

**Annual  
Report  
2017**





# MISSION

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

# VISION

To ensure people at risk of neglected tropical diseases (NTDs) can live healthy and prosperous lives.

**THANK  
YOU!**

The END Fund is grateful for all of our investors and partners without whom the success achieved in 2017 would not be possible.

For a list of our investors and partners, visit  
[end.org/partners](http://end.org/partners)





# VALUES



## Results and Efficiency

The END Fund has a singular focus—to reduce the prevalence of NTDs in the most cost-effective, high-impact manner possible. The Fund takes a results-oriented approach and rigorously monitors every grant investment. We believe that part of achieving great results is a commitment to taking on and responding to challenges swiftly, staying flexible, and fostering and embracing innovation.



## Servant Leadership

Successful NTD control and eradication efforts are dependent on a broad range of partners working together in concert: health and development NGOs, visionary and committed investors, pharmaceutical companies, and leaders within disease-endemic developing countries. The END Fund is dedicated to serving the broader goals and vision of the NTD movement and to always finding ways to leverage our unique assets to be of highest service to the collective movement.



## Excellence and Stewardship

The END Fund adopts a private sector approach that employs the best practice principles, eschewing unnecessary bureaucracy, and delivering the very highest returns on an investment. We are always mindful of the trust investors have placed in the END Fund and are 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.





UMAR IS A STUDENT AND A COMMUNITY DRUG DISTRIBUTOR (CDD) IN GOMBE, NIGERIA. HE PLAYS AN ESSENTIAL ROLE IN HIS STATE'S NEGLECTED TROPICAL DISEASE (NTD) PROGRAM BECAUSE WITHOUT THE VOLUNTEER WORK OF CDDs, MANY COMMUNITIES WOULD NOT RECEIVE THE MEDICINES THEY NEED TO TREAT THESE PREVENTABLE DISEASES.

Umar knows that trust is vital to the work he does. "Some families say that if I wasn't the one giving the medicine to them, they wouldn't take it. That trust they give us, it is something I have learned a lot from."

By going door-to-door in their communities in Nigeria, CDDs like Umar have not only contributed to treating NTDs, their knowledge and familiarity with their communities have helped raise awareness of NTDs even in the most remote areas. "The people of this area are very united. We are all together. We are making progress."



"Anytime you help your community, it will pay back to you. I wanted to do my part."







## WHAT IS THE END FUND?

The END Fund is a private, philanthropic initiative working to control and eliminate the five most common NTDs, which affect over 1.5 billion people globally. The END Fund does this through:

- **COMMUNITY:** growing and engaging a community of activist philanthropists dedicated to ending NTDs;
- **FUNDING:** raising and allocating capital effectively to end NTDs;
- **PLATFORM:** serving as a platform for donor coordination, collaboration, and leverage;
- **OUTREACH:** engaging as a technical, strategic, and advocacy partner with governments, local and international non-governmental organizations, academic institutions, pharmaceutical companies, multilaterals, funders, and private sector business leaders;
- **INVESTMENT:** actively managing a portfolio of high-impact, strategic investments to scale treatment and reach disease elimination goals;
- **TECHNOLOGY:** fostering innovation and fast-tracking the deployment of new NTD tools and technology;
- **LEADERSHIP:** leading targeted outreach, advocacy, and awareness efforts to share the investment opportunity and large-scale social impact of ending NTDs with key public and private sector leaders and decision-makers;
- **ANALYSIS:** monitoring and evaluating the impact of our portfolio of investments and contributing learnings and best practices to the broader NTD and global health communities; and,
- **SYSTEMS:** taking a systems approach to understanding, engaging with, and influencing the broad ecosystem of stakeholders working on ending NTDs.



# 2017 IMPACT HIGHLIGHTS

## PEOPLE TREATED

MORE THAN

# 97M



## SURGERIES PERFORMED

# 2,915



## NUMBER OF TREATMENTS DISTRIBUTED

OVER

# 160M



## VALUE OF TREATMENTS

OVER

# \$119M



## HEALTH WORKERS TRAINED

# 344,324



## DISEASES WE FOCUS ON



### INTESTINAL WORMS

People in need of treatment:

**Over 1.5 Billion**

Intestinal worms cause stunted growth, impaired cognitive function, limited educational advancement, and reduced long-term economic productivity. Children die every year from these worms as a result of intestinal obstructions.

### TRACHOMA

People in need of treatment:

**190 Million**

Trachoma is the worldwide leading cause of blindness from an infectious disease. The disease is a bacterial infection of the eye that is caused by chlamydia trachomatis, and though it causes irreversible blindness, trachoma can be treated if diagnosed early. It is spread through direct contact with flies or infected individuals.

### SCHISTOSOMIASIS

People in need of treatment:

**206 Million**

Schistosomiasis (also known as bilharzia or snail fever) is a chronic disease caused by parasitic worms that live in certain types of freshwater snails. Schistosomiasis is second only to malaria as the most deadly parasitic disease.

### RIVER BLINDNESS

People in need of treatment:

**198 Million**

River blindness (also known as onchocerciasis) is an eye and skin infection that is caused by a parasitic worm, transmitted by the bite of a black fly that lives and breeds in fast-flowing rivers and streams.

### LYMPHATIC FILARIASIS

People in need of treatment:

**856 Million**

A mosquito-borne disease, lymphatic filariasis (LF) can cause swelling from fluid build-up caused by improper function of the lymphatic system. This build up can lead to severe disfigurement and disability. Though infection usually is acquired in childhood, the disfiguring effects are greatest in adults.



# WHERE WE INVESTED

2017



**23**  
COUNTRIES





## PROGRAM AND PORTFOLIO MANAGEMENT

**T**o accelerate progress towards end goals for control and elimination of five NTDs, the END Fund engages in active program and portfolio management with local and international NGOs, academic partners, ministries of health, and multilateral organizations.

In close partnership with stakeholders across the global NTD community, the END Fund:

- **identifies gaps and opportunities** – understands investment needs and gaps, landscapes investable opportunities, and increases coordination among stakeholders;
- **builds coalitions** – mobilizes and activates collaboration among country-level stakeholders, including ministries of health, NGOs, donors, etc.;
- **designs programs** – works with implementing partner NGOs to expand data collection, mapping, and sector knowledge in order to identify compelling program opportunities;
- **strengthens capacity** – aims to grow and strengthen the pool of partner organizations to assist local governments in the implementation of quality NTD programs;
- **manages grants and provides technical support** – conducts country program visits and provides partner support, technical assistance, and capacity building as needed; and,
- **conducts monitoring, evaluation, and program communications** – designs and executes monitoring, evaluation, and information sharing activities to inform program design, organizational decision making, and donor updates.

### A CUSTOMIZED APPROACH TO REACH THE END

In 2017, the END Fund team managed programs in 23 countries, each with unique circumstances, political and economic climates, and a need for support at different stages on the path to sustainably controlling and eliminating NTDs. This is the hallmark of END Fund investments — they are highly tailored to meet diverse local needs.

In Rwanda and Zimbabwe, for example, the END Fund invests directly in the ministry of health (MoH) to support their NTD operations. In Nigeria, we work with both local and international NGO implementing partners alongside the government's MoH teams. In Mali and Tanzania, we support surgical care for some of the most advanced stages of blinding trachoma and elephantiasis. We are the only NTD funder in some countries, while in others, we are a part of a complex consortium of bilateral, multilateral, and private donors, coordinating for the same goals.

*However, the driving force and ultimate goal that unites every END Fund initiative is the elimination of NTDs. This means that our work does not stop until NTDs are no longer a public health problem, meaning they do not prevent school attendance or severely impact economic productivity.*

Elimination, like so many audacious endeavors, is easier said than done. But through resource mobilization and collaboration, social mobilization, training, logistics, supervision, and follow-up surveying, this benchmark is in sight.

Elimination is what we strive for, the ultimate prize: countries NTD free.





## Somalia

The END Fund began its investment in Somalia in 2016, a country with little experience implementing large NTD programs. Somalia is located in the Horn of Africa with a population of 14 million people and more than 5 million requiring treatment for at least one NTD. Ongoing insecurity, famine, and lack of infrastructure, created a uniquely difficult environment for NTD programs to operate. Despite these challenges, in 2017 the MoH of Somalia's NTD unit was able to deliver mass drug administration (MDA) in five priority areas for the first time, reaching more than 640,000 children and adults for treatment of intestinal worms and schistosomiasis. The success of this program has garnered the attention of other countries' NTD units to reach out for support. While still new, this program has made impressive gains quickly and the team has learned many lessons, which will allow them to expand treatment to more people at risk across Somalia.

## Nigeria

Nigeria is three times the size of Germany, with a population of more than 186 million people, over 128 million of whom require treatment for at least one NTD. Due to its geographic size and large diverse population, the END Fund's implementing partners in Nigeria have developed different strategies across the country. When expanding into new areas, our partners, the Amen Health Care and Empowerment Foundation, MITOSATH, and Helen Keller International, engage with local leaders to develop unique plans that will garner the highest possible coverage. In Nigeria's expanding city centers, using different distribution points for MDA — such as churches, mosques, and markets — has led to higher coverage rates. These approaches have fostered innovations resulting in the tripling of coverage in some areas. Each new strategy is a piece of the puzzle bringing Nigeria closer to the therapeutic coverage goal across the entire country.



## India

The END Fund's work in India has been highly collaborative over the years and focuses on sustainability and government ownership. Since 2013 we have partnered with Evidence Action to support technical assistance for the national MoH and in 2015 began supporting the state MoH in Rajasthan. In 2017, through this partnership, the state of Rajasthan completed its fourth round of treatment for intestinal worms reaching more than 18.6 million children between the ages of 1 and 19 years — the highest number of children treated in one year since the program began. Beginning in 2015, the government of India launched the National Deworming Day (NDD), an annual nationwide event on February 10, which treats millions of children each year for intestinal worms. India's NDD is now the largest school-based deworming program in the world and since 2016 has scaled up to all states and territories within the country. In 2017 alone, the national government reported the treatment of more than 260 million children. India's efforts have demonstrated that NTD programs can provide the consistency needed to achieve end goals.





## Chad

The Republic of Chad is a central-African country that, prior to 2015, had few treatment efforts for the five common NTDs besides river blindness and trachoma. With Organisation pour la Prévention de la Cécité (OPC), the END Fund first started supporting the MoH on NTD control in Chad in 2016 through a unique request from the Mectizan Donation Program. The drugs to treat lymphatic filariasis and river blindness were already in-country but the funding to distribute them effectively to the communities who needed them were not available. While this initial investment filled a particular gap, in 2017 the END Fund was able to expand the grant to include intestinal worms and schistosomiasis for an integrated NTD treatment program, treating more than 700,000 school-age children for intestinal worms and 2.2 million school-age children for schistosomiasis. Astounding results from the 2017 treatment coverage survey showed that for all four diseases, over 81% of the population in need of treatment was reached with treatment. This surpassed the World Health Organization (WHO)'s requirements needed to decrease the prevalence and intensity of infection by these diseases and sustain progress over time. The MoH's NTD unit has demonstrated that with commitment and strong government interest and leadership, the possibilities of rolling out a successful NTD control program are feasible.

## Eritrea

Eritrea's efforts to control and eliminate NTDs are relatively new compared to other countries. However, the government set an ambitious goal to reach trachoma elimination by 2020 and the impressive progress has been inspiring to the NTD community. With the Fred Hollows Foundation, which has worked on trachoma in the country since 1994, the END Fund began co-investing in the northeast African nation in 2017 with the aim of supporting the government's trachoma elimination plan through impact surveys and MDA for the 1.4 million people in need of treatment. Prior to this partnership, there were few investors in NTD control in the country and this particular investment helped to expand an already strong program to enable significant progress towards the elimination goal. The MDA campaign was successful in reaching an average of 90% of the target populations and the impact surveys clearly showed that additional MDA is no longer needed — all proving Eritrea's success in its progress to reaching the elimination goal. Moving forward, the END Fund will support Water, Sanitation and Hygiene activities, additional impact and surveillance surveys, and advocacy efforts through the end of 2019. Following WHO guidelines, we are working with our partners and the MoH to routinely monitor trachoma prevalence toward the verification of elimination. Trachoma indicators are now included in the Integrated Disease Surveillance (IDS) reporting, in part as a result of END Fund's support for training health workers on integrated NTD management. Eritrea spotlights the success that can be unlocked with catalytic and strategic investment.





# COMMUNITY OF INVESTORS



END FUND SUPPORTER JENNY BRUCE PARTICIPATES IN AN MDA IN VICTORIA FALLS, ZIMBABWE, AS A PART OF A LEARNING DAY.

To meet our mission of ending NTDs, the END Fund is dedicated to engaging in ongoing, meaningful partnerships with our investors.

**W**e recognize the unique contribution that private philanthropy makes to the NTD space. We also aim to support the growing impact that this community has in the efforts to reach the end goals. From making an investment to hosting dinners to organizing art shows, our supporters amplify and embrace the END Fund's mission in a myriad of ways. 2017 was no different, proving to be an incredible year for new partnerships and an ever-growing community of activist philanthropists.

## DONOR VISITS

One of the ways we have witnessed the sense of passion and dedication of our investors and advocates is through their engagement during program visits. In 2017, the END Fund traveled with donors to visit programs in Democratic Republic of Congo (DRC), Nigeria, Rwanda, and Zimbabwe, where they participated in activities such as school and community-based MDA, spoke with beneficiaries of the programs, and learned from health workers. Our donors had the chance to see firsthand how their generous contributions are impacting and improving lives.

While most of our work focuses on rural parts of the world, some of our activist-philanthropists were able to witness the devastating effects of NTDs in urban settings. In November, END Fund

Board members observed programs run by local implementing partners in a densely populated urban area in Lagos, Nigeria. The visit included meeting people suffering from advanced stages of LF and learning about morbidity management. This visit was particularly impactful because it demonstrated the severity of these diseases, but also proved there are known solutions to reduce the suffering from NTDs.

## ADVENTURE FUNDRAISING

2017 was also the year in which the END Fund started organizing an exciting new adventure, our *Race to See the END: Victoria Falls*. We strive to create opportunities for everyone to contribute to ending NTDs while leveraging their passions and interests. In this case, runners, joggers, and END Fund enthusiasts raised funds and awareness for NTDs and, following the race, were able to see the programs they were advocating for by visiting an MDA focused on deworming children at a local school. They also traveled to Harare to witness the END Fund's ability to bring stakeholders together at a meeting with our partners working in Zimbabwe. These types of experiences not only raise our investors' knowledge of the disabling diseases we work with, but also connect our investors to the people directly benefiting from their investments.





IN 2017, REPRESENTATIVES FROM VITOL FOUNDATION AND GIVEWELL, LIKE JOSHUA ROSENBERG, VISITED OUR PROGRAMS IN RWANDA AND DRC. ON IDJWI ISLAND, DRC, THEY HAD THE CHANCE TO LEARN ABOUT PROGRAMMATIC WORK FROM JACQUES SEBISAHO, FOUNDER OF AMANI GLOBAL WORKS, AND SEE THE BENEFICIARIES OF THEIR INVESTMENTS.

## NEW PARTNERSHIPS

A humbling moment this past year included the END Fund being asked to host the Reaching the Last Mile Fund (RLMF), a visionary initiative of the Abu Dhabi Crown Prince Court, to fast-track elimination efforts for both river blindness and LF in seven priority countries. The Crown Prince Court generously committed US\$20 million to this new Fund. The Bill & Melinda Gates Foundation joined by pledging to contribute 20% of the total fund (up to \$20 million). Additional donors are actively being approached to join this coalition to reach the \$100 million goal.

For the second year in a row, the END Fund was ranked as a Top Charity by GiveWell for our deworming efforts. This partnership has inspired additional supporters around the world to join the fight against intestinal worms and schistosomiasis. We are honored to be chosen and to have the cost effectiveness and efficiency of our NTD control model highlighted once again.



DURING A VISIT TO AN URBAN NTD PROGRAM, END FUND BOARD MEMBER AND DONOR TSITSI MASIIWA ENGAGES WITH THE COMMUNITY IN MAKOKO WHILE CDDs DISTRIBUTE MEDICINE FOR RIVER BLINDNESS, LF, AND INTESTINAL WORMS.

## ANCHOR INVESTORS\* 2017

We remain grateful for the confidence and trust placed in us, with over 828 individuals contributing to the END Fund throughout 2017. Donations came from 29 different countries in six continents, including Algeria, Zimbabwe, Brazil, Australia, Finland, Ireland, Indonesia, Japan, Slovenia, and United Arab Emirates, 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](http://end.org/partners)



BILL & MELINDA  
GATES foundation

Campbell Family  
Foundation



\* Anchor investors are those that have contributed \$1 million or more.



# OUTREACH AND ENGAGEMENT

We have been fortunate to join and convene high-level conversations to help focus the attention of influential stakeholders on NTDs. By embodying hope and sharing encouragement that NTDs can be ended in our lifetime, the END Fund builds strategic partnerships and raises awareness about NTDs in a diverse array of settings, from conference rooms in Davos to communities in rural Nigeria. By creating advocates and cultivating NTD ambassadors around the globe, our overarching goal is to move the needle forward on ending NTDs.



## The Global NTD Summit

2017 marked an important milestone for the fight against neglected diseases, as it was the fifth anniversary of the WHO's Roadmap on NTDs and the London Declaration. To celebrate this landmark moment, Uniting to Combat NTDs, the World Health Organization, and the NTD community hosted an NTD Summit in Geneva. Held at the WHO headquarters in April, the Global Partners Meeting on NTDs commemorated our collective achievements over the past five years and laid a path for the future as we look to control, eliminate, and eradicate 10 of these neglected diseases. Activist-philanthropist and END Fund Board Chair Bill Campbell was invited to lend his voice to the proceedings, along with then-WHO Director-General, Dr. Margaret Chan, Bill Gates, and Former UN Secretary General, Kofi Annan. The Partners Meeting coincided with the release of the Fourth WHO report on NTDs, "Integrating neglected tropical diseases in global health and development" and brought together ministry representatives, private sector, and global health and advocacy communities. We catalyzed this important moment for the NTD community to convene Board members and key investors in Geneva, to demonstrate support for and further amplify these efforts and messages.

## Next Gen Philanthropy

Inspired by her 2017 visit to Nigeria with the END Fund, Dana Juffali convened a meeting of next-gen philanthropists with the END Fund team in Jeddah, Saudi Arabia. At the meeting, Dana shared the vision of her family's philanthropy as a member of the Shefa Fund and her personal experiences from the Nigeria visit in order to inspire and engage a group of more than 30 young aspiring philanthropists.





## Advocating on a Local Level

We have learned along the way that advocacy isn't restricted to international buy-in or focused only on mass awareness raising. Local advocacy, community by community, is also paramount at every level of the journey in tackling NTDs. In Nigeria, the END Fund was able to observe the work, firsthand, of our local partners, Rita Oguntinyinbo, Founder and President, Amen Health and Empowerment Foundation, and Franca Olamiju, Executive Director of MITOSATH. From ensuring CDDs conduct the necessary sensitization and education ahead of an MDA in Akwa Ibom State, to engaging with regional leaders, such as the Emirs in Gombe State, our partners recognize that investment from local communities is critical to a program's success. Connections to local governments is especially important in countries like Nigeria, where engagement at both the federal and state levels is key.



## World Economic Forum — Davos

Our goal to gain greater visibility for neglected diseases does not rely on a single strategy. We recognize that the greatest advocates can be inspired at any time, in any place. In January 2017, the END Fund hosted a breakfast discussion on Partnerships to End NTDs, as an official side event of the World Economic Forum (WEF) in Davos, an annual meeting that brings together world leaders from the business and tech sectors, along with government officials and young change-makers. A diverse group of stakeholders convened on the topic of collaboration at our event, represented by key members of the pharmaceutical community, including the CEOs of Sanofi and Merck; the Archbishop of Canterbury, Justin Welby; Rwanda's Minister of Natural Resources and Former Minister of Health, Dr. Vincent Biruta; and WEF's Global Shapers, among many others.



## Engaging Faith-Based Communities

Building on the Vatican's commitment to NTDs in 2016, when an international conference was convened on rare and neglected diseases, the END Fund was proud to participate in the 2017 conference titled "Addressing Global Health Inequalities" which focused on the need for universal health coverage (UHC). In offering comments at the conference, we reminded attendees that since NTDs affect the marginalized and poorest of the poor, UHC cannot be truly achieved until all people are rid of these diseases, making NTDs a tracer for the effectiveness of UHC. With roughly one fourth of the world's most common NTDs occurring in Catholic-majority countries, the Vatican can play a crucial role in effective control and elimination strategies, from social mobilization to community-based treatment.

## THE END FUND IS PROUD TO COLLABORATE WITH THE FOLLOWING GLOBAL CONSORTIA IN THE FIGHT AGAINST NTDs:

Expanded Special Project for Elimination of Neglected Tropical Diseases (**ESPEN**)  
 Global Alliance to Eliminate Lymphatic Filariasis (**GAELF**)  
 Global Schistosomiasis Alliance (**GSA**)  
 International Coalition for Trachoma Control (**ICTC**)  
 International Trachoma Initiative (**ITI**)  
 The Neglected Tropical Disease NGO Network (**NNN**)  
 The Soil Transmitted Helminth (**STH**) Coalition  
 Uniting to Combat Neglected Tropical Diseases







# END FUND TEAM

## BOARDS OF DIRECTORS

### GIB BULLOCH

Founder and former Executive Director,  
Accenture Development Partnerships

### ROBYN CALDER

Executive Director and Board Member,  
The ELMA Philanthropies

### WILLIAM CAMPBELL

Chair, The END Fund Board;  
President, Sanoch Management

### MICHAEL P. HOFFMAN

Chairman, Changing Our World, Inc.

### TOPE LAWANI

Co-Founder and Managing Partner,  
Helios Investment Partners

### TSITSI MASIYIWA

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### ALAN MCCORMICK

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### SCOTT POWELL

Chief Executive Officer,  
Santander Holdings USA, Inc.

### ENGLISH SALL

Co-Founder, Impact Thread

### CHRISTINE WÄCHTER-CAMPBELL

Co-owner, Winston Wächter  
Fine Art Gallery

### OBSERVER STATUS

### KATEY OWEN

Director, Neglected Tropical Diseases,  
Bill & Melinda Gates Foundation

## STAFF

### ELLEN AGLER

Chief Executive Officer

### MOLLY ANDERSON

Associate, Programs

### ELISA BARING

Director, Public Affairs

### CHRISTOPHER BURROWES

Office Manager,  
Strategy and Operations

### HANNAH CHANG

Director, Finance and Administration

### CARLIE CONGDON

Associate Director, Programs

### ALESSIA FRISOLI

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### YAYNE HAILU

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### HEATHER HAINES

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### KIMBERLY KAMARA

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### KATE KELLY

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### WARREN LANCASTER

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### KATIE DOUGLAS MARTEL

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### SAM MAYER

Vice President, Public Affairs

### COURTNEY MCKEON

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### KAREN PALACIO

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### MERCEDES PEPPER

Director, Investor Relations

### GREG PORTER

Associate, Communications

### JAMES PORTER

Director, Communications

### ANA GABRIELA POWER

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### MARIAH RIDGE-O'BRIEN

Associate, Strategy and Operations

### DIANA BENTON SCHECHTER

Vice President, Strategy and Operations

### IVY SEMPELE

Associate, Programs

### ALEX SVEIKAUSKAS

Associate, Programs

### JAMIE TALLANT

Senior Director, Programs

### ABBAY TURPINEN

Associate Director, Investor Relations

## TECHNICAL ADVISORY COUNCIL

### ALAN FENWICK, PHD, OBE

Founder, Schistosomiasis  
Control Initiative

### ADRIAN HOPKINS, MD

Retired Director, Mectizan®  
Donation Program

### PETER J. HOTEZ, MD, PHD

Dean, National School of Tropical  
Medicine, Baylor College of Medicine  
Director, Texas Children's Hospital  
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### JULIE JACOBSON, MD, DMTH

Senior Program Officer,  
Neglected Infectious Diseases,  
The Bill & Melinda Gates Foundation

### PATRICK LAMMIE, PHD

Chief Scientist,  
NTD Support Center,  
Task Force for Global Health





BOARD MEMBERS TSITSI MASIYIWA AND CHRISTINE WÄCHTER-CAMPBELL WERE JOINED BY THEIR FAMILIES DURING THE RACE TO SEE THE END: VICTORIA FALLS.



THE END FUND STAFF AT A TEAM RETREAT IN NEW YORK.



# PORTFOLIO OF INVESTMENTS 2017

| PROGRAM   | IMPLEMENTING PARTNERS  | DISEASES  | BENEFICIARIES | TREATMENTS DISTRIBUTED | SURGERIES PROVIDED | HEALTH WORKERS TRAINED | VALUE OF TREATMENTS | DISBURSEMENTS GRANTED |
|---|--|---|---------------|------------------------|--------------------|------------------------|---------------------|-----------------------|
| Angola  | The MENTOR Initiative  |    | 1,961,429     | 2,897,615              | 0                  | 7,289                  | \$1,601,755.52      | \$1,273,264.69        |
| CAR   | CBM<br>Organisation pour la Prévention de la Cécité  |    | 0             | 0                      | 0                  | 0                      | \$0.00              | \$264,981.31          |
| Chad  | Organisation pour la Prévention de la Cécité   |    | 5,101,435     | 9,654,350              | 0                  | 3,588                  | \$29,037,641.30     | \$261,704.00          |
| Coalition for African River Blindness Elimination (CARBE) |  |    |               |                        |                    |                        |                     | \$67,357.82           |
| Congo-Brazzaville   | Organisation pour la Prévention de la Cécité   |    | 722,403       | 812,316                | 0                  | 16,533                 | \$47,619.67         | \$149,140.00          |
| Côte D'Ivoire   | Sightsavers  |    | 3,498,450     | 7,407,062              | 0                  | 8,046                  | \$26,635,232.08     | N/A                   |
| DRC   | Amani Global Works<br>CBM<br>CBM<br>United Front Against River Blindness   |    | 15,006,244    | 43,911,565             | 0                  | 82,405                 | \$93,716,335.93     | \$2,281,048.50        |
| Eritrea   | The Fred Hollows Foundation  |    | 281,182       | 281,182                | 0                  | 0                      | \$9,742,956.30      | \$640,580.73          |
| Ethiopia  | Schistosomiasis Control Initiative<br>Ethiopia Federal Ministry of Health<br>International Orthodox Christian Charities                  |    | 9,722,066     | 12,710,331             | 0                  | 0                      | \$727,968.26        | \$1,823,312.75        |
| India   | Evidence Action  |    | 18,602,480    | 18,602,480             | 0                  | 149,200                | \$837,111.60        | \$104,338.00          |
| Kenya   | Evidence Action<br>Evidence Action   |   | 3,059,769     | 3,100,266              | 0                  | 319                    | \$12,820,953.31     | \$1,419,160.42        |
| Liberia   | Schistosomiasis Control Initiative   |  | 252,455       | 260,270                | 0                  | 0                      | \$50,842.68         | N/A                   |
| Mali  | Helen Keller International   |  | 0             | 0                      | 627                | 9                      | \$0.00              | \$138,017.72          |
| Mauritania  | Organisation pour la Prévention de la Cécité   |  | 0             | 0                      | 0                  | 0                      | \$0.00              | N/A                   |
| Multi-Country Projects                                    | World Food Programme   |  | 6,152,470     | 6,152,470              | 0                  | 0                      | \$276,861.15        | N/A                   |
| Nigeria   | Amen Health and Empowerment Foundation<br>MITOSATH<br>MITOSATH<br>Helen Keller International   |  | 10,163,705    | 20,342,458             | 0                  | 31,255                 | \$66,674,839.02     | \$1,611,279.67        |
| Rwanda  | Rwanda Biomedical Center   |  | 4,979,344     | 10,682,545             | 0                  | 0                      | \$654,679.67        | \$909,139.12          |
| Somalia   | World Health Organization  |  | 717,008       | 1,434,016              | 0                  | 455                    | \$178,893.50        | N/A                   |
| South Sudan   | Sightsavers  |  | 498,626       | 502,722                | 0                  | 4,096                  | \$2,094,229.20      | N/A                   |
| Tanzania  | Sightsavers<br>Ministry of Health, Community Development, Gender, Elderly and Children<br>Kilimanjaro Centre for Community Ophthalmology |  | 0             | 0                      | 2,288              | 0                      | \$0.00              | \$338,680.68          |
| Yemen   | Schistosomiasis Control Initiative   |  | 2,104,152     | 4,208,304              | 0                  | 7,066                  | \$515,517.25        | \$104,014.00          |
| Zambia  | Centre for Neglected Tropical Diseases<br>Centre for Neglected Tropical Diseases   |  | 10,198,812    | 10,198,812             | 0                  | 16,069                 | \$458,946.54        | \$739,452.00          |
| Zimbabwe  | Ministry of Health and Childcare of Zimbabwe   |  | 4,576,454     | 8,784,053              | 0                  | 17,994                 | \$14,737,175.92     | \$875,905.00          |
| TOTAL   |  |   | 97,598,504    | 161,938,721            | 2,915              | 344,324                | \$260,809,558.90    | \$13,001,376.41       |



# FINANCIAL SUMMARY 2017

## CONSOLIDATED STATEMENT OF ACTIVITIES

| SUPPORT AND REVENUE          | US                  | UK                 | Total               |
|------------------------------|---------------------|--------------------|---------------------|
| Contributions                | \$19,141,440        | \$164,259          | \$19,305,699        |
|                              |                     |                    |                     |
| EXPENSES                     | US                  | UK                 | Total               |
| Program Services             | \$15,215,623        | \$626,858          | \$15,842,481        |
| Management and General       | \$819,473           | \$16,534           | \$836,007           |
| Fundraising                  | \$982,588           | \$11,615           | \$994,203           |
| <b>Total Expenses</b>        | <b>\$17,017,684</b> | <b>\$655,007</b>   | <b>\$17,672,691</b> |
| <b>Changes in Net Assets</b> | <b>\$2,123,756</b>  | <b>\$(490,748)</b> | <b>\$1,633,008</b>  |

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As of December 31, 2017

| ASSETS  | US                  | UK               | Total               |
|---|---------------------|------------------|---------------------|
| Cash  | \$15,640,106        | \$610,287        | \$16,250,393        |
| Pledges Receivable,<br>Current Portion        | \$3,465,772         | -                | \$3,465,772         |
| Accounts Receivable                           | \$418,044           | -                | \$418,044           |
| Prepaid Expenses                              | \$63,400            | \$1,755          | \$65,155            |
| <b>Total Current Assets</b>                   | <b>\$19,587,322</b> | <b>\$612,042</b> | <b>\$20,199,364</b> |
| Fixed Assets                                  | \$28,290            | \$0              | \$28,290            |
| Pledges Receivable,<br>Net of Current Portion | \$9,640,433         | -                | \$9,640,433         |
| <b>Total Assets</b>                           | <b>\$29,256,045</b> | <b>\$612,042</b> | <b>\$29,868,087</b> |

| LIABILITIES              | US               | UK               | Total            |
|--------------------------|------------------|------------------|------------------|
| Accounts Payable         | \$107,976        | \$426,948        | \$534,924        |
| Deferred Revenue         | \$5,000          | -                | \$5,000          |
| <b>Total Liabilities</b> | <b>\$112,976</b> | <b>\$426,948</b> | <b>\$539,924</b> |

| NET ASSETS                         | US                  | UK               | Total               |
|------------------------------------|---------------------|------------------|---------------------|
| Net Assets: Unrestricted           | \$2,300,024         | \$55,532         | \$2,355,556         |
| Net Assets: Temporarily Restricted | \$26,843,045        | \$129,562        | \$26,972,607        |
| <b>Total Net Assets</b>            | <b>\$29,143,069</b> | <b>\$185,094</b> | <b>\$29,328,163</b> |

|   |                     |                  |                     |
|---|---------------------|------------------|---------------------|
| <b>TOTAL LIABILITIES<br/>AND NET ASSETS</b> | <b>\$29,256,045</b> | <b>\$612,042</b> | <b>\$29,868,087</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).





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