

A NEW ERA OF NTD ELIMINATION | ANNUAL REPORT 2022

# 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.*

Loyele Ikaale, 15 years old, at the Namoruputh Health Center in Turkana, Kenya where he is seeking treatment for visceral leishmaniasis.



# Our Values



## HUMAN DIGNITY

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

- Uphold a vision of human flourishing and belonging 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 voices and 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 are central to achieving our mission, and so we:*

- Strive to 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, 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.





Aishatu Usman, 35, a talented seamstress from northern Nigeria, getting her eyes checked before her free trichiasis surgery at the health center in Dukku, Gombe State. With more than 177 million people requiring treatment, trachoma is the leading cause of blindness due to infection worldwide. Trachoma can be successfully treated if diagnosed early.



# A note from our CEO and Board Chair

## Dear friends and admired partners,

2022 marked a decade since the official launch of the END Fund. It was a reflective and sentimental time for us both, as it also marked a decade working collaboratively as Chair and CEO in service of this transformational mission to see an end to the suffering caused by neglected tropical diseases (NTDs). We remember well when the END Fund was just a vision and a hypothesis (and some even called it a crazy one!). We believed there was room for a whole lot more people to join the movement to end NTDs, as donors, champions, collaborators, and thought partners, and that if philanthropists who may have not even heard of NTDs were given a clear, effective, and efficient way to support the best frontline organizations working on disease elimination, they would jump at the chance.

We are astounded to reflect that since 2012, over 6,400 donors have invested through the END Fund, in turn supporting local partners to deliver over 1.5 billion NTD treatments in over thirty countries and provide tens of thousands of people the surgery they need to prevent blindness and disability. There are also now tens of millions of people who live and will raise families in communities where these diseases are no longer present. Our hearts couldn't be filled with more gratitude for all of you—our supporters, collaborators, and treasured friends—for helping to make this possible.

And while it's astounding to reflect on the past decade of progress, we actually find ourselves even more enthusiastic and optimistic about what's ahead. More and more communities and entire countries will be able to stop mass treatment for NTDs as they prove that disease transmission has been interrupted. Innovation in digital tools, precision disease mapping and surveillance, and expanded lab capacity will help accelerate and bring efficiency to our work. The incredible leadership inside of Ministry of Health NTD teams across so many countries gives us optimism and confidence that the goals outlined in the World Health Organization's (WHO) 2030 NTD Road map are indeed achievable if we remain focused and entrepreneurial in our approach.

The END Fund has only been able to achieve what we have to date because all of you as partners and supporters have openly shared your insights, suggestions, and critical feedback to help us learn and evolve to the changing needs in our sector. We look forward to this coming year of continued collaboration and open communication, and especially to celebrating many more disease elimination milestones together.

***With gratitude,***



**William Campbell**  
Chair, The END Fund Board of Directors



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



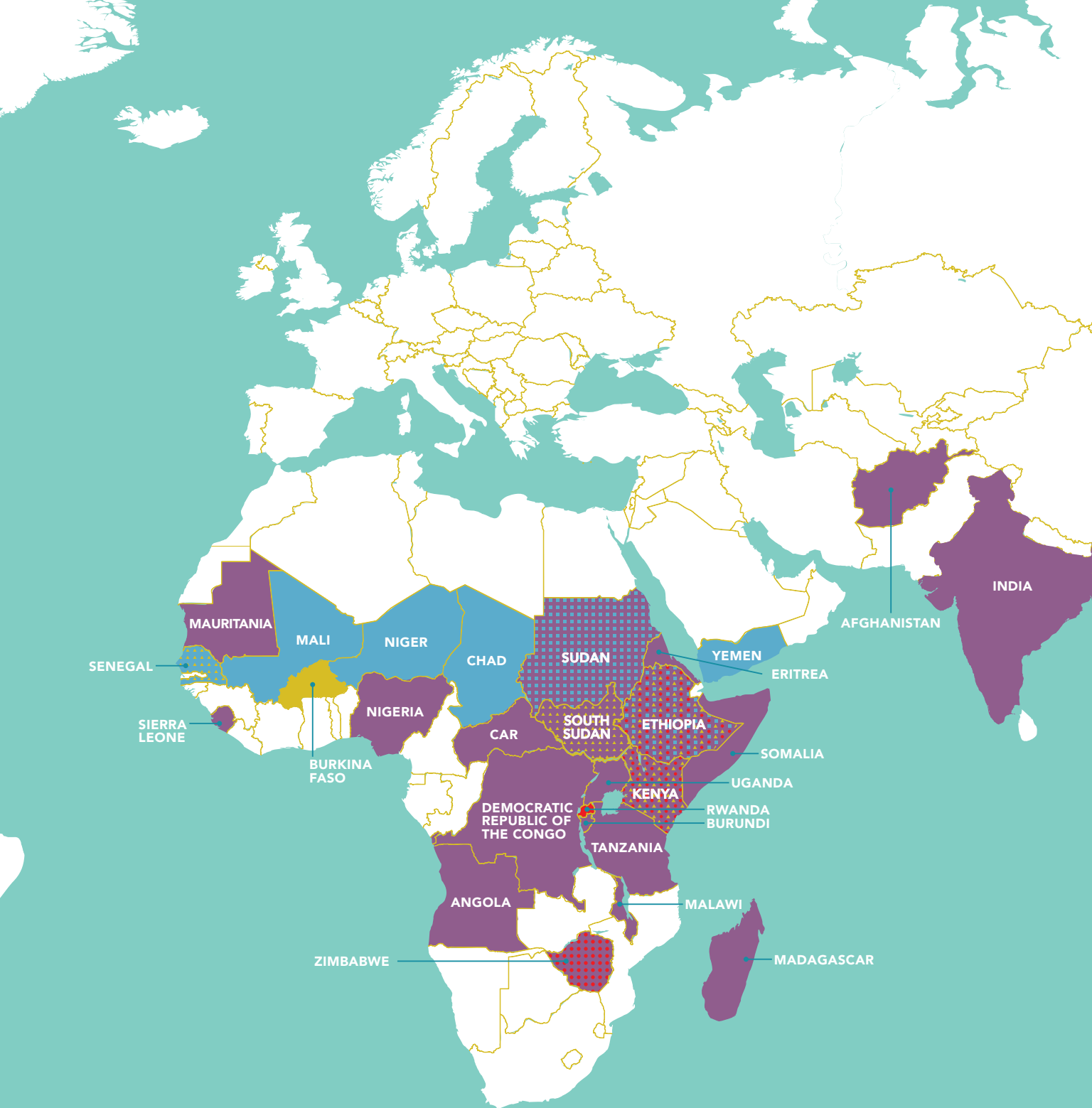
## Where We Invested in 2022

### OUR FUND MODEL

The END Fund manages a portfolio of investment funds to control and eliminate the most prevalent NTDs. Currently, the END Fund offers four funds as investment opportunities for private philanthropists, foundations, corporations, and others.

GUYANA





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



## 2022 Impact Highlights

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"2022 was a big year for us, and for the entire sector. We celebrated the tenth anniversary of the END Fund and the launch of the Kigali Declaration on NTDs, a country-led advocacy movement that will provide a platform from which to encourage and celebrate more commitments to ending NTDs by heads of state. The END Fund's 10<sup>th</sup> Anniversary Learning Summit showcased the successes, learnings, and collaboration of many of our partners in government and program implementation. It demonstrated the evolution of the END Fund and our ecosystem of partners, gave us insight into what is possible by 2030, and promoted our vision of greater African leadership against NTDs. We were also proud to launch the Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs (ARISE) Fund in 2022. Through a country-centric approach, it will invest in national NTD programs' own resource mobilization strategies and strengthen the leadership and capacity of decision makers who represent communities affected by NTDs."

— Dr. Carol Karutu, Vice President, Programs



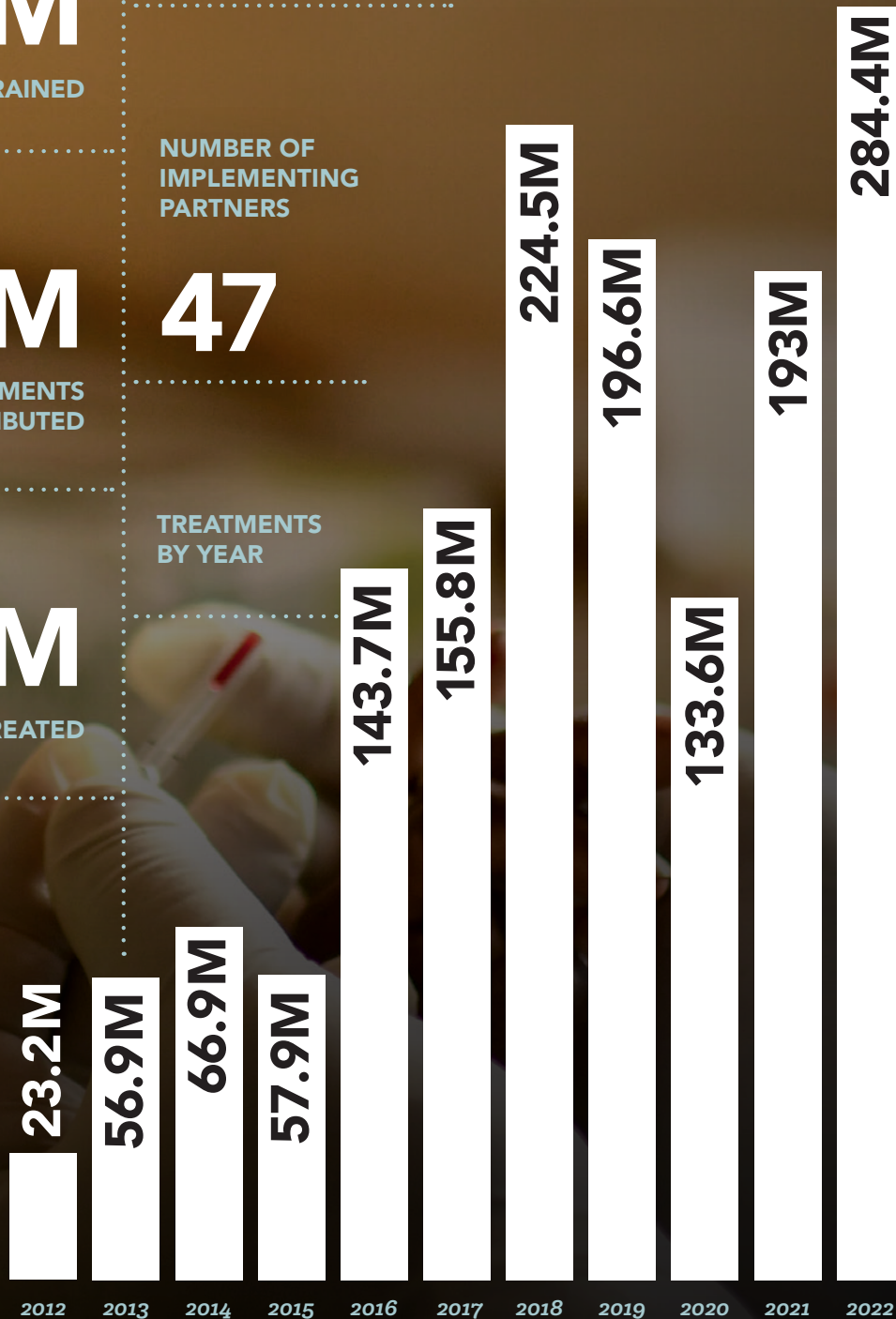
## VALUE OF TREATMENTS

**US \$550.3M****1.03M**

HEALTH WORKERS TRAINED

NUMBER OF  
IMPLEMENTING  
PARTNERS**47****284.4M**NUMBER OF TREATMENTS  
DISTRIBUTED**201.8M**

PEOPLE TREATED

TREATMENTS  
BY YEAR





# Deworming Innovation Fund


## EXPANDING TREATMENTS TO REACH EVERYONE AT RISK

Beatrice Mugata watched each year as her three grandchildren, whom she cares for, received deworming medication in school. She lives in Bungoma County, a district just north of Lake Victoria in Kenya. This county has been targeted for annual, school-based deworming campaigns for years. She noticed her grandchildren's energy levels improved, and they were able to help her more with chores around the house. But, she wondered, if they all lived in the same area, ate the same food, drank the same water, why wasn't she also getting this medicine to kill the parasites living in her area?

Historically, programs to control intestinal worms and schistosomiasis have focused on treating children due to the significant burden in this age group. This is compounded by worms stealing nutrients at a time when children are still growing, so the effect on their development can be devastating. However, if only children are treated, they will go home to an environment where the worms are still present and will continue to be infected. Only by treating everyone at risk can the transmission of the parasites be interrupted, which is a necessary step in ending these diseases. Kenya's Breaking Transmission Strategy for NTDs aims to interrupt the transmission of the four most common NTDs through the combined strategies of expanded mass drug administration (MDA), water, sanitation, and hygiene interventions, and behavior change communications. The Deworming Innovation Fund (DIF) works with its partners in Kenya to support the Breaking Transmission Strategy to accelerate the interruption of transmission of intestinal worms and schistosomiasis.

Beatrice Mugata works in her small garden, where she grows vegetables for her family.





Community health workers walk from house to house in this rural community, distributing medicine as part of the expanded populations MDA in Bungoma, Kenya.

***“Our approach was quite different, we didn’t just focus on schools, we also focused on households, fixed points like churches and markets... It was targeting everyone compared to our normal deworming where we usually only target (children) around 2-14 (years old),” explained Awino Cynthia, a public health officer in western Kenya.***

In order to provide deworming treatment to everyone at risk, community health workers need to canvas the area, going door to door to explain to each family why they should take the free medicine. In Bungoma, the community health workers try to visit each household once a month to check on the general health of the families. This type of continuous care has made them trusted sources of information in their communities, so they usually have no problem convincing people to take the medicine. For Beatrice, it was an easy decision, and after she received the medicine, she noticed that her appetite improved and her energy levels increased.

Achieving progress is a collaborative effort, and alongside the invaluable work of community health workers, local governments are essential to the sustainability of DIF. The END Fund has supported successful advocacy to government officials for increased prioritization of NTDs across all four counties in Kenya participating in DIF (Kakamega, Vihiga, Bungoma, and Trans Nzoia). As a result, we have seen NTDs included for the first time in each county government’s five-year integrated development plan, which guides local government spending.





# REACHING *the* LAST MILE FUND

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*“Basically, our work now is to watch and do everything so the disease doesn’t come back.”*

- Saliou Toure

Saliou Toure, team lead for the Yamoussa vector control program in the region of Kedougou, Senegal.



## THE FLY CATCHERS OF SENEGAL MAKING RIVER BLINDNESS A RELIC OF THE PAST

Ten kilometers from the border of Guinea, Saliou Toure sits on the bank of the fast flowing Gambia river for eleven hours. His facial expression is serious, his eyes are focused, and his slacks are meticulously rolled up, leaving his legs visible. With a quick hand motion, he traps a black fly in a glass tube as it lands on his leg. “We are careful and committed because flies can leave the other side of the border to come here,” he says. Toure is the leader of a team of four fly collectors from Yamoussa, Senegal; they were asked by the village chief to be volunteers in 2006.

For Toure and his team, the 2022 fly collection season was special—they received news from the national onchocerciasis elimination committee, that Senegal has interrupted transmission of river blindness, becoming the second country on the African continent to reach this milestone.

The job of the fly collector is to capture thousands of small black flies into a glass tube. The glass tubes are sent to a lab to be tested for the presence of the parasite that causes river blindness—a painful disfiguring disease that causes severe itching, rashes, and skin nodules. More than 205 million people worldwide are at risk of this disease, which can cause blindness if left untreated.

Support from the Reaching the Last Mile Fund (RLMF) enabled Senegal to collect and process more than 163,000 flies. The processing of these samples confirmed that the country will no longer require treatment in areas where river blindness was previously endemic. “Long ago, we had the disease in the village and many people became blind, but right now there is no evidence of the disease in Yamoussa. We thank God now that there is no disease,” Toure proudly says. Senegal is the second RLMF-supported country to interrupt transmission of onchocerciasis after Niger. While interruption in Niger was achieved through vector control and passive treatment with Mectizan during lymphatic filariasis (LF) MDA, Senegal is the first country in Africa to achieve interruption through the use of Mectizan alone—and was one of the first countries to utilize the generous Mectizan donation by Merck beginning in 1989.

“Basically, our work now is to watch and do everything so the disease doesn’t come back,” Toure says. Toure and his team will continue their work of catching flies for at least three more years. After three years with no signs of reemergence of the parasite within the black fly population, Senegal will submit an elimination dossier requesting certification of elimination by the WHO. The RLMF is now working closely with the Senegal Ministry of Health and Social Action to plan and implement surveillance activities, including heightened surveillance in the important cross-border areas of Mali and Guinea where Toure and his team collect flies. This will minimize the risk of the disease coming back and make sure the decades of hard work will not be reversed.



Dr. Ngayo Sy, National Coordinator of Onchocerciasis and Lymphatic Filariasis Program of Senegal, briefing Toure and his colleagues on the success of the program.



Loyele Ikaale (left) on day 5 of treatment at Namoruputh Health Center.



## Flagship Fund

### FLAGSHIP FUND FILLS CRITICAL FUNDING GAPS IN EAST AFRICA

Loyele Ikaale is 15 years old and responsible for watching over his family's herd of cows. As he led his livestock through the arid region of Turkana, Kenya, the constant buzzing and occasional bite from sand flies was more than just an annoyance—it was an encounter with the world's most deadly NTD.

Visceral leishmaniasis (VL), also known as kala-azar, is second only to malaria as the most lethal parasitic disease. The infection attacks the liver, spleen, and bone marrow. Without treatment, death is all but certain.

At first, Loyele and his family thought his illness was malaria, a common occurrence in rural regions like Turkana. As he became sicker, he was brought to a health facility in Namoruputh, Kenya on the back of a motorcycle. "When I was brought here, I was very ill. I had a lot of pain here on my shoulders, back pains, and my legs were very weak. There was also a severe headache. I was completely bedridden," Loyele explains.

Amidst the COVID-19 pandemic in April 2021, the UK government halted its funding to treat VL, as part of a larger cut to international aid from its Foreign Commonwealth and Development Office budget (FCDO). As funding was diverted away from VL, the END Fund's Flagship Fund, designed to be flexible and nimble, with co-investment from The ELMA Foundation and Margaret A. Cargill Philanthropies, leveraged its regional experience and strong relationships with national NTD programs to support four organizations delivering VL prevention and treatment in Sudan, South Sudan, Ethiopia, Uganda, and Kenya.

The Flagship Fund continued to work with countries to ensure adequate VL drug supplies by sharing up-to-date medication stock status, both at the national and subnational levels, and to monitor the dispatch of supplies by the WHO to countries and health facilities. This commitment reinvigorated the Flagship Fund's strategy to ensure the threat of VL does not continue to be ignored.





Nearly five million people in Kenya are at risk of VL, and Turkana is one of the country's hotspots. Receiving quick diagnosis and treatment is critical to a patient's survival, but this is especially hard in this remote and conflict-prone region where health facilities may only be reachable after many days on foot.

These programs help reduce the fatality rate from 95% to less than 2% by providing treatments while also alleviating debilitating symptoms like sores, weight loss, weakness, fever, enlarged spleen or liver, bleeding, and other infections.

Luckily for Loyele, he was brought to a facility that was equipped with the diagnostic tools and medicines to help him. He began a seventeen-day course of injections with antimonial drugs to fight the infection and received nutritious drinks to help his body heal from the anemia and weight loss caused by the illness.

***“When I was brought here, I was very ill. I had a lot of pain here on my shoulders, back pains, and my legs were very weak. There was also a severe headache. I was completely bedridden.”***

**- Loyele Ikaale**





## CENTERING COUNTRY LEADERSHIP

Our newest addition to the END Fund is the Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs Fund, known as the ARISE Fund. It is the second phase of a direct philanthropic response to the UK FCDO funding cuts to NTDs in 2021.

*The ARISE Fund will invest in five countries—Burkina Faso, Ethiopia, Kenya, South Sudan, and Senegal—to develop resource mobilization strategies and strengthen the leadership and capacity of decision makers who represent communities affected by NTDs.*

Dr. Abdinasir Amin, Associate Vice President, the ARISE Fund, states, “The ARISE Fund employs a philosophy of co-financing programs with governments in order to integrate NTD program delivery within existing health systems. The most important goal of the ARISE Fund is to ensure country ownership as well as transparency in decisions on program implementation.”

Innovation and streamlined data systems are key to the ARISE Fund. Through prioritization with countries and in support of their NTD Master Plans, the ARISE Fund aims to strengthen the integration of NTDs into other health campaigns, and with other sectors. To do this, it supports digital tracking of program coverage, vector control, tackles root causes of infection including hygiene and sanitation, strengthens drug supply management systems, and optimizes program delivery, especially for hard-to-reach populations.

In addition, the ARISE Fund will help programs innovate by working with the Clinton Health Access Initiative to expand digital health systems, which will allow for standardized monitoring and reporting systems for programmatic activities.

Anchor funding for ARISE has been committed by a group of visionary partners: the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation (CIFF), and The ELMA Foundation.



Community drug distributors Mariam Abas and Khadija Galgalo distribute treatment for LF in Lamu Town, Kenya.







# The Ten Year Journey of Ending NTDs in Ethiopia

The END Fund began working in Ethiopia in 2013, a collaboration that has now seen ten years of partnership towards ending NTDs in the country.

When the Ethiopian Federal Ministry of Health (FMOH) launched its NTD Master Plan in July 2013, they prioritized efforts to tackle schistosomiasis and intestinal worms. With this mandate, in 2014 the END Fund began to work with the FMOH, in collaboration with other partners, to provide deworming treatments to nearly eight million children in the first year alone.

In 2015, the END Fund joined a consortium of partners to support the FMOH in developing and implementing an ambitious five-year national deworming program to scale treatment to all school-age children at risk of schistosomiasis and intestinal worms. Through this five-year initiative, the FMOH scaled up to reach over twenty million children at risk.

Over the years, the END Fund has broadened its support to Ethiopia's NTD efforts outside of deworming by funding strategic initiatives for trachoma, river blindness, VL and LF as well.

With more than seventy-seven million people in need of treatment, Ethiopia is regarded as one of the "big three" highest-burden countries for NTDs in Africa along with the Democratic Republic of Congo and Nigeria. Intestinal worms, schistosomiasis, LF, river blindness, and trachoma are all endemic in the country.

***All four of the END Fund's programmatic investment portfolios are active in Ethiopia. Since 2017, RLMF-supported areas in Ethiopia have seen remarkable progress in eliminating LF as a public health problem. Two districts near Sudan have passed two successive transmission assessment surveys (TAS), and two more zones bordering South Sudan have also passed their first TAS. TAS is a process used to determine if an area no longer has active transmission of a disease and, therefore, can stop conducting MDAs.***


In September 2018, the Helmsley Charitable Trust invested through the END Fund's Flagship Fund to support Ethiopia's goal of eliminating trachoma by providing more than 95,000 trachomatous trichiasis (TT) surgeries by the end of 2023. Through this support, TT surgical services became available in the Afar, Benishangul-Gumuz, Gambella, and Somali regions for the first time. In addition to surgeries, the END Fund partnered with the University of North Carolina to increase the number of certified national master TT surgery trainers in the country. These efforts are instrumental in strengthening the health system and supporting Ethiopia's efforts to continue providing these essential health services.

Additionally, through the DIF, launched in April 2019, the END Fund aimed to accelerate progress toward the interruption of transmission of intestinal worms and schistosomiasis in Ethiopia. As part of DIF, the END Fund supported Ethiopia to conduct national geospatial reassessment mapping to better understand where these parasites are present in the country. With improved mapping, the FMOH will be able to target more specific areas and expand treatments in order to help control and eliminate parasitic diseases. In working towards the ambitious DIF goal, scaling up treatment to expanded populations and coordination with water, sanitation, and hygiene programs have been prioritized. A partnership with Power of Nutrition, Ethiopia's nutrition platform, was leveraged to expand NTD treatment to additional at-risk populations, including young children ages 12 to 24 months, children 2 to 5 years, and pregnant women.

The newest fund, the ARISE Fund, will invest in Ethiopia's efforts to develop resource mobilization strategies and strengthen the leadership and capacity of decision makers who represent communities affected by NTDs. It will also support disease elimination efforts through both innovative and accelerated approaches to implementation; this includes expanding trachoma treatments to include children and increasing the number of TT surgeries to decrease the national backlog.

The Ethiopian FMOH has been a leader in NTD elimination since the launch of its national NTD plan in 2013 and because of the prioritization of NTD programs in its overarching national health strategy. The Ethiopian government has worked closely with national and international partners to reach as many people in need of treatment as possible.





Students receive treatment during a school-based mass drug administration for intestinal worms and schistosomiasis in Amhara Region, Ethiopia.



# Kigali Declaration on Malaria and NTDs

In June 2022, Paul Kagame, President of Rwanda, officially launched the ground-breaking Kigali Declaration on NTDs. It builds upon the 2012 London Declaration on NTDs, securing high-level commitments from global leaders to end these devastating diseases by the end of the decade.

In response to the Kigali Declaration, the END Fund was proud to commit US\$161 million on behalf of the philanthropic community to co-invest with government partners in pursuit of a world without NTDs by 2030. As Daniel Boakye, Senior Technical Advisor, the END Fund, wrote in a blog post for the Bill & Melinda Gates Foundation, “We have the tools we need. The priority now is to deploy them in the right way to get to elimination.”

Endorsement of the Kigali Declaration galvanized political will, ambition, and significant financial commitments, including more than four billion dollars from governments, international organizations, and philanthropists. Additionally, the pharmaceutical industry contributed eighteen billion doses of medicine for the treatment and prevention of NTDs in addition to US \$562 million in other health products.

***“We have the tools we need. The priority now is to deploy them in the right way to get to elimination.”***

**-Daniel Boakye, Senior Technical Advisor, the END Fund**

The Kigali Declaration fuels further momentum to deliver the WHO’s 2030 NTD road map and demonstrates how the global health community can save lives through cooperation and collaboration.

The COVID-19 pandemic and other challenges from the past three years have hampered progress toward eliminating NTDs. The Kigali Declaration reinvigorates these efforts and calls for accelerated action from governments and other leaders worldwide to contribute to that revival — of which the END Fund is proud to be part.



A community health worker measures a woman in Bungoma, Kenya to determine the correct dose of medicine she will receive. The woman is receiving this medicine as part of the expanded populations MDA.





# Tenth Anniversary Learning Summit

The END Fund held a Learning Summit in Nairobi, Kenya from May 30 to June 1, 2022 to mark the tenth anniversary of the END Fund's mission to end NTDs and the partnerships that have taken us so far. The summit brought together 250 delegates in-person and virtually from five continents and highlighted programmatic and advocacy accomplishments and best practices from the past decade. The Summit gave participants a chance to share lessons, network, and collaborate across geographic regions to develop new solutions to accelerate the 2030 NTD elimination goals.

The Summit brought together government officials, led by Susan Mochache, Principal Secretary, Kenya Ministry of Health, as well as donors, representatives from the WHO, Africa Centres for Disease Control and Prevention (CDC), academic institutions, the END Fund Board, implementing partners, and the media.

Throughout, speakers recognized the impact and reach of NTDs and the commitment of members to address them through cooperative efforts. They also acknowledged the role of donors and philanthropists who make these efforts possible and reaffirmed future goals, particularly those outlined in the WHO's 2030 NTD road map — a set of global targets and milestones to prevent, control, eliminate, or eradicate NTDs in alignment with the Sustainable Development Goals.

The Summit concluded by identifying recommendations, in which governments, researchers, the media, the private sector, and communities all play a role:

- Center country leaders, supporting locally led programs that convene communities to address their unique needs.
- Integrate NTD programming into existing health system structures, moving away from siloed health interventions.
- Ensure a community led response, leveraging existing health systems and champions of NTD treatment and prevention in the community to promote peer support.
- Secure domestic financing for NTD programs, in which countries develop strategic investment plans to prioritize prevention and treatment in their national budgets.
- Build out evidence-based and multisectoral NTD programming to ensure new data are continuously incorporated into practice and policy.
- Establish clear measurement and evaluation targets, monitoring programs to ensure they are adequately resourced.



# Country Portfolio 2022

Visceral Leishmaniasis

Trachoma

River Blindness

Lymphatic Filariasis

Schistosomiasis

Intestinal Worms

Country	Implementing Partners	Diseases	People Treated	Treatments Distributed	Surgeries Provided	Health Workers Trained	Value of Treatments	Disbursements Granted
Afghanistan	World Food Programme		7,900,000	7,900,000	0	474	\$158,000.00	\$272,492.93
Angola	The MENTOR Initiative		1,078,639	1,387,619	0	1,800	\$119,325.45	\$1,022,564.92
Burkina Faso	Programme Nationale de lutte contre les maladies tropicales negligees		0	0	102	0	N/A	\$253,554.39
Burundi	CBM		N/A	N/A	N/A	N/A	N/A	\$185,921.84
Central African Republic	CBM, Organisation pour la Prévention de la Cécité		1,079,905	1,079,905	0	0	\$24,513,843.50	\$896,771.06
Chad	Caritas, Le Ministère de la Santé Publique et de la Solidarité Nationale, Tchad		0	0	0	0	N/A	\$44,921.28
The Democratic Republic of the Congo	CBM, United Front Against River Blindness		43,974,237	73,243,939	0	186,369	\$275,467,091.59	\$3,570,684.45
Eritrea	The Fred Hollows Foundation		0	0	1,240	768	N/A	\$310,635.66
Ethiopia	Amref Health Africa, The Carter Center, Ethiopia Public Health Institute, Ethiopia Federal Ministry of Health, The Fred Hollows Foundation, La Trobe University, NALA Foundation, Orbis International, The Power of Nutrition, Unlimit Health		30,541,519	37,731,872	19,801	252,409	\$47,059,503.16	\$14,327,676.60
Guyana	Pan American Health Organization		N/A	N/A	N/A	N/A	N/A	\$457,734.08
India	Evidence Action		53,311,960	53,311,960	0	422,295	\$1,066,239.20	\$483,066.60
Kenya	African Institute for Health and Development, Akros, Amref Health Africa in Kenya, Evidence Action, IQVIA,		8,948,569	10,172,168	0	19,600	\$919,034.54	\$4,412,114.54
Madagascar	Unlimit Health		3,760,544	4,910,048	0	43,033	\$454,547.20	\$1,665,332.28
Malawi	Giving Heart Ministries		52,190	104,380	0	465	\$18,266.50	\$36,134.19
Mali	Bruyère Research Institute, Helen Keller International, International Center of Excellence in Research		3,581,442	5,036,106	542	3,103	\$21,151,645.20	\$1,158,670.57
Mauritania	Organisation pour la Prévention de la Cécité		N/A	N/A	N/A	N/A	N/A	\$2,173.03
Niger	Helen Keller International		0	0	0	0	N/A	\$189,364.50
Nigeria	AiDx Medical BV, Amen Health and Empowerment Foundation, CBM, Dilmagi, Inc., Helen Keller International, Mission to Save the Helpless		22,999,608	41,994,633	3,100	73,758	\$104,724,241.80	\$3,443,359.43
Rwanda	Akros, African Institute for Health and Development, The Chancellor, Heart and Sole Action/Africa (HASA), Masters & Scholars of the University of Oxford, Rwanda Biomedical Center, Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP)		10,925,900	26,578,677	0	0	\$3,003,070.85	\$684,440.58
Senegal	Akros, FHI 360, Le Ministère de la Santé et de l'Action Sociale du Senegal		0	819,400	96	71	\$2,594,734.72	\$1,679,996.75
Sierra Leone	Helen Keller International		N/A	N/A	1,200	180	N/A	\$181,330.00
Somalia	WHO		2,476,325	4,725,878	0	0	\$864,930.57	-
South Sudan	Amref, CBM, The Carter Center, Health Africa in Kenya The MENTOR Initiative,		3,512,908	6,342,353	380	28,319	\$38,233,524.48	\$1,907,959.53
Sudan	CBM, The Carter Center, Emory University		6,323,723	6,999,895	0	4,715	\$29,498,423.68	\$2,926,125.02
Tanzania	Kilimanjaro Centre for Community Ophthalmology (KCCO), Neglected Tropical Diseases Control Program		0	0	700	90	N/A	\$178,723.70
Yemen	Global Health Development - Eastern Mediterranean Public Health Network (GHD-EMPHNET)		0	0	0	51	N/A	\$936,750.15
Zimbabwe	Ministry of Health and Childcare of Zimbabwe, National Institute of Health Research, Higherlife Foundation		1,421,262	2,138,486	0	0	\$483,360.94	\$141,238.00
Multi-Country (RLMF support)	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)		N/A	N/A	N/A	N/A	N/A	\$400,000.00
Multi-Country (Uganda, Kenya, Ethiopia, Sudan, South Sudan)	Crown Agents, Ethiopia Federal Ministry of Health, The Foundation for Innovative New Diagnostics (FIND), Interchurch Medical Assistance, Inc. (IMA)		8,206	8,206	0	441	N/A	\$3,195,611.22
<b>TOTAL</b>			<b>201,896,937</b>	<b>284,485,525</b>	<b>27,161</b>	<b>1,037,941</b>	<b>\$550,329,783.38</b>	<b>\$44,965,347.30</b>



# Financial Summary 2022

## CONSOLIDATED STATEMENT OF ACTIVITIES

SUPPORT AND REVENUE	US	UK	Total
Contribution	\$78,723,726	\$3,157,975	\$81,881,701
Investment Income	\$8,159	\$2,654	\$10,813
<b>Total Support and Revenue</b>	<b>\$78,731,885</b>	<b>\$3,160,629</b>	<b>\$81,892,514</b>
EXPENSES	US	UK	Total
Program Services	\$56,109,328	\$1,712,286	\$57,821,614
Management and General	\$1,700,424	\$122,553	\$1,822,977
Fundraising	\$2,713,473	\$227,880	\$2,941,353
<b>Total Expenses</b>	<b>\$60,523,225</b>	<b>\$2,062,719</b>	<b>\$62,585,944</b>
<b>Changes in Net Assets</b>	<b>\$18,208,660</b>	<b>\$1,097,910</b>	<b>\$19,306,570</b>

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2022

ASSETS	US	UK	Total
Cash	\$332,022	\$1,842,207	\$2,174,229
Restricted Cash	\$51,489,478	-	\$51,489,478
Pledges Receivable, Current Portion	\$1,585,494	\$596,068	\$2,181,562
Related Party Receivable	\$845,198	-	\$845,198
Prepaid Expenses	\$472,451	\$54,358	\$526,809
<b>Total Current Assets</b>	<b>\$54,724,643</b>	<b>\$2,492,633</b>	<b>\$57,217,276</b>
Fixed Assets	\$34,735	-	\$34,735
Operating Right-of-Use Asset	\$2,379,350	-	\$2,379,350
Other Assets	-	-	-
Pledges Receivable, Net of Current Portion	\$1,039,024	\$150,000	\$1,189,024
<b>Total Assets</b>	<b>\$58,177,752</b>	<b>\$2,642,633</b>	<b>\$60,820,385</b>
LIABILITIES	US	UK	Total
Accounts Payable and Accrued Expenses	\$251,356	\$29,015	\$280,371
Related Party Payable	-	\$845,198	\$845,198
Operating Lease Liabilities, Current	\$355,063	-	\$355,063
<b>Total Current Liabilities</b>	<b>\$606,419</b>	<b>\$874,212</b>	<b>\$1,480,631</b>
Operating Lease Liabilities, Long Term	\$2,168,093	-	\$2,168,093
<b>Total Liabilities</b>	<b>\$2,774,512</b>	<b>\$874,212</b>	<b>\$3,648,724</b>
NET ASSETS	US	UK	Total
Net Assets: Without Donor Restrictions	\$1,113,762	\$1,603,529	\$2,717,291
Net Assets: With Donor Restrictions	\$54,289,478	\$164,892	\$54,454,370
<b>Total Net Assets</b>	<b>\$55,403,240</b>	<b>\$1,768,421</b>	<b>\$57,171,661</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$58,177,752</b>	<b>\$2,642,633</b>	<b>\$60,820,385</b>



# Lymphatic Filariasis in Nigeria

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Gaini Abubakar is a maize farmer and resident of Zambuk, Gombe State in Nigeria. His swollen leg reduced when he started treatment with ivermectin. Lymphatic filariasis, commonly known by its advanced-stage symptom, elephantiasis, is a mosquito-borne disease caused by parasitic roundworms.

More than 893 million people require treatment to prevent LF in seventy-two countries. It is caused when a mosquito carrying the parasite bites a person, the parasite enters the body, and migrates to the lymphatic vessels where it develops into an adult worm. The disease leads to a complication of swollen legs with rough thickened skin and can occur in other parts of the body including the scrotum. Besides the physical pain, people living with the disease can suffer tremendous social stigma. They can experience a poor quality of life and are often unable to work, provide for their families, or be active members of their communities, resulting in mental and financial losses that contribute to the cycle of poverty.

According to the WHO, Nigeria is estimated to have the highest burden of LF with over 120 million people at risk of infection. As a result of the multi-sector collaboration between the Ministry of Health in Nigeria, funding partners, and community members, LF is on a downward trend with thirty-seven local government areas in Nigeria nearing elimination.





Herinirina Odile, community health volunteer in Ambohimiadana District of Vatomandry, Madagascar.



# Anchor Donors\* 2022

As we look ahead to a new era of NTD elimination, we have been able to reflect not only on the impact delivered since the END Fund's inception but also on the incredible commitment of the community of investors who have helped to support in delivering that impact and continue to do so. We are deeply thankful for the trust and endorsement of over 6,400 investors to date, helping us support fifty four local and international implementing partners to alleviate suffering and advance life opportunities for millions of individuals. The 2,428 investments received from contributors around the world in 2022, from Australia to Malaysia to Zimbabwe, demonstrate the increasing recognition that an investment in NTD treatment is an investment in a more prosperous world for all. We are sincerely grateful to our investors for sharing our vision of a world in which all can thrive free from the risk of NTDs.

We look forward to continuing to collaborate with all stakeholders to end these devastating diseases once and for all.

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

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\*Our 2022 Anchor Donors are those whose contributions of \$1 million or more were active during the year.

The END Fund would like to thank the photographers whose images are reproduced in our 2022 report: Andrew Heikkila, Gregory Porter, Mo Scarpelli, Omoregie Osakpolor, Viviane Rakotoarivony, Pascoal Morais, and Yusuf Ahmed.



*The END Fund is grateful for all  
of our investors and partners  
who make the success achieved  
in 2022 and beyond possible.*





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