current Portion	\$2,756,743	-	\$2,756,743
Total Non-Current Assets	\$2,837,402	-	\$2,837,402
Total Assets	\$37,486,570	\$1,047,123	\$38,533,693
LIABILITIES	US	UK	Total
Accounts Payable	\$239,956	\$25,095	\$265,051
Related Party Payable	-	\$351,517	\$351,517
Deferred Rent	\$52,034	-	\$52,034
Total Liabilities	\$291,990	\$376,612	\$668,602
NET ASSETS	US	UK	Total
Net Assets: Without Donor Restrictions	\$4,806,747	\$408,956	\$5,215,703
Net Assets: With Donor Restrictions	\$32,387,833	\$261,555	\$32,649,388
Total Net Assets	\$37,194,580	\$670,511	\$37,865,091
TOTAL LIABILITIES AND NET ASSETS	\$37,486,570	\$1,047,123	\$38,533,693

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). For audited financial statements please visit end.org/financials.

Anchor Investors 2021

Founded on the principle that no one should be left behind, the END Fund joined a community of visionaries who dared to be the generation to end NTDs once and for all. In just a decade, we helped build a coalition of over 45 local and international implementing partners and over 6,200 investors to help distribute more than a billion NTD treatments. In 2021 alone, we received more than 2,200 donations from around the world including Australia, Brazil, Finland, Kenya, New Zealand, Sweden, Taiwan, Uganda, United Arab Emirates, and Zimbabwe. This global community shows the increased enthusiasm around the mission of END Fund, the work of our partners, and the belief that we can end NTDs in our lifetime. We are deeply grateful for the trust, camaraderie, and impact that has been achieved as a result of these unprecedented partnerships.

For a list of our investors and partners over the life of the END Fund, visit end.org/partners.

The END Fund would like to thank the photographers and organizations whose images are reproduced in our 10 year anniversary impact report: Aïda Muluneh, Bmworkz, Gabriel Dusabe, James Drinkwater, Joseph Moura, Justin Makangara, Mo Scarpelli, Nichole Sobecki, and Viviane Rakotoarivonyi.



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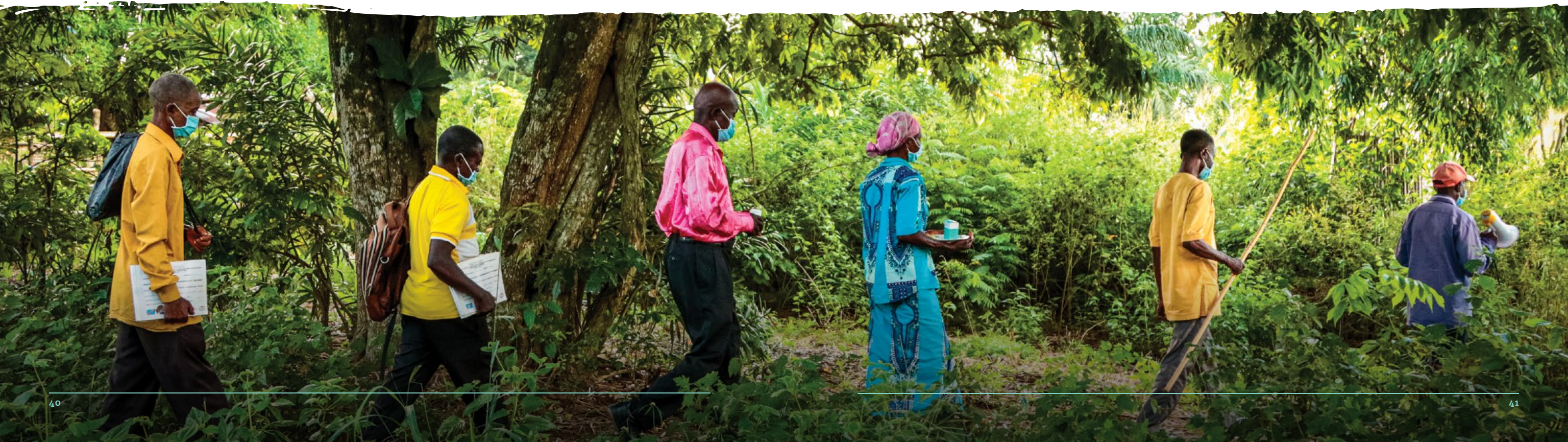
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*Our 2021 Anchor Investors are those whose contributions of \$1 million or more were active during the year.





*The END Fund is grateful for all
of our investors and partners
who make the success achieved
in 2021 and beyond possible.*





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