

THE FUND




THE FUTURE OF LEADERSHIP | ANNUAL REPORT 2024

MISSION

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

VISION

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



Front cover: A young girl confidently rises to answer a question during a 2024 school-based deworming campaign targeting intestinal worms and schistosomiasis in Kwanza Norte, Angola.

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.



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.



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.



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.

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The END Fund is a collaborative philanthropic organization that pools capital, expertise and other context relevant resources that was established to put an end to Neglected Tropical Diseases (NTDs). It has grown to become the largest privately funded organization dedicated to fighting NTDs and, in partnership with others in the community, addressing socioeconomic challenges that present the greatest barriers to NTD elimination.

We raise capital from a network of activist-philanthropists, foundations, corporate investors, and individual donors and work with governmental, pharmaceutical, and academic partners to identify investment gaps and the greatest opportunities. We turn capital into grants and grants into impact.

Core to our success are our implementing partners on the ground with whom we co-design programs and rely on to deliver treatments at scale and provide technical support. We monitor and evaluate our investments to assure they meet the highest level of return on investment, technical and implementation rigor, and outsized impact.

This concerted effort has enabled our investors and community partners to support the treatment of 152 million people in 2024 and to further our commitment to strengthening health systems, fostering locally led solutions and, most importantly, enabling communities to live free of the burden of preventable diseases.

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Welcome from the Board Chair

DEAR FRIENDS AND ADMIRED PARTNERS,

It is with great pleasure that I share with you the END Fund's 2024 Annual Report, reflecting on our continued investment in the future of leadership as we collectively forge ahead in the fight to eliminate neglected tropical diseases (NTDs). On this occasion, I would also like to welcome our new Chief Executive Officer, Dr. Solomon Zewdu, who joined the END Fund earlier this year.

In 2024, as in years before, one community after another made significant strides in containing the spread of the most prevalent NTDs. A striking 48.3 million people across the Democratic Republic of the Congo, Kenya, Nigeria, and Chad no longer require treatment for lymphatic filariasis, a disease most known for its chronic, debilitating symptoms. Achievements like these translate into tangible outcomes for communities, the majority of whom reside in rural areas—among them farmers and fishers who no longer need to sit out harvest season due to illness and risk dependence on their children.

These gains are a testament to the tremendous commitment, ingenuity, and resourcefulness of country programs and programmatic partners as they deliver on the promise of elimination. The END Fund's role has been to meet their efforts through the transformative potential of collaborative philanthropy. Over the past decade, this has meant strengthening the resilience of national and

regional response systems capable of meeting the often complex challenges of NTD elimination, with systemic approaches rather than spot treatment, with a broad coalition of actors, not single players.

Under our new CEO's leadership, we renew our commitment to mobilize substantial investments, nurture worldwide partnerships and build on the cofinancing models that have become all the more urgent with the recent seismic shifts in the donor landscape. Ultimately, our goal is to support countries as they continue to build the leadership needed to achieve and sustain elimination milestones, unlocking the promise and potential that such a future holds.

This future looks like children who received mass drug administrations growing up to be scientists and professionals. This future looks like countries mobilizing resources within their own borders to reach elimination and beyond. And this future looks like innovations in diagnostics and treatments, allowing faster and more targeted services to reach the most remote communities.

As the following pages will attest, that future is now and NTD elimination is within reach.

Together, we can write an extraordinary end to the story of these diseases.

With Gratitude,



Mrs. Tsitsi Masiyiwa
END Fund Board Chair



Letter from the CEO

DEAR MEMBERS OF THE NTD COMMUNITY,

As I embark on this new chapter as Chief Executive Officer of the END Fund, I am thrilled to introduce myself and share the highlights of our latest annual report. With over two decades of experience in global health, I have had the privilege of collaborating with remarkable individuals and organizations to tackle some of the most pressing health challenges facing our world. Hence, it is no surprise that I find myself drawn to this incredible mission and organization.

Reflecting on the past couple months, I am heartened by the progress the END Fund, investors, and partners have made toward achieving our shared, ambitious goals in the fight against neglected tropical diseases (NTDs). Our success is a result of harnessing the power of tested methods, treatments, and diagnostics, coupled with the most effective and efficient grant making to bridge a crippling inequity gap among the most marginalized of society. Our programming for greatest return on investment and outsized impact is reflected not only in improved health, but also transformative life changes for once-afflicted individuals and a contribution to robust economic growth for countries that previously struggled with high NTD burden.

In 2024, the END Fund awarded **\$55 million in grants** to implementing partners and governments, with a focus on growing our granting to local, regional, and government partners (48% in 2024 compared to 29% in 2018). In countries like South Sudan, these grants are critical for both stemming the spread of highly infectious diseases like trachoma and addressing deeper challenges, such as conflict and the severe lack of infrastructure, which are roadblocks to elimination. Across thirty-two countries, your investments resulted in the treatment of more than **152 million people**, supported **1.19 million trainings** of healthcare workers, and enabled **38,100 life-changing surgeries**. These interventions significantly contributed to reducing the risk of at least one NTD for **51.7 million people** in Niger, Democratic Republic of the Congo, Kenya, Nigeria, and Chad, bringing us closer to our goal of a world free from these debilitating diseases.

In the following pages, you will read remarkable stories of the programs and partnerships that made these gains possible. In October, we supported the Nigerian government's efforts to convene global and local investors, partners, and state representatives in Abuja to renew support for Nigeria's goals for NTD elimination and greater ownership and resilience of the country program—the success of which could also add \$19 billion to their economy. Our ongoing support to countries in measuring and evaluating NTD programs continues to lead to actionable results. A sweeping geostatistical survey led by Ethiopia's Ministry of Health and Ethiopian Public Health Institute enabled the country to confirm that 6.7 million school-aged children no longer required annual treatment for schistosomiasis, and the country is now implementing a targeted treatment plan to build on these gains.

We also made long-term investments in ensuring the transfer of generational and institutional knowledge. We invested in the Noguchi Memorial Institute for Medical Research and Ministries of Health across Africa on a training program for early-career black fly entomologists, equipping them with the scarce skills and knowledge needed to track and eliminate river blindness. We partnered with the African Union, Africa Centres for Disease Control and Prevention (Africa CDC), the World Health Organization African Region (WHO AFRO), and African member states to develop the first Continental Framework on the Control and Elimination of Neglected Tropical Disease in Africa by 2030, which will better serve to coordinate our investments and the wider NTD community's efforts toward elimination.

The END Fund is dedicated to excellence in all aspects of our work, from capital raising and grant making to measuring, evaluating, and learning. As we navigate the unprecedented challenges of 2025, we remain steadfast in our commitment to our investors and the communities we serve. We will lead with the science of disease elimination and targeted investments with the greatest potential for outsized impact. We will prioritize efficiency, resilience, and collaboration, inclusive of African member states and relationships with African investors. Our goal is to build a more robust and diversified pool of investors committed to delivering impact as a quantifiable return on investment, ensuring that our collective commitment is resilient and continues to enable people to live full lives.

I would like to extend my deepest gratitude to each of you who makes this work possible. Your support, generosity, and commitment to our mission are the driving force behind our progress. Together, we are achieving some of the most important stories of human progress in history, and I am honored to be a part of this journey with you.

Sincerely,



Dr. Solomon Zewdu
Chief Executive Officer, The END Fund

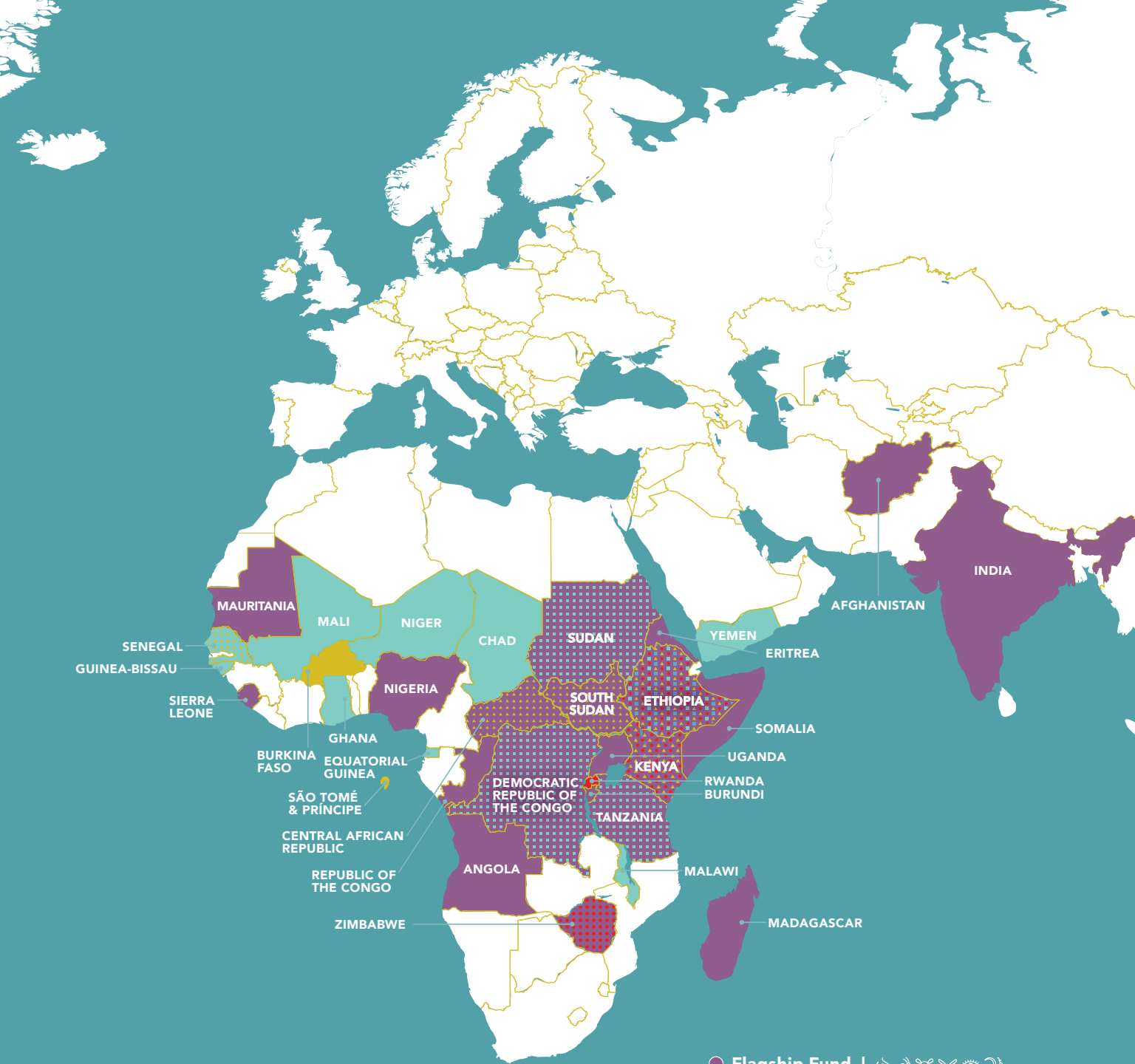


32
COUNTRIES

Where We Invested in 2024

OUR FUND MODEL

The END Fund manages a portfolio of philanthropic investment funds to control and eliminate the most prevalent neglected tropical diseases (NTDs). We leverage the power of a global and diverse set of partnerships to achieve results at large scale across thirty-two countries.



● Flagship Fund | 🐛 🦋 🦟 🦠 🦋 🦋

● Reaching the Last Mile Fund | 🦋 🦋

● Deworming Innovation Fund | 🦋 🦋

● ARISE Fund | 🦋 🦋 🦋 🦋 🦋

🦋 Intestinal Worms

🦋 Schistosomiasis

🦋 Lymphatic Filariasis

🦋 River Blindness

🦋 Trachoma

🦋 Visceral Leishmaniasis

Snippet Stories



DEMOCRATIC REPUBLIC OF THE CONGO

21 million people no longer require treatment for lymphatic filariasis across the country. This milestone reflects communities that once lived in areas where LF was endemic, with consistent evidence of local transmission. LF treatment with albendazole and ivermectin began in 2014, reaching national scale by 2018. Despite seemingly insurmountable challenges—including recurring conflict, underfunding, and logistical hurdles—the government has successfully rolled out treatment nationally, **reaching 97% of its targeted population.**

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ETHIOPIA

In a successful co-financing model, the END Fund and the Oromia regional government have each pledged \$1 million to neglected tropical disease (NTD) priorities in the region and beyond. The targeted activities and milestones include expanding treatment coverage for soil-transmitted helminths to 2.6 million people, delivering 1,500 trachoma surgeries and conducting specialized training for integrated eye-care workers. This agreement was the direct result of a partner trip hosted by the Ministry of Health and co-facilitated by the END Fund in 2023. Scaling of the same approach with other regional states has been categorized as highly likely. We are in discussion with the Ministry of Health.

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ZIMBABWE

38 million treatments have reached school-aged children since 2012 through a successful collaboration between the Ministry of Health, the END Fund, Higherlife Foundation, and Delta Philanthropies. This effort has reduced cases of schistosomiasis by 53%, decreased the number of children needing deworming treatment by 79%, and lowered the need for LF treatment by 86%. Sustained partnerships like these allow for the continuity that keeps classrooms full, schools in session and communities to thrive with autonomy.



KENYA

The country integrated digital tools and an NTD-specific module into its national health information system alongside broader public health programs. In collaboration with implementing partner Akros, the END Fund supported the Ministry of Health to conduct a microplanning pilot that used digital maps outfitted with household location data and a mobile application summarizing drug delivery and resource availability, both of which were used by field team supervisors during mass drug administration (MDA) campaigns. The result was increased MDA coverage from **64% to 83%** for schistosomiasis and from **90% to 101%** for soil-transmitted helminths within a year.



BURUNDI AND MAURITANIA

Trachoma dossiers were submitted to the World Health Organization (WHO) to validate that the countries have reached elimination of trachoma as a public health problem. The process of documentation is challenging because it requires the submission of data from the onset of disease identification all the way to the result of post-treatment impact assessments. The END Fund supported the **Burundi** Ministry of Health, through implementing partner Christian Blind Mission (CBM), to conduct MDA, trachoma impact and surveillance assessments, and dossier preparation. In **Mauritania**, the END Fund supported the Ministry of Health, through implementing partner Organization for the Prevention of Blindness (OPC), to conduct impact assessments and in the preparation of the dossier.



BURKINA FASO

MDA for soil-transmitted helminths and schistosomiasis was successfully conducted, with **2,045,515 people treated**, including **1,991,167 school-aged children**, in a majority of target districts except one, which recorded 68% coverage, mainly due to population displacement caused by insecurity. A pilot mobile data collection system was also introduced in five districts, providing real-time monitoring to improve data accuracy and inform timely decision making, with an expansion planned in 2025.

A Note from Carol Karutu

In 2024, national governments, implementing partners, and global collaborations have driven remarkable progress in eliminating neglected tropical diseases (NTDs). Through the END Fund financial and technical support and our partners on the ground, millions have received treatment, bringing us closer to elimination goals. We have made significant strides toward our goal of 500 million people no longer requiring treatments for NTDs by 2030. Examples include:



Number of people no longer requiring treatment for lymphatic filariasis

21 MILLION IN DRC
4 MILLION IN KENYA
22.1 MILLION IN NIGERIA
1.2 MILLION IN CHAD



Number of people no longer requiring treatment for onchocerciasis

3.4 MILLION IN NIGER

(which the WHO declared the elimination of the disease in January 2025)

The END Fund has supported countries at different stages to reach thresholds of elimination. In Burundi and Mauritania, trachoma dossiers to verify elimination of the disease are under review, which will bring the total number of countries that have eliminated at least one NTD to fifty-seven out of WHO's goal to reach 100 by 2030. Senegal is nearing verification as the first country globally to halt treatment for both lymphatic filariasis and onchocerciasis. An estimated 9.5 million school-aged children no longer require annual treatment for schistosomiasis in Ethiopia (~6.7 million), Zimbabwe (~2.3 million), and Rwanda (~56,000). Mali, Chad, Malawi, and Ghana are moving toward mass drug administration stoppages for lymphatic filariasis and onchocerciasis—an exciting step toward elimination.

Such vital achievements are only possible through the dedicated efforts of a broad coalition united by a single goal: best-in-class grants to eliminate NTDs. We co-create with governments that set the policies and frameworks, pharmaceutical companies that provide essential drug donations and supply chains, and our implementing partners that bring deep local expertise to ensure treatments reach those who need them most. Strengthened, trusted and tested collaborations with our investors, the African Union Commission, Africa CDC, African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD), Expanded Special Project for Elimination Neglected Tropical Diseases (ESPEN), WHO AFRO, pharmaceutical companies, and other global partners have been instrumental in achieving and sustaining progress. Together, we are translating elimination goals into reality, creating a healthier future for millions.

All-Time Impact

2012–2024



VALUE OF TREATMENTS

3.78 BILLION

7.47M

HEALTH WORKERS
TRAINED



152M

PEOPLE TREATED
IN 2024



181K

SURGERIES

TREATMENTS
DISTRIBUTED

2.12B





BUILDING A COALITION OF NIGERIAN PARTNERS TO MOBILIZE LOCAL SUPPORT FOR NTDs

In October 2024, the END Fund invited implementing partners, investors, and government representatives to Abuja to celebrate Nigeria's progress in eliminating neglected tropical diseases (NTDs) and to cultivate new partnerships to achieve the same goal.

The three-day convening brought together longtime investors—including the Gates Foundation, Children's Investment Fund Foundation (CIFF) and ELMA Philanthropies — and a growing community of Nigerian investors and philanthropists that have, in recent years, supported the Ministry of Health and its work through program partners. The Nigerian investors in attendance included IHS Nigeria, First City Monument Bank (FCMB), and Abdul Samad Rabin Africa Initiative (ASR Africa), among others. Program partners that have been critical to the work were also present, including Christian Blind Mission (CBM), Health and Development Support Programme (HANDS), Helen Keller Intl (HKI), Osun State University and Mission to Save the Helpless (MITOSATH).



22 MILLION PEOPLE

in four states no longer require treatment for lymphatic filariasis

Nigeria bears the largest burden of NTDs in Africa, with 168 million people at risk. Since the Ministry of Health launched its NTD plan in 2012, the country has achieved significant milestones in treating NTDs, with 22 million people no longer requiring treatment for lymphatic filariasis in the Federal Capital Territory (FCT), Ekiti, Ondo, and Bauchi states, reducing the total number of people requiring treatment by 16% in the country. The disease has been eliminated as a public health problem in the first three states, and is nearing elimination in Bauchi. The END Fund has invested in these achievements through grants to its implementing partners CBM and HANDS in the FCT, MITOSATH in Bauchi, Ekiti, and Ondo, and Osun State University across all four states.

Dr. Chu'Emeka Makata, National Onchocerciasis Program Manager with the Ministry of Health, also highlighted progress in containing onchocerciasis in collaboration with program partners. "With sustained support from the END Fund, partner states in Nigeria have made significant progress toward the elimination of mass drug administration. These states are demonstrating strong commitment and measurable progress, moving closer to interrupting transmission and achieving national elimination goals."



The END Fund partners, investors, government representatives, and staff gather ahead of program visit to a school-based MDA campaign in Abuja, Nigeria.

Alongside these gains are sizable financial gaps that Nigeria is aiming to bridge by tapping into local and regional investment. According to the National Coordinator for NTDs, Mr. Fatai Oyediran, "Nigeria needs about \$19 million to effectively tackle NTDs." This figure represents the estimated funding needed to fully execute planned interventions, including mass drug administration (MDA), case management, surveillance, and capacity building. The broader context of health financing in Nigeria further underscores this gap, with an estimated 5% of the national budget allocated to health, far short of the 15% target set by the Abuja Declaration.

Nigeria stands to gain \$19 billion in increased productivity if the country stays on track to meet its 2030 elimination targets, according to an economic impact study commissioned by the END Fund and produced by Deloitte in 2023.

Nigeria's focus on domestic resource mobilization aims to address these challenges and to strengthen national and regional capacity. The END Fund has been supporting the government to engage local investors in NTD elimination efforts through the Flagship Fund to develop a resource mobilization framework in the 2023–2027 NTD Master Plan. This has resulted in sustained partnerships, such as with IHS Nigeria, the leading telecommunications infrastructure service provider. Since 2021, IHS Nigeria has provided funding for MDA campaigns, health worker training, and improvements to water, sanitation, and hygiene systems.

Participants in the three-day convening saw firsthand how investments are making an impact by visiting a local school where children received deworming treatments, made possible through IHS Nigeria support. Nigeria is

gaining ground against intestinal worms, with approximately 87% of implementing units having met the World Health Organization target of providing treatment to at least 75% of all school-aged children at risk of infection.

Participants also visited a local research laboratory to learn about a promising Nigerian innovation in NTD diagnostics. AiDx Assist is an AI-powered microscope developed by Dr. Temitope Agbana, a biomedical engineer. The END Fund provided funding to develop this cost-effective tool to improve diagnostic speed and accuracy for schistosomiasis and intestinal worms. With implementation support from CBM, HANDS and MITOSATH, the AiDx Medical team collaborated with state ministries of health in Ekiti and the FCT during the development and the deployment of different iterations of the diagnostic device. After achieving strong results in trials across two states, AiDx Assist will now be used by the Ministry of Health nationwide for impact assessments.

Mr. Omoniyi Iyanda, Head of Corporate Social Responsibility and Sustainability Reporting at FCMB, reflected on the powerful impressions of the experience. "The trip provided valuable insights into how strategic partnerships and targeted interventions are transforming lives and driving sustainable development. It reinforced my belief in the importance of collaborative efforts to tackle these pressing health challenges, and I am proud to be associated with such impactful work."

The successes of longstanding programs and early progress of newer partnerships highlighted during this convening demonstrate the catalytic effect of local, regional, and global investments and partnerships on the nation's health and development trajectory.

SOUTH SUDAN'S NTD PROGRAM MAKES GAINS IN REACHING DISPLACED AND NOMADIC COMMUNITIES

Reaching communities at risk of neglected tropical diseases (NTDs) in South Sudan is complicated by conflict, terrain, and human migration. It is one of the most challenging countries for humanitarian and health work. Drug distributors face dangers from ongoing violence while delivering care. Poor infrastructure necessitates air transport for personnel, medications, and supplies. The long rainy season creates a narrow window for drug distribution campaigns. Nomadic communities at risk of disease are often located in hard-to-reach areas. These challenges create a unique situation for partners working toward NTD elimination in the country, who must be agile, resourceful, and resilient.

South Sudan has a high burden of disease, with nineteen of twenty-one NTDs posing a significant threat to the young nation. Over 12 million people are at risk of infection from NTDs, including 4.46 million requiring treatment for trachoma, which is the leading infectious cause of blindness worldwide.

“The journey of NTD elimination in South Sudan isn’t an easy one and it is often obstructed by many obstacles,” said Mr. Yak Yak Bol, South Sudan’s National Coordinator for Preventive Chemotherapy-Neglected Tropical Diseases. “When conflict lingers, we are forced to stop our activities,

which is making us hold off on life-changing treatments, but we adapt.” His team works with national security forces to ensure that community drug distributors can safely travel to conduct treatment campaigns.

“The journey of NTD elimination in South Sudan isn’t an easy one and it is often obstructed with many obstacles.”

- Dr. Yak Yak Bol, South Sudan’s National
Coordinator for Preventive Chemotherapy-NTDs

Reaching mobile populations presents another challenge. South Sudan is home to nomadic pastoralists who travel with their cattle for grazing or to avoid conflict. Mr. Bol’s team maps the pastoralists’ migration routes and camps using GPS when planning drug campaigns. They recruit trusted individuals from pastoralist communities to serve as drug distributors and build relationships with community leaders to increase participation in the treatment campaigns.

South Sudan uses an integrated approach to trachoma elimination, combining drug treatment with preventive measures, including improvements to water, sanitation, and hygiene education, and surgery to treat advanced disease. Co-delivering services for human and animal health is part of the country’s One Health strategy;





healthcare workers are stationed at veterinary service points along routes frequented by nomadic pastoralists to provide trachoma treatment and services.

Recent trachoma mapping studies have helped the South Sudanese NTD program cast a strategy for treatment. The END Fund supported the Ministry of Health to administer surveys from 2021 to 2023, which were conducted by Amref South Sudan to identify areas with a high burden of disease. Using these results, Mr. Bol's team treated 1.34 million people for trachoma in 2024, including nomadic and displaced populations. Mapping also informed the development of a Trachoma Action Plan, a strategic approach developed by



OVER 2,900 PEOPLE
were confirmed to require surgery, and
3,500 TRICHIASIS
surgeries were performed in 2024

stakeholders to guide the country's activities in 2025 and beyond. Surveys also showed where the country has made progress, such as in Abiemnom, where the active form of trachoma was reduced to a level that MDA could be safely stopped—an important milestone on the pathway to elimination.

In 2024, South Sudan reached several important milestones through funding from the END Fund's Accelerate, Resilient, Innovative, and Sustainable Elimination (ARISE) Fund and its implementing partners, The Carter Center and Christian Blind Mission (CBM). These partners were instrumental in reaching nomadic communities with treatment, as well as training 159 health workers to provide sight-saving screening and surgeries. The Carter Center supported integration of screening and treatment for trichomatous trichiasis (an advanced stage of trachoma in which the eyelashes turn inward and scrape the cornea, causing eventual blindness) with cataract care programs. This expanded the country's ability to reach communities with surgical services to prevent blindness; 2,924 people were confirmed to require TT surgery by The Carter Center and over 3,500 trichiasis surgeries were performed, out of which 1,672 were conducted by The Carter Center and 1,831 by CBM.

Supported by the END Fund, local government NTD experts like Mr. Bol and our implementing partners are successfully navigating South Sudan's complex realities and making steady progress despite the odds. "Working together with the NTD community in South Sudan and strong collaboration with bordering countries is something that I am hopeful will help us to achieve great results," said Mr. Bol. "I want to work to make sure that we stop the spread of diseases and reduce the challenges for my people."



ETHIOPIA'S CUTTING-EDGE APPROACH TO MEASURING PROGRESS AGAINST PARASITIC WORM INFECTIONS

Ethiopia recently completed a nationwide impact survey for schistosomiasis and intestinal worms using a novel geostatistical modeling approach. The survey evaluated the results of multiple years of school-based deworming across the country and updated the map of the country's burden of disease. The need for treatment for both diseases has reduced significantly: 6.7 million school-aged children no longer require annual treatment for schistosomiasis, and there was a 55% reduction in the number of districts that require biannual treatment for soil-transmitted helminths. Led by the Ethiopian Ministry of Health and Ethiopian Public Health Institute (EPHI), with support from the Deworming Innovation Fund, the findings will assist the country in directing treatment and resources to areas that need them most.

The World Health Organization (WHO) recommends a national reassessment study every five years, and discussions began in 2021 on how best to approach an impact assessment in Ethiopia. Among the key challenges was covering the scope of the country's vast geography, which is roughly the size of Western Europe. Additionally, the costs of conducting a national impact assessment using a traditional survey design were prohibitive due to the number of children needing to be sampled—over 11 million.

Seeking a cost-effective and accurate method, EPHI and Ministry of Health collaborated with Unlimit Health and the London School of Hygiene & Tropical Medicine to develop a geostatistical modeling approach. This

method can accurately estimate whether disease prevalence is above or below treatment thresholds by weighing epidemiological data, risk factors, climate and weather features, and spatial correlations. This allowed the survey to be completed with fewer study sites and 92% fewer children sampled while maintaining precision and accuracy. As a result, the national impact assessment was completed at a fraction of the cost of a traditional survey design.

“This method enabled kebele — or village-level prevalence estimates, greatly enhancing the precision and efficiency of deworming interventions.”

— Dr. Gemechu Leta, Director for Infectious Disease at EPHI

Dr. Gemechu Tadesse Leta, Director for Infectious Diseases at EPHI, who led the impact study project, described the benefits of the geospatial survey design: “By prioritizing geographical proximity over administrative boundaries, this method enabled kebele- or village-level prevalence estimates, greatly enhancing the precision and efficiency of deworming interventions.”

The study found that areas with a high prevalence of schistosomiasis declined by 20% from 2023 to 2025. Schistosomiasis infections of heavy intensity were below 1% in the majority of surveyed areas, compared to 4% in 2015. This is a critical indicator that Ethiopia is progressing toward the elimination of schistosomiasis as a public health problem. The survey also found a decrease in the

prevalence of intestinal worms in the southwest, falling from a high of over 50% in 2015 to low or moderate levels. In the words of Mr. Tesfahun Bishaw, NTDs Program Lead for the Federal Ministry of Health, “There has been tremendous progress following five years of mass drug administration. Most of the districts no longer require treatment.”



The number of kebeles where schistosomiasis is prevalent in over 10% of the population

DECLINED BY 20%

between 2023 and 2025

The reduction of mass drug administration campaigns does not signal the end of Ethiopia’s efforts. Utilizing data from the survey, Ethiopia’s neglected tropical disease (NTD) program is better equipped to strategically allocate funding for treatment to areas where it will have the greatest impact. It will also facilitate more focused treatment of schistosomiasis in “hotspot” areas near bodies of water. This targeted approach will ultimately free up resources that can be used to improve water, sanitation, and hygiene conditions to stop the cycle of transmission and conduct surveillance to detect re-emerging infections.

The outcomes of the survey are also a timely development coinciding with a new financial pledge from the state. This past year, the Oromia regional government and the END Fund kicked off a co-financing agreement to allocate \$1 million each to additional NTD elimination efforts. This matched grant is allocated to interventions, including expanding treatment coverage for intestinal worms to 2.6 million people.

Through this ambitious study, Ethiopia has demonstrated that a large country with a significant burden of NTDs can achieve actionable results using a model-based geostatistical design for national impact assessments. This represents a paradigm shift for resource-constrained countries seeking scalable, cost-effective approaches to complete these crucial surveys. Now recommended in WHO’s monitoring and evaluation guidelines, this method has been successfully applied in Zimbabwe, Zanzibar (Tanzania), the Democratic Republic of the Congo, and Madagascar, with studies in Malawi and Côte d’Ivoire forthcoming.



A NEW GENERATION OF AFRICAN ENTOMOLOGISTS WORK TO DEFEAT RIVER BLINDNESS

A group of junior entomologists scaled the banks of a fast-flowing river in Guinea-Bissau, navigating unmarked trails and crossing suspended rope bridges to reach the breeding sites of black flies—the insects responsible for spreading onchocerciasis, commonly known as river blindness. This field visit was organized and managed by our implementing partner, the Guinea-Bissau Ministry of Health and supported by the END Fund and Professor Daniel Boakye as a global expert. Under the leadership of the Ministry of Health, the team collected larval samples nestled among river rocks for laboratory analysis.

Launched in 2024 with Reaching the Last Mile Fund (RLMF) 1.0 support, the Field Entomology Mentorship Program is the first of its kind in Africa. The program addresses the need for trained entomologists to support river blindness programs in endemic countries. Six entomologists formed the inaugural cohort of the three-year program, hailing from Chad, Sudan, Nigeria, Cameroon, and Burkina Faso. Alongside staff from RLMF-supported countries, this program offers participants hands-on experience from a seasoned mentor in implementing entomological activities for river blindness—including how to train and support country programs.

Entomological studies are essential for assessing progress toward the elimination of river blindness.

These studies focus on data collected from black fly breeding sites to estimate the transmission rate of the disease in a given area. These skills are critical for our government partners to be able to successfully run an elimination program. The findings are indispensable for countries to make data-driven decisions, such as whether to stop treatment in a given area. However, until recently, there were not enough experts to meet the country's needs.

The reason for this lies in the history of river blindness efforts. In the 1970s, entomologists were central to the work of the Onchocerciasis Control Programme, which initially focused on vector control by targeting the larval habitats of black flies. However, after ivermectin was made freely available by pharmaceutical donors, many countries shifted toward community-level interventions, particularly mass drug administration (MDA). This approach proved more cost-effective and less labor-intensive. As a result, the role of epidemiologists became more prominent, while the need for entomologists diminished.

Over the next two decades, the remarkable effectiveness of MDA efforts paved the path for another shift in strategy: moving from controlling river blindness to eliminating its transmission, altogether, which reintroduced the need for trained entomologists to assess that transmission was interrupted and elimination was indeed achieved. In 2025, Niger became the first to achieve verification of elimination of river blindness by the World Health Organization, with Senegal not far behind. Ten other





Black flies
under a microscope.

countries have stopped treatment in at least one area after interrupting transmission. The skills of black fly entomologists are once again in high demand as more countries seek to assess the impact of sustained MDA on river blindness transmission. The END Fund is supporting ministries of health and other implementing partners across the continent to develop these skills within their respective neglected tropical disease (NTD) units.

Professor Boakye, who has been supporting our Ministry of Health partners in their staff trainings across the continent to implement entomological activities for river blindness, emphasizes the importance of experiential learning for the mentees. Alongside other experts, including Dr. Dziejdom de Souza, Dr. Charles MacKenzie, and Dr. Rory Post (now retired), the mentees learned crucial technical skills about the dynamics between parasites, black flies, and humans. In addition to breeding site surveys, they analyzed parasite levels in fly samples in the lab, which corresponds to the level of disease transmission. These skills provide the critical data needed by national programs to determine if transmission has been interrupted and MDA can be stopped, saving scarce resources from being wasted on unwarranted MDAs.

The program integrated mentees into real-world, country-led elimination efforts to ensure that national programs are prioritized. Dr. Koala Lassane, an entomologist from Burkina Faso, reflected, “This government-sponsored mentorship allowed me to move from academic research to practical, community-

focused solutions.” Dr. Lassane and his fellow mentees helped national teams to conduct mapping and impact surveys. They worked with neighboring country programs to develop shared elimination strategies to address cross-border transmission. Mentees also participated in National Onchocerciasis Elimination Committees (NOECs) to understand the practical realities faced by country elimination efforts.

“This government sponsored mentorship allowed me to move from academic research to practical, community-focused solutions.”

- Dr. Koala Lassane, entomologist from Burkina Faso

Dr. Boakye frequently reminded the mentees that countries are leading the way toward elimination, and mentees and program partners alike are there to support efforts to build local entomological expertise to strengthen national capacity.

Over time, mentees will network with ministries of health and local research institutions. They will become experts in their own right, while remaining connected with mentors and each other for ongoing support and training. The strong bonds they developed, along with their newfound practical and technical expertise, will drive further momentum toward elimination of river blindness across Africa.



The Fly Collectors Highlights

The Fly Collectors, a documentary centered on the people at the heart of onchocerciasis (commonly known as river blindness) elimination efforts in West Africa, debuted at the United Nations headquarters in New York on World Neglected Tropical Diseases (NTD) Day in January 2024. It follows a remarkable group of volunteers in Senegal tasked with collecting black flies, the vector that transmits the parasite that causes river blindness. Sponsored by the END Fund through funds from Reaching the Last Mile Fund 1.0, *The Fly Collectors* shows that defeating this debilitating disease is not only achievable—it's already happening.

"When I first began my career over forty years ago, elimination of river blindness was not considered possible," said Dr. Daniel Boakye, Senior Technical Advisor of Programs at the END Fund. "Now, Senegal is at the precipice of recognizing the end of transmission of the disease within its borders—a monumental achievement. The tireless work and dedication of community members in *The Fly Collectors* shows we can succeed when we all unite under a shared goal."

The eponymous fly collectors of the film painstakingly catch disease-transmitting flies by hand to be analyzed for the parasite that causes river blindness. This arduous

task is also an essential one—black flies serve as a bellwether of transmission to gauge progress against the disease. The fly collectors are a key link in the chain, drawing Senegal closer to the milestone of elimination. The film also depicts how elimination efforts are woven into the social fabric of affected communities, showing civic and religious leaders' efforts to build trust in the drug distribution program by being the first to take pills during mass drug administration events.

With more than 5,000 viewers to date, the film is creating new awareness of NTDs and sparking optimistic conversations about elimination. It was featured in thirteen film festivals in seven countries and awarded the Best Health Film at the World Film Festival in Cannes, France, and the Indigenous Knowledge Award at the NGO International Film Festival in Melbourne, Australia.

As more countries approach their own NTD elimination goals, *The Fly Collectors* offers a clear vision that meaningful progress toward disease elimination is possible.

"*The Fly Collectors* is a testament to the power of art and filmmaking for advocacy and change," said William I. Campbell, Board Chair Emeritus of the END Fund. "I encourage all to see the film to learn more about the debilitating yet preventable diseases that are still holding people back, to meet the courageous individuals helping to reshape their country's future, and to be inspired by what we can accomplish for humanity together."

“The tireless work and dedication of community members in The Fly Collectors shows we can succeed when we all unite under a shared goal.”

- Dr. Daniel Boakye, Senior Technical Advisor of Programs with the END Fund

Satine Ba, a fly collector, captures small black flies into a glass tube. The glass tubes are then 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.



Dorkis Wabwile receives treatment alongside her classmates during a school-based mass drug administration for intestinal worms and schistosomiasis in Bungoma, Kenya.

DRUG DONATIONS PROVIDED BY THE GENEROUS SUPPORT OF THE PHARMACEUTICAL INDUSTRY ARE A CRITICAL PILLAR FOR THE SUCCESS OF ELIMINATING NTDs.

Drug donations provided by the generous support of the pharmaceutical industry are a critical pillar for the success of eliminating neglected tropical diseases (NTDs).

The END Fund expresses its deepest gratitude to our pharmaceutical partners—GSK, Johnson & Johnson, Merck & Co., Inc., Merck KGaA, and Pfizer Inc.—for commitments that continue to fuel countries' efforts to control and eliminate NTDs. Because of these large-scale donations, children stay in school longer, agricultural yields are higher, and future generations will live free of the risks posed by NTDs.

Thanks to these humanitarian donations, the END Fund is able to support partners to reach millions impacted by NTDs, ensuring access to lifesaving treatments in the world's most neglected and marginalized communities. Often with limited access to healthcare, poor sanitation, and high disease burden, these communities rely on consistent and reliable drug donations to reduce their risk from NTDs.

Despite progress, a slowdown of funding to the NTD ecosystem threatens these gains. With today's imperative of improving the strength, readiness, and workforce of the health systems we support, our partnerships with the pharmaceutical sector have never been more important as both a driver of treatment delivery and a fundamental cornerstone of improving global health equity.

In 2024, our continued partnership with GSK, Johnson & Johnson, Merck & Co., Inc., Merck KGaA, and Pfizer Inc. played a pivotal role in country-led efforts to eliminate

NEARLY 17 BILLION

treatments have been donated by pharmaceutical industry companies from 2012 to 2023

Pharmaceutical partners donate more than

2 BILLION TABLETS AND VIALS EVERY YEAR

Since 2010, together with our pharmaceutical partners, we have successfully decreased the number of people needing

INTERVENTIONS BY 26%

(United to Combat Neglected Tropical Diseases)

NTDs across multiple regions. These contributions enabled health systems and our implementing partners to distribute essential medications efficiently, strengthening efforts to break the cycle of disease transmission. In 2024, the END Fund supported the treatment of more than 152 million people with over 247 million treatments distributed, valued at over \$746 million in drug donations.

We pledge that we will continue to maximize the most effective and receptive donation routes and environment for us to collectively reach even more people in a record amount of time as we look to the future of our partnership—because we understand that even one extra day with a disease that is treatable and preventable is one day too many.






































We extend our deepest gratitude to our pharmaceutical partners for their continued commitment to global health and equity.


































Johnson & Johnson



Country Portfolio 2024

COUNTRY PROGRAMS	IMPLEMENTING PARTNERS	DISEASES	PEOPLE TREATED	TREATMENTS DISTRIBUTED	SURGERIES PROVIDED	HEALTH WORKERS TRAINED	VALUE OF TREATMENTS	DISBURSEMENTS GRANTED
Afghanistan	World Food Programme		7,950,000	7,950,000	0	2,433	\$159,000.00	\$250,000.00
Angola	The MENTOR Initiative	  	4,108,944	6,428,755	0	11,707	\$14,626,011.46	\$1,815,224.22
Burkina Faso	Sightsavers	   	2,694,918	2,694,918	695	50	\$1,193,547.75	\$2,550,921.58
Central African Republic	Organisation pour la Prévention de la Cécité, CBM	   	6,139,491	13,169,898	0	16,482	\$59,864,462.75	\$856,047.58
Chad	Le Ministère de la Santé Publique et de la Solidarité Nationale, Tchad		6,294,022	10,987,097	0	33,431	\$45,022,429.10	\$962,926.42
Republic of the Congo	World Health Organization	  	1,912,028	1,912,028	0	10,409	\$0.00	\$0.00
Democratic Republic of the Congo	CBM, United Front Against Riverblindness, National Preventive-Chemotherapy Neglected Tropical Disease Program, Unlimit Health	   	13,461,108	37,278,453	270	237,929	\$60,528,263.18	\$6,420,888.26
Eritrea	The Fred Hollows Foundation		0	0	763	0	\$0.00	\$410,764.73
Ethiopia	The Carter Center, Ethiopia Federal Ministry of Health, National Podoconiosis Action Network (NaPAN), Research Triangle Institute dba RTI International, NALA Foundation, Unlimit Health, The Power of Nutrition, Orbis International, Amref Health Africa - Ethiopia, Light for the World, World Vision International Ethiopia, The Fred Hollows Foundation, Lelisa Amanuel, Bruyère Research Institute, Oromia Regional Health Bureau	   	42,536,335	69,141,930	27,443	658,198	\$381,841,907.05	\$17,372,533.81
Ghana	Ghana Health Services, Noguchi Memorial Institute for Medical Research		0	0	0	0	\$0.00	\$2,348,463.06
Guinea-Bissau	AIFO Associazione Italiana Amici di Raoul Follereau ETS, Ministério da Saúde Pública da Guiné-Bissau		0	0	0	30	\$0.00	\$192,363.79
Guyana	Pan American Health Organization		296,714	296,714	0	862	\$1,265,485.21	\$0.00
India	Evidence Action		0	0	0	0	\$0.00	\$155,453.57
Kenya	Amref Health Africa - Kenya, African Institute for Health & Development, WASH Alliance Kenya, Akros	  	8,436,672	14,314,681	500	16,801	\$1,572,327.03	\$3,651,716.63
Madagascar	Unlimit Health, Bruyère Research Institute, World Health Organization	 	9,449,909	14,327,933	0	7,068	\$1,960,044.68	\$109,452.00
Malawi	Lions SightFirst Eye Hospital, Giving Heart Ministries		1,661,974	1,875,196	0	21,433	\$7,875,823.20	\$785,814.28
Mali	International Center of Excellence in Research (ICER-Mali), Helen Keller Intl, Akros, Bruyère Research Institute, Ministère de la Santé et du Développement Social, Sightsavers	 	5,505,703	5,505,703	207	12,352	\$23,123,952.60	\$1,455,349.33

STH	SCH	LF	Oncho	Trachoma	VL
 Intestinal Worms	 Schistosomiasis	 Lymphatic Filariasis	 River Blindness	 Trachoma	 Visceral Leishmaniasis

COUNTRY PROGRAMS	IMPLEMENTING PARTNERS	DISEASES	PEOPLE TREATED	TREATMENTS DISTRIBUTED	SURGERIES PROVIDED	HEALTH WORKERS TRAINED	VALUE OF TREATMENTS	DISBURSEMENTS GRANTED
Niger	Ministère de la Santé Publique, de la Population et des Affaires Sociales du Niger (MSPPAS)	 	0	0	237	87	\$0.00	\$373,749.12
Nigeria	Amen Health and Empowerment Foundation, Helen Keller Intl, CBM, Mission to Save the Helpless, AiDx Medical BV, Dimagi, Inc., Osun State University	    	13,970,526	21,820,926	1,847	43,395	\$67,949,442.90	\$2,343,286.27
Rwanda	Rwanda Biomedical Center, Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP), Heart and Sole Africa (HASA)	  	11,803,876	13,020,868	0	79,897	\$1,089,737.57	\$2,117,511.30
Senegal	Le Ministère de la Santé et de l'Action Sociale du Senegal	   	1,025,386	1,616,115	204	9,080	\$350,191.96	\$3,044,586.11
Sierra Leone	Helen Keller Intl		0	0	1,400	64	\$0.00	\$169,999.20
Somalia	World Health Organization	 	1,252,896	1,252,896	0	0	\$242,028.67	\$265,969.27
South Sudan	The MENTOR Initiative, CBM, The Carter Center, Amref Health Africa - Kenya	   	5,714,543	15,112,861	3,500	27,680	\$70,740,688.11	\$2,560,886.79
Sudan	The Carter Center	 	0	0	0	0	\$0.00	\$120,384.90
Tanzania (Mainland)	Neglected Tropical Diseases Control Program, Kilimanjaro Centre for Community Ophthalmology (KCCO)		0	0	1,034	357	\$0.00	\$10,940.43
Tanzania (Zanzibar)	Ministry of Health - Zanzibar		1,317,698	1,317,698	0	5,980	\$26,353.96	\$202,720.71
Uganda	Unlimit Health		3,821,606	3,821,606	0	15	\$1,261,129.98	\$173,029.30
Yemen	Global Health Development - Eastern Mediterranean Public Health Network (GHD-EMPHNET)		0	0	0	1,375	\$0.00	\$326,618.43
Zimbabwe	Ministry of Health and Childcare of Zimbabwe, Higherlife Foundation	  	3,267,370	3,468,389	0	1,820	\$5,498,230.18	\$0.00
Multi-Country	ESPN		0	0	0	0	\$0.00	\$1,530,000.00
Multi-Country VL (Uganda, Kenya, Ethiopia, Sudan, South Sudan)	Ethiopia Federal Ministry of Health, Amref Health Africa - Kenya, IMA World Health, Crown Agents Ltd, Oriole Global Health		8,814	8,814	NA	NA	NA	\$2,395,274.57
TOTAL			152,630,533	247,323,479	38,100	1,198,935	\$746,191,057.34	\$54,972,875.66

"An estimated 6M treatments provided in 2024 across Afghanistan (2M) and Ghana (4M) have not been reported in this 2024 annual report and are expected to be reported in the following annual report. The delays are occasioned by the Country review and validation processes that are still ongoing as at the time of compiling this report.

In 2023, including data received after the publication of the 2023 annual report, the END Fund supported 301,649,670 treatments to 191,188,246 unique individuals (estimated value of: \$698,256,460); 46,588 surgeries; 1,088,804 workers trained."

Financial Summary 2024

CONSOLIDATED STATEMENT OF ACTIVITIES

SUPPORT AND REVENUE	US	UK	Total
Contribution	\$61,399,678	\$4,347,114	\$65,746,792
Investment Income	\$934,656	\$110,099	\$1,044,755
Other income	\$338,548	-	\$338,548
Foreign exchange gain		\$22,820	\$22,820
Total Support and Revenue	\$62,672,882	\$4,480,033	\$67,152,915

EXPENSES	US	UK	Total
Program Services	\$66,867,856	\$4,344,515	\$71,212,371
Management and General	\$2,631,347	\$116,141	\$2,747,488
Fundraising	\$4,748,843	\$387,241	\$5,136,084
Total Expenses	\$74,248,046	\$4,847,897	\$79,095,943
Changes in Net Assets	- \$11,575,164	- \$367,864	- \$11,943,028

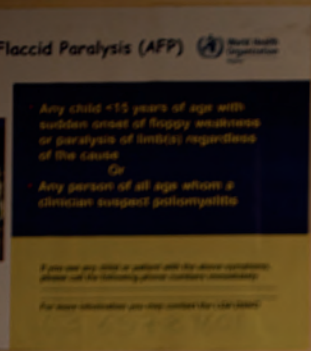
CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2024

ASSETS	US	UK	Total
Cash	\$218,803	\$494,641	\$713,444
Restricted Cash	\$31,058,027	\$4,932,427	\$35,990,454
Accounts and Pledges Receivable, Current Portion	\$3,265,129	\$150,000	\$3,415,129
Related Party Receivable	\$1,487,335	-	\$1,487,335
Prepaid Expenses and Other Current Assets	\$581,759	\$8,098	\$589,857
Total Current Assets	\$36,611,053	\$5,585,166	\$42,196,219
Fixed Assets	\$13,410	-	\$13,410
Operating Right-of-Use Asset	\$1,750,624	-	\$1,750,624
Pledges Receivable, Net of Current Portion	\$424,782	-	\$424,782
Other Assets	\$130,000		\$130,000
Total Assets	\$38,929,869	\$5,585,166	\$44,515,035

LIABILITIES	US	UK	Total
Accounts Payable and Accrued Expenses	\$914,148	\$53,190	\$967,338
Related Party Payable	-	\$1,487,335	\$1,487,335
Operating Lease Liabilities, Current	\$344,232	-	\$344,232
Total Current Liabilities	\$1,258,380	\$1,540,525	\$2,798,905
Operating Lease Liabilities, Long Term	\$1,527,710	-	\$1,527,710
Total Liabilities	\$2,786,090	\$1,540,525	\$4,326,615

NET ASSETS	US	UK	Total
Net Assets: Without Donor Restrictions	- \$62,395	\$644,641	\$582,246
Net Assets: With Donor Restrictions	\$36,206,174	\$3,400,000	\$39,606,174
Total Net Assets	\$36,143,779	\$4,044,641	\$40,188,420

TOTAL LIABILITIES AND NET ASSETS	\$38,929,869	\$5,585,166	\$44,515,035
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Aisha Shuaibu, the officer in charge of Zuba Primary Health Care Centre, Abuja, Nigeria.

Anchor Investors* 2024

The remarkable progress made toward eliminating NTDs illustrated throughout this report is a testament to the power of collaboration and centering affected communities. Prioritizing these principles, our investors play a key role in advancing this momentum by supporting locally led initiatives with vital resources to expand treatment access and strengthen health systems for lasting impact.

The 2,191 contributions we received from investors worldwide in 2024 bring us closer to a world in which all can thrive free from NTDs. Pooled for maximum impact, these investments are furthering the equitable delivery of life-saving and lifechanging interventions, capacity-building, and innovation. By investing in these country-led solutions, we're helping to permanently break the cycle of these diseases and achieve the most sustainable solution: the elimination of NTDs.

We extend our deepest gratitude to our investors for their commitment to our shared vision. Together, we are demonstrating what is possible when communities have access to the resources they need to prosper.

**Campbell Family
Foundation**



DELTA PHILANTHROPIES



Gates Foundation



Mohamed Bin Zayed مؤسسة
Foundation محمد بن زايد
For Humanity للأثر الإنساني



**Jeffrey and Marieke
Rothschild**

The Sequoia Trust

MacKenzie Scott

UBS Optimus
Foundation



*Our 2024 Anchor Investors 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 2024 report: BMWorkz, Gregory Porter, Indrias Getachew, Miora Rajaonary, Mo Scarpelli, Omoregie Osakpolor, Raees Hassan, Tulla Mebecho, Yagazie Gombe, Yusuf Ahmed.



**THANK
YOU!**

The END Fund is grateful for all of our investors and partners who make the success achieved in 2024 and beyond possible.

Ali Abdalla Muhamed is a community leader in Lamu, Kenya who has been living with lymphatic filariasis for as long as he can remember. With Kenya on the brink of eliminating the disease after more than two decades of work, community led efforts are now focused on ensuring existing patients like Ali can access adequate care.



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