THE END FUND | ENDING NEGLECTED DISEASES

Annual Report **2013**

A PERSONAL AND PROFOUND JOURNEY
A MESSAGE FROM THE CHAIR

2013 was a pivotal year for the END Fund and the global movement to control and eliminate neglected tropical diseases (NTDs). It was also a personally profound one for my family as we embarked on a journey to Kenya to see the transformative and important work of the END Fund.

Among the incredible people we met in Kenya, my family and I got to know Susan, whose story of restored sight is shared in greater detail in this report. Giving someone back their livelihood and improving their prospects in life in just 15 minutes in a non-electric operating room, for $40 with a simple surgery from a skilled field doctor is amazing. It is your philanthropic dollars hard at work in the most direct way I have witnessed in a long time.

As we continued on our trip, in just one day, in one village, we saw thousands of children being helped through a mass drug administration and the END Fund reached tens of millions more this past year. These indeed are very, very low cost interventions that have an outsized influence to improve the trajectory of someone's life. As one of my daughters said, "wow the END Fund makes it looks so simple to help save the lives of so many kids."

Since our founding in 2012, we have mobilized over $30 million in pledges to support NTD control in Africa and beyond. We have scaled up our work to 13 countries in sub-Saharan Africa, as well as India and Yemen, and have ensured that over 40 million beneficiaries do not suffer needless disability, disfigurement, blindness, and even death.

I want to thank all of you who have been a part of the early momentum of the END Fund and who, like my family and I, are inspired by the enthusiasm for this cause. I invite you to join us in doing something truly meaningful with your resources. We will continue to have site visits and I encourage you to join us or go on your own so you may feel as connected to the solution as we do. As this is the first full END Fund Chair's report, I am reluctant to be too optimistic. But in truth, I really am. We have come a long way in a short time but our cause is worthy and our people are very dedicated. We have the know-how and donated drugs available to eliminate NTDs in our lifetime and with the END Fund's perseverance and your ongoing support we can together end the neglect and indeed see the end of NTDs.

Sincerely,

William Campbell
Chair, The END Fund International Board
Senior Advisor, JP Morgan Chase & Co.
President, Sanoch Management

EXCITING PATH TO PROGRESS
A LETTER FROM THE CEO

2013 was an exciting year of growth for the END Fund as we continued to engage a broad spectrum of individuals, foundations, and corporations in our efforts and passion to combat neglected tropical diseases (NTDs). Since we launched in 2012, the END Fund programs underway had reached over 40 million beneficiaries with NTD treatments, mobilized training for over 100,000 community health workers, and provided crucial disease mapping to over 130 million people at risk.

Although still relatively unknown, NTDs are a significant contributor to healthy life years lost as a result of either disability or premature death. When measured in disability-adjusted life years, many estimates show the NTD burden is greater than that of malaria or tuberculosis and ranks among the top four most devastating groups of communicable diseases, along with lower respiratory infections, HIV/AIDS, and diarrheal diseases.

We were proud for private philanthropy and the END Fund to be recognized as a crucial part of and leader in the growing movement to control and eliminate the most prevalent and burdensome NTDs. We worked hard in 2013 to identify opportunities of highest need and best leverage for our funders and for the advancement of the international community's aims for control and elimination.

An example of the critical role the END Fund plays was seen in 2013 through our identifying and filling the funding gap to ensure over 130 million individuals at risk of NTDs were mapped and the disease prevalence and burden understood by the international community. Disease prevalence and intensity mapping and baseline data collection is a crucial step on the path to controlling and eliminating these diseases in any country.

As our geography expanded so did other areas of the Fund, including our staff with the hiring of our senior management team to support and build on the amazing track record of the END Fund. I look forward to partnering with this team to further our mission and increase our impact in 2014 and beyond.

As the calendar year came to a close, the END Fund was proud to be amongst the Barrons.com top five most effective philanthropic initiatives making a serious impact in Africa. We hope this recognition will encourage you to join our committed investors who have blazed a trail and identified the crucial role private philanthropy can play in bringing about the end of NTDs in our lifetime.

Thank you for uniting with us on this exciting path. We look forward to carrying the momentum and progress achieved in 2013 into 2014 and recommitting our efforts to further impact and progress in the year ahead. Won't you join us?

Sincerely,

Ellen Agler, MSc, MPH
Chief Executive Officer, The END Fund

Ten-year old school children in Bungoma County, Kenya seen here are in school today thanks to the END Fund's investment in the Kenyan national school-based deworming program. NTDs disproportionately affect children, leading to malnutrition, cognitive impairment, stunted growth, and the inability to attend school.

Table of Contents

WHAT IS THE END FUND?

The END Fund is a private philanthropic initiative to combat the five most common neglected tropical diseases (NTDs) that, together, cause up to 90% of the NTD disease burden in sub-Saharan Africa. Supported by a group of global philanthropists, the END Fund provides financing for nationwide disease control initiatives, creating new programs, supplementing existing ones, and using leveraged funds to extend and deepen the impact. The END Fund provides exceptional return on investment by harnessing the highly scalable impact of low-cost mass drug administrations.

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

MISSION
To control and eliminate the most prevalent neglected diseases among the world's poorest and most vulnerable people by 2020.

OUR APPROACH

1. Mobilizing and directing resources to where they can have maximum impact, with a special emphasis on Africa;
2. Advocating for innovative, integrated, and cost-effective NTD programs; and
3. Facilitating private sector engagement in the movement to address the devastating effects of NTDs.

A leader in the global health movement to tackle NTDs, the END Fund works collaboratively with committed partners including global health organizations, visionary investors, pharmaceutical companies, leaders from developing countries affected by NTDs, and those who suffer from the diseases themselves. We work with the common goal of improving the lives of hundreds of millions of people. In 2013 alone, the END Fund's investment provided over 38 million people with treatments for NTDs.

NTD INTERNATIONAL COMMUNITY PARTNER

DR. DIRK ENGELS

Coordinator, Preventive Chemotherapy & Transmission Control
Department of Control of Neglected Tropical Diseases
World Health Organization

"The END Fund has been a welcomed partner in the international community's efforts to reach the NTD goals of control and elimination. By activating the private sector to join leaders from developing country governments, the pharmaceutical companies, and leading international global health organizations, the END Fund is generating real world impact on the ground."

PROGRAM BENEFICIARY

SIMEON

Formerly suffering from schistosomiasis

"After taking the medicine, I was well. I could be strong enough again to continue with my work as usual. Without that medicine that they gave us, our life would not be sustained up until this moment. Many of us, even me, would have died."

IMPLEMENTING PARTNER

DR. DHEKRA ANNUZAILI, MD, DCH, MPH

Program Technical Advisor
Schistosomiasis Control Initiative

"In Yemen, the END Fund was always there to fill a funding gap that leveraged funding from the World Bank and therefore ensured a strong schistosomiasis and intestinal worm control program throughout the country."

GOVERNMENT PARTNER

OUMER SHAFI

NTD Focal Point, NTD Case Team
Ethiopian Federal Ministry of Health

"We have bold plans for scaling up treatment for NTDs in Ethiopia and we are pleased that the END Fund has partnered with us from the mapping phase and now will support us with the distribution of medicine to adults and children who need it. This will make a big impact in Ethiopia especially for children's health and education."

LIVELIHOODS AT RISK

Beading is Susan's livelihood, and without the help of an END Fund supported program, it would have been lost.

Susan's vision was saved by a simple 15-minute surgery.

SUSAN'S STORY

In June 2013, the END Fund Board Chair Bill Campbell and his family traveled to Kenya to visit the END Fund's projects and deepen their understanding of NTDs. While there they met Susan who was suffering from trichiasis, an advanced stage of trachoma whereby the eyelashes turn inwards and scratch the cornea, leading to irreversible blindness. It is said to feel like grains of sand scratching across the surface of your eye every time you blink.

The World Health Organization (WHO) estimates that trachoma affects about 21.4 million people worldwide, of which 2.2 million are visually impaired and 1.2 million are blind.

Susan is a Maasai beader who was in danger of losing her livelihood as her eyesight worsened. Sunlight, vital to being able to see her intricate work, hurt her eyes. She feared going blind and not being able to support herself and her family anymore.

Susan underwent a 15-minute surgery performed by an ophthalmic nurse in a community health center. This simple procedure saved her vision and changed her life. After the surgery she said, "Personally, I have seen the difference this surgery makes. I encourage my community—anyone who has this eye problem—that surgery will be successful." Susan could now return to beading both day and night, without pain.

WHAT'S IN A NUMBER

200,000
Number of eggs a roundworm lays in a child's stomach every day

7 million
People in need of trachoma surgery

$100 per person
Cost of surgery to cure hydrocele, a tumor caused by lymphatic filariasis

40 Million
Number of people disfigured by elephantiasis

$0.50
Cost per person per year to treat these diseases

$40 per person
Cost of trachoma surgery to prevent blindness

DID YOU KNOW?

Trachoma was once endemic in Europe and the United States. European immigrants to the US had their eyelids flipped and examined upon arrival at Ellis Island in New York. Nine of ten immigrants diagnosed with active trachoma were returned to their home countries. Trachoma disappeared in Europe, even before antibiotics, because of improved living standards.

Schistosomiasis, a type of blood fluke, was widespread in ancient Egypt, with schistosome eggs found in the tissues of mummies. It was a major scourge impacting Napoleon's army during its disastrous military campaign in Egypt in the late 1700s. And during the Chinese revolution of 1949, tens of thousands of troops made ill by this disease were unable to carry out a planned attack on Formosa. It was referred to as the "Blood Fluke that Saved Formosa."

BONIFACE'S STORY

Boniface is a fisherman in Kenya who relies on Lake Victoria for his livelihood. However, doing so puts him at risk of contracting schistosomiasis, caused by parasitic worms that live in certain types of freshwater snails living in the lake. The parasite enters the skin of people who come in contact with contaminated water. Over 230 million people are at risk.

Schistosomiasis is all too familiar to Boniface, as he has lost three friends to the disease who did not know they were infected. It has the highest mortality rate among the most prevalent NTDs in sub-Saharan Africa.

The Kenya Medical Research Institute (KEMRI) provided treatment to Boniface's village and assessed the medical impact. For Boniface and many others, they have no other option but to continue fishing in Lake Victoria, even if it puts their lives at risk, making this treatment not only life saving, but life giving.

"I'm a fisherman and that is what is giving me my living. I depend on Lake Victoria."

"That medicine helped so many people here, and I can tell you, people changed."

After receiving treatment, Boniface and others in his village were able to continue leading healthy and productive lives.

THE FIVE NTDS WE FIGHT AND HOW

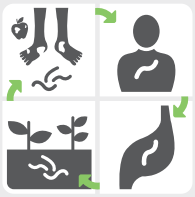
THE FIVE MOST PREVALENT NTDS

TRANSMISSION CYCLES

INTESTINAL WORMS: OVER 2.5 BILLION PEOPLE AT RISK

Intestinal worms, also known as soil-transmitted helminths, infect over 1.4 billion people worldwide, mostly children. The three most common worms are hookworm, ascaris (roundworm), and trichuris (whipworm). They are transmitted by consumption of, or contact with, contaminated water, food, or soil.

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.

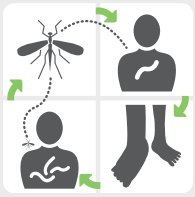


SCHISTOSOMIASIS: OVER 230 MILLION PEOPLE AT RISK

Schistosomiasis, also known as bilharzia or snail fever, is caused by a parasitic worm that lives in freshwater snails. The parasite enters the skin of people who come in contact with contaminated water. The worms live in the intestine or bladder, causing symptoms including blood in the urine and impaired growth and development in children. In severe cases, the infection leads to bladder cancer and kidney, liver, and spleen malfunction. Schistosomiasis causes the highest mortality among these NTDs, with more than 200,000 deaths per year in sub-Saharan Africa.

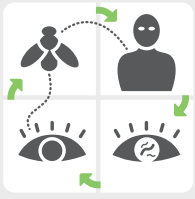
LYMPHATIC FILARIASIS: OVER 1.3 BILLION PEOPLE AT RISK

Lymphatic filariasis (LF), which can lead to elephantiasis, is a mosquito-borne disease. LF can cause permanent disability through extreme swelling of the limbs or genitals as a result of thread-like parasitic worms that live in the lymphatic system. The negative social and economic consequences of LF are immense, as the disease causes stigma, social isolation, and loss of productivity.



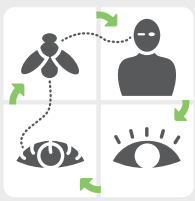
RIVER BLINDNESS: OVER 100 MILLION PEOPLE AT RISK

Onchocerciasis, or river blindness, is a parasitic worm disease spread by the bite of infected black flies. The disease causes extremely painful and debilitating itching, skin lesions, and blindness. It is the world's fourth leading cause of preventable blindness.



TRACHOMA: OVER 100 MILLION PEOPLE AT RISK

Trachoma is a bacterial eye infection which, if untreated, causes the eyelashes to turn inwards and scratch the cornea. This can lead to severe visual impairment and irreversible blindness. Trachoma is passed from person to person through flies. It is common in children under the age of five and in adults—mainly women—who care for them. Trachoma is the world's leading cause of preventable blindness.



PREVENTION AND CONTROL METHODS

MDA

Mass Drug Administration is the delivery of medicines to an entire community at risk of, or infected with, neglected tropical diseases. Medicines are generally distributed by community health workers and at schools on an annual or biannual basis.

A generous consortium of pharmaceutical companies have donated the majority of medicines needed to treat these diseases.

WASH

Water, Sanitation and Hygiene programs are essential to preventing and controlling NTDs. These initiatives include promoting face and hand washing, the use of soap, and ensuring there are well-maintained latrines and clean water sources near the community.

SAFE

Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements are the four methods necessary to control trachoma. Surgery is needed for late stage trachoma to stop the progression to blindness.

Donated antibiotics are delivered through the annual MDA. An integrated program also focuses on promoting the importance of face washing with soap to control dirt and bacteria in the eyes. Environmental improvements include water wells and latrines.

DID YOU KNOW?

Hookworm was once a significant public health problem in the southern United States. The parasite was so widespread that the economy of the South was affected. In 1909 John D. Rockefeller provided $1M for the creation of the Rockefeller Sanitation Commission for the Eradication of Hookworm Disease.

River blindness was once so highly endemic in West Africa that up to 50% of all adults were blind in some regions. Such a high disease burden forced people to abandon their fertile river valley lands in fear of contracting the disease, which led to higher levels of poverty and famine.

OUR 10-STEP STRATEGY

The END Fund, in collaboration with government partners and non-governmental organizations on the ground, treats neglected tropical diseases (NTDs) by following a proven implementation model that is tailored to meet the needs of individual countries.

Successful implementation involves understanding the scale of the problem and designing a robust mass drug administration (MDA) campaign targeted to reach and treat the right people. It is a process that catalyzes resources, builds capacity among health professionals, and mobilizes communities to distribute medicines for maximum impact at minimal cost.

SECURE FUNDING

> Identify partners such as corporations, foundations, and individuals to sponsor high-impact neglected tropical disease programs.

PLAN

> Engage implementing partners, Ministries of Health, and scientific technical experts to design a coordinated program.

MAP

> Conduct disease prevalence and intensity mapping and baseline data collection.

TARGET

> Define target populations.

> Formalize treatment strategy.

SUPPLY

> Facilitate procurement of pharmaceutical donations in partnership with Ministries of Health.

BEST BUY IN EDUCATION

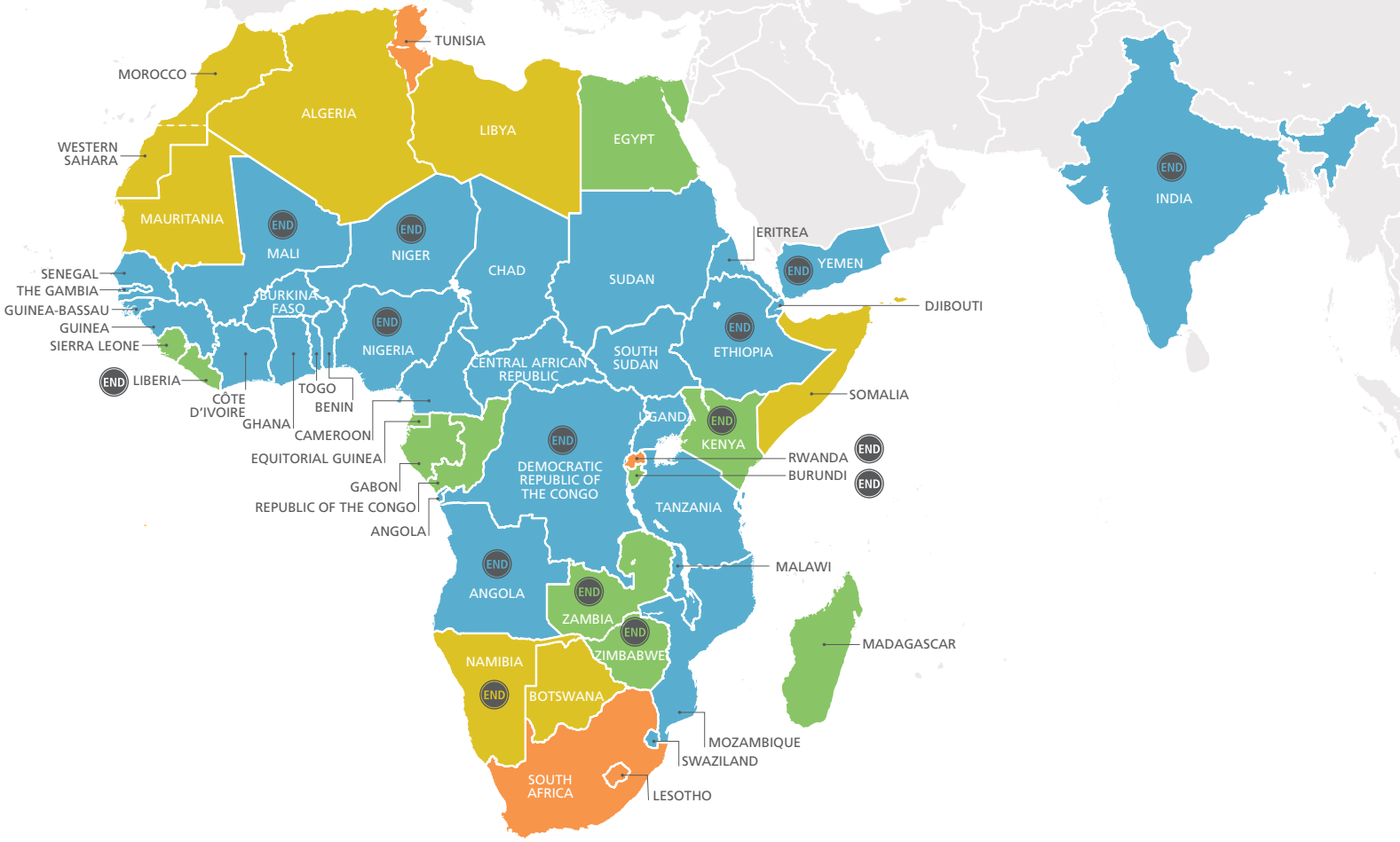
Studies show that NTD treatment is the single most cost-effective means of improving children's attendance and increasing capacity to learn and concentrate in school.

BEST BUY IN PUBLIC HEALTH

NTDs cause suffering for hundreds of millions of people each year. Just 50 cents per person per year funds the delivery of medicines to treat the most common NTDs.

TRAIN	PROMOTE	MOBILIZE & TREAT	MONITOR	SCALE
> Train health sector personnel from the national to the local level to deliver treatment and keep accurate records.	> Prepare target populations to receive medicines. > Aid social mobilization through media promotions, door-to-door visits, and community health education.	> Equip health facilities with diagnostic equipment. > Treat the target population through MDA.	> Monitor and evaluate the program. > Collect and analyze data. > Make necessary adjustments to implementation.	> Scale up health, education, and prevention programs to the national level.

WHERE WE WORK



Number of NTDs present per country

1 2 3 4 5

2013 PORTFOLIO OVERVIEW

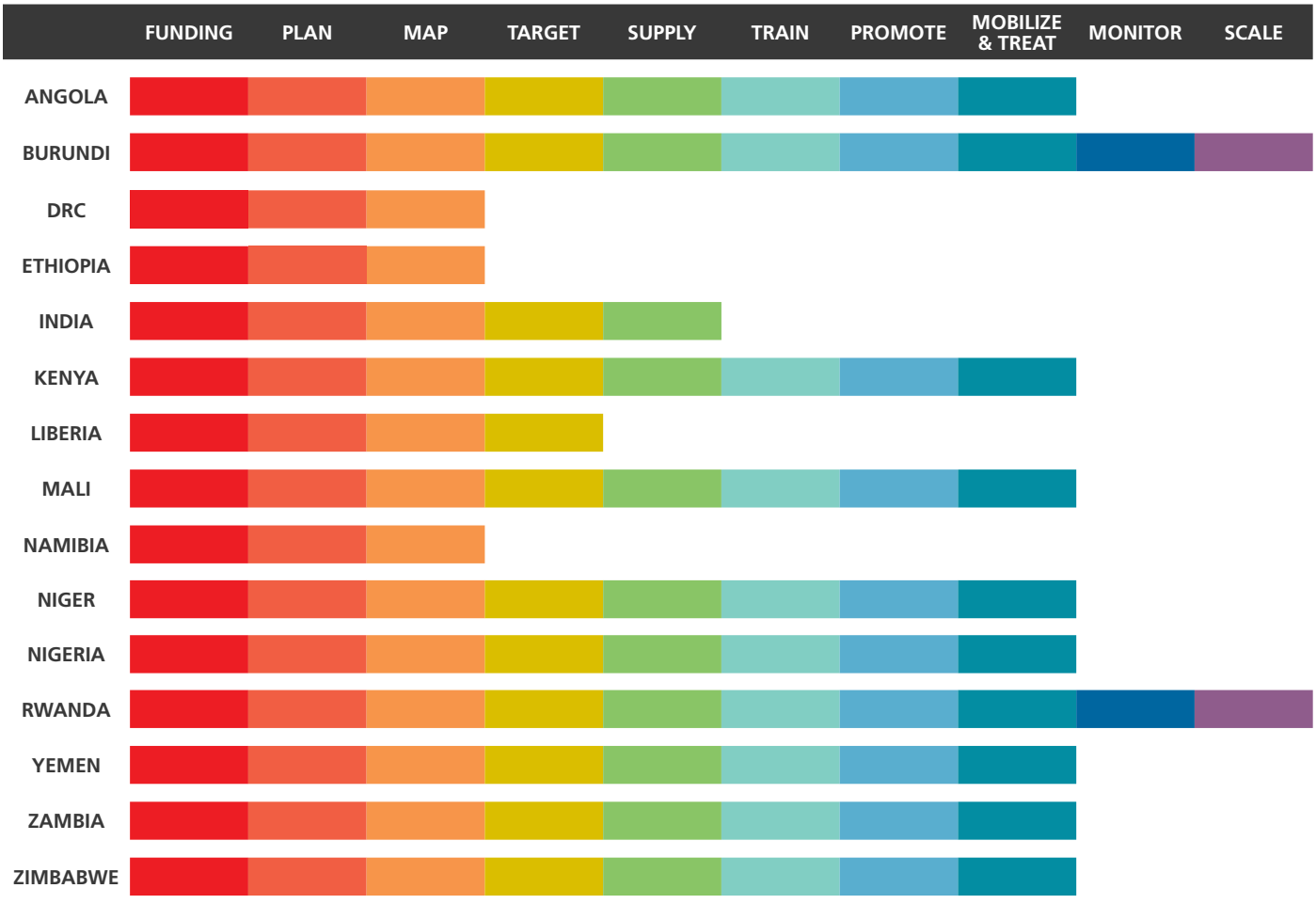
COUNTRIES ENGAGED: **15**

HEALTH WORKERS TRAINED IN NTD CONTROL: **100,000**

BENEFICIARIES RECEIVING NTD TREATMENTS: **OVER 38 MILLION**

BENEFICIARIES OF NTD MAPPING PROGRAMS: **OVER 130 MILLION**

END FUND PROGRAM PROGRESS ON THE GROUND



ANGOLA
BUILDING BLOCKS FOR SCALABILITY

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 20 million**
LIFE EXPECTANCY AT BIRTH	**51.5**
INFANT MORTALITY RATE	**96.2/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**3 provinces**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**20 million**
Schistosomiasis	**At least 20 million**
IMPLEMENTING PARTNER	**The MENTOR Initiative (MENTOR)**
2013 BENEFICIARIES	**567,291 people treated**
	3,536 health workers trained

How a five-year school-based deworming program was established in three provinces with expansion plans set in motion.

The END Fund identified Angola as a priority country because it represented a substantial disease burden, but received little attention by the international NTD community. The Angolan government also has the ability to sustain NTD programing once initial support is provided and successful advocacy secures the prioritization of NTDs by the Ministry of Health (MoH).

Partnering with MENTOR, the END Fund launched a five-year school-based deworming program aimed at reducing the burden of intestinal worms and schistosomiasis in three provinces—Huambo, Uige, and Zaire. MDA activities this past year reached 567,291 children in schools with treatment and trained 3,536 teachers. Once at scale and mapping data is complete, a school-based treatment campaign will aim to reach 85% or at least 962,000 school children and an additional nearly 300,000 unenrolled school-age children by distributing treatment through local health centers.

The END Fund is currently working on plans with new funding to considerably expand program activities in these provinces. The plan adds treatment for LF and aims to treat adults as well as children for all diseases, therefore reaching the entire community. The expansion is a community-based approach that will utilize community distributors to administer MDA in villages, at health clinics, and door-to-door. It also includes a water, sanitation and hygiene education (WASHE) initiative in schools. A more holistic approach, this will further contribute to a sustainable control effort in these Angolan provinces.

A child receives critical medication as part of the school-based deworming program launch.

Intestinal worms that rob critical nutrients from children cause permanent stunting in height and weight, affecting children's memory and ability to learn.

BURUNDI
THE END IN SIGHT

Steadfast commitment leads to trachoma no longer considered a public health concern in Burundi and the country selected as a research pilot to assess potential elimination of schistosomiasis.

Inspired by an Andrew Jack *Financial Times* article written in 2006 and the rising global interest in integrated nationwide NTD control, Legatum agreed to fund a five-year national plan for integrated NTD control in Burundi. From 2007-2012, over 5.5 million people received NTD treatments with dramatic results: schistosomiasis prevalence was reduced from 12% to 1.4%, hookworm prevalence dropped from 18% to 2.6%, and trachoma levels dropped from 13% to 3%. The efforts to control schistosomiasis were so successful that Burundi has been selected as a pilot country by the Schistosomiasis Consortium for Operation Research and Evaluation (SCORE) to assess the potential of moving beyond control to elimination.

Burundi is a shining example of the possibility of what can be achieved by applying the private sector ingenuity and investment to an integrated and nationally coordinated country-led NTD plan.

In 2013, the International Trachoma Initiative deemed that mass drug administration of Zithromax to control trachoma is no longer necessary in Burundi. Indeed, trachoma is no longer considered to be a public health problem. The Burundi story has laid a clear roadmap of success for others and has shown how private sector engagement—working in close partnership with the Ministry of Health (MoH) and scientific and technical community—can significantly contribute to the global goal to control and eliminate NTDs.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 9 million**
LIFE EXPECTANCY AT BIRTH	**50.9**
INFANT MORTALITY RATE	**94.1/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**4 districts**
TARGETED DISEASES AND POPULATION AT RISK	
Trachoma	**Over 750,000**
IMPLEMENTING PARTNER	**CBM**

Trachoma is the leading cause of infectious blindness worldwide. Thanks to steadfast commitments by the MoH and partners, trachoma is no longer considered a public health problem in Burundi.

Trachoma is passed from person to person through flies. It is common in children under the age of five and in adults — mainly women — who care for them.

DEMOCRATIC REPUBLIC OF THE CONGO
INTEGRATED MAPPING

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 65 million**
LIFE EXPECTANCY AT BIRTH	**48.7**
INFANT MORTALITY RATE	**109.5/1000**
CURRENT NTD COUNTRY PLAN	**2011-2015**
PROGRAM LOCATION	**Nationwide**
TARGETED DISEASES AND POPULATION AT RISK	
Lymphatic filariasis	**50 million**
Intestinal worms	**Over 20 million**
Schistosomiasis	**Over 30 million**
River blindness	**Over 19 million**
IMPLEMENTING PARTNER	**Centre for Neglected Tropical Diseases (CNTD)**
2013 BENEFICIARIES	**32,000,000 living in mapped regions** **165 health workers trained**

Essential funds were mobilized to carry out mapping of three diseases, helping to galvanize national commitment to integrated NTD treatment.

The DRC is considered a hotspot for NTDs as it has one of the largest disease burdens in sub-Saharan Africa, making it a high priority country for the entire NTD community. There has been little data on the prevalence of NTDs within DRC, making it difficult to plan and implement large, effective treatment interventions.

In early 2013, significant funding gaps were identified in the Ministry of Health (MoH) partnership with CNTD, funded by the Department for International Development (DFID), to coordinate an integrated mapping of three major NTDs across all 11 provinces to provide the missing data on prevalence. Additional funds were essential to help complete mapping and begin planning for a full scale-up of MDA. The END Fund was able to secure funding to help fill this gap, allowing the mapping to continue.

The END Fund is partnering with CNTD in overseeing the training of health workers on NTD mapping techniques, as well as data collection, logistics, and analysis. A coordinated social mobilization campaign to raise awareness of surveying activities within local communities was also launched.

The integrated mapping program has been fundamental to increasing political commitment to NTDs from the central government. In addition, NGO partners are using preliminary results from mapping activities to advocate for more funding for the implementation of NTD treatment and control efforts within this critical country.

Children participate in integrated mapping for schistosomiasis in one of the 11 provinces targeted by the program.

A trained healthworker uses an immunochromographic (ICT) card with a blood sample to test for lymphatic filariasis.

ETHIOPIA
GAP FUNDING FOR IMPACT

Filling a funding gap to ensure integrated mapping also covered lymphatic filariasis (LF) allowed the national NTD team to move forward in planning for an efficient treatment strategy.

Ethiopia carries one the largest NTD burdens in sub-Saharan Africa and is considered one of the top three hotspots for NTDs, making it another high priority country for the END Fund and the NTD international community.

The mapping of LF was identified as one of the major needs to move the agenda forward, due to the lack of accurate data on disease burden and distribution. In early 2013, significant funding gaps were identified in the LF mapping program initiated by CNTD to map across Ethiopia's 817 woredas (districts). Gap funding was essential to complete mapping throughout the country and begin planning for a scale up of MDA.

The END Fund was able to secure the needed funding and partnered with CNTD to complete the on-going activities, including WHO-recommended methods for mapping for the remaining 692 woredas, training of health workers, data collection, and analysis. The Ethiopian Health and Nutrition Research Institute (ENHRI), which planned and led the mapping implementation, was a key in-country partner. This program also engaged the Armauer Hansen Research Institute and Addis Ababa University to aid with training and data collection.

Overall, 79 million Ethiopians have benefited from knowing whether they live in an area endemic for LF. In addition, the MoH has increased the number of staff working on NTDs at the central level and partners have increased coordination and commitment.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 91 million**
LIFE EXPECTANCY AT BIRTH	**59.7**
INFANT MORTALITY RATE	**62.9/1000**
CURRENT NTD COUNTRY PLAN	**2013-2015**
PROGRAM LOCATION	**Nationwide**
TARGETED DISEASE AND POPULATION AT RISK	
Lymphatic filariasis	**30 million**
IMPLEMENTING PARTNER	**Centre for Neglected Tropical Diseases (CNTD)**
2013 BENEFICIARIES	**79,000,000 living in mapped regions** **170 health workers trained**

A key to NTD mapping activities is trained community health workers, seen here administering a blood test in the field.

People gather in one of Ethiopia's woredas to receive crucial information and education on NTDs as well as take part in the LF mapping activities.

INDIA
CATALYZING THE PRIVATE SECTOR

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 1.2 billion**
LIFE EXPECTANCY AT BIRTH	**65.8**
INFANT MORTALITY RATE	**47.9/1000**
PROGRAM LOCATION	**All 38 districts in state of Bihar**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal Worms	**Over 140 million**
IMPLEMENTING PARTNER	**Evidence Action**

A modest, leveraged investment demonstrated the value of nimble private donor engagement for highly scalable impact of low-cost MDAs.

NTD treatment in India is decentralized therefore each state is responsible for its own NTD program. In 2011, the government of Bihar completed a prevalence survey that found intestinal worms and LF endemic. Bihar moved to address both diseases by launching a deworming initiative.

The Bihar government provides an integrated model, as albendazole (a medicine used to treat LF) also treats intestinal worms. However, twice-a-year treatment is required for intestinal worms, as the disease prevalence is over 50%. Thus, treatment requires two approaches: a statewide community distribution model aimed to reach 65% of the population annually, and a second treatment round through a school-based model.

While the government funds the actual costs of treatment, they have requested technical assistance. This assistance supported by the END Fund and implementing partner Evidence Action provides treatment for intestinal worms through one of the largest school-based deworming programs in the world. Evidence Action support primarily includes monitoring the coverage and impact of community sensitization techniques, teacher training activities, and treatment through MDA. Though a relatively small investment, the END Fund saw the significant impact of this large deworming initiative.

Children in Bihar, India line up to receive treatment for intestinal worms.

India's school-based deworming program is one of the largest in the world.

KENYA
RESPONSIBLE PLANNING

Ensured targeted treatment, resulting in a high-impact, cost-effective program, generating substantial cost savings for the government and its donor partners long-term.

In Kenya, as elsewhere, the END Fund has supported cutting-edge strategies that will add to the body of knowledge and best practices in tackling NTDs. The first phase of our work focused on mapping schistosomiasis prevalence, intensity, and distribution. In 2013, mapping of 85 districts in 15 counties was completed and successfully resulted in prevalence estimates for approximately 7,200 schools.

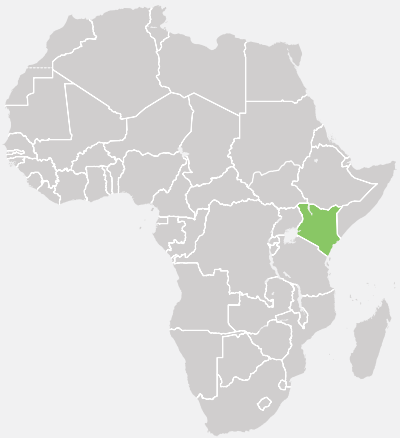
The mapping has been valuable in terms of targeting treatment for schistosomiasis. It is designed to narrow the prevalence map to target treatment of children genuinely at risk of schistosomiasis. In the absence of this mapping data, the government would have had to treat all children in 15 counties, resulting in an estimated 2.5 million children treated unnecessarily.

The END Fund's roughly $300,000 investment in mapping has not only prevented the unnecessary treatment of 2.5 million children, but generated a potential cost savings of over $4 million over four years for the Ministry of Health (MoH) and its donor partners.

The mapping process has successfully identified the schools in which treatment for schistosomiasis is necessary moving forward. A program strategy has been designed for treatment of 1,159 schools across 34 districts and 759 schools in the subsequent years. The END Fund is working with Evidence Action to explore options for treating the maximum number of at-risk children, using the existing medication in stock, a crucial priority for the government.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 43 million**
LIFE EXPECTANCY AT BIRTH	**57.7**
INFANT MORTALITY RATE	**58.1/1000**
CURRENT NTD COUNTRY PLAN	**2011-2015**
PROGRAM LOCATION	**17 districts**
TARGETED DISEASES AND POPULATION AT RISK	
Schistosomiasis	**6 million**
Intestinal Worms	**16.6 million**
IMPLEMENTING PARTNER	**Evidence Action**
2013 BENEFICIARIES	**118,000 school-age children treated**
	7,900,000 living in mapped regions
	385 teachers and health workers trained



Simeon, a car washer in Lake Victoria, is at risk of schistosomiasis.

Students in Bungoma, Kenya benefit from the END Fund's investment in mapping.

LIBERIA
PROTECTING THE POSSIBILITIES FOR THE NEXT GENERATION

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 4 million**
LIFE EXPECTANCY AT BIRTH	**57.3**
INFANT MORTALITY RATE	**76.9/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**15 counties**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**3.4 million**
Schistosomiasis	**1 million**
IMPLEMENTING PARTNERS	**Schistosomiasis Control Initiative (SCI)**

NTD mapping will aid in ensuring at-risk school-age children are treated and healthy enough to participate in school, a luxury for their parents' generation.

The WHO estimates that 80% of the population in Liberia requires preventative chemotherapy against schistosomiasis. Intestinal worm infection is also widely distributed throughout the country and could be prevalent in all 15 counties.

The END Fund has partnered with SCI to support school-based deworming efforts in Liberia. The goal of the program is to ensure that 450,000 school-age children receive annual treatment for schistosomiasis and intestinal worms. Based on existing data, treatment for schistosomiasis will be targeted in ten counties, and treatment for intestinal worms will occur in six counties. Mapping for schistosomiasis is being done as part of the larger NTD control program in Liberia. Mapping results will identify additional counties to target for treatment. Treatments will be distributed using a school-based deworming approach and will be implemented by the Ministry of Health (MoH) with technical oversight and advice from SCI.

The program was designed using outputs of a stakeholder meeting and mapping strategy that was developed in-country in 2013. A solid framework has been put in place and a good relationship has been established with the MoH to help ensure successful implementation.

School-age boys after having been tested as part of efforts to map the NTD burden in Liberia.

Proper hygiene is a critical part of the prevention control efforts of NTDs.

MALI
CRITICAL COMMITMENT PROVIDES CONTINUITY

A nimble investment provided critical support to Mali's national program, guaranteeing the continuity of treatment and fulfilling the NTD community's commitment to Mali.

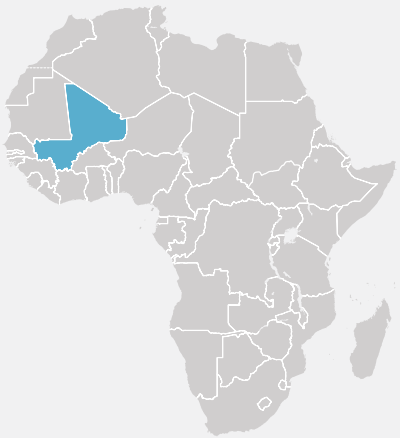
After funding from the US Agency for International Development (USAID) for NTD control efforts was frozen in 2012 following a military coup, the time-sensitive work accomplished to date was in danger due to the risk of reinfection that arises if treatment is interrupted. The END Fund identified this gap in funding and was able to provide critical support to maintain Mali's NTD program through HKI, the on-the-ground technical assistance lead for the USAID-funded program since 2008.

In 2013, this program provided NTD treatment to over 11.1 million people for intestinal worms, schistosomiasis, river blindness, and LF in six southern regions: Sikasso, Segou, Koulikoro, Mopti, Kayes, and Bamako. In addition, the program provided training to a total of 27,375 individuals, including community drug distributors and health center staff.

The END Fund agreed to expand the Mali program in October 2013 to additionally support disease management activities for LF. Individuals who are impacted by this disease often develop long-term disabling health issues, such as extremely swollen limbs (lymphedema) and scrotums (hydrocele). HKI will perform 200 hydrocele surgeries to relieve swelling and will provide case management for those suffering from lymphedema. The expanded program will also train 65 surgeons and ensure both patient follow-up care and the distribution of hygiene kits.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 14 million**
LIFE EXPECTANCY AT BIRTH	**51.9**
INFANT MORTALITY RATE	**92.2/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**6 southern regions**
TARGETED DISEASES AND POPULATION AT RISK	
Lymphatic filariasis	**8 million**
Intestinal worms	**7.3 million**
River blindness	**2.7 million**
Schistosomiasis	**4 million**
IMPLEMENTING PARTNER	**Helen Keller International (HKI)**
2013 BENEFICIARIES	**11,155,120 people treated** **27,375 health workers trained**



A child is measured to ensure proper dosage of medication during a community-based mass drug administration.

Bani has elephantiasis, which makes providing for his family difficult.

NAMIBIA
EFFECTIVE INTERVENTIONS, NATIONALLY OWNED AND OPERATED

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 2 million**
LIFE EXPECTANCY AT BIRTH	**62.6**
INFANT MORTALITY RATE	**29.8/1000**
LOCATION	**Nationwide**
TARGETED DISEASES AND POPULATION AT RISK	
Schistosomiasis	**Over 275,000**
Intestinal worms	**Over 746,000**
IMPLEMENTING PARTNER	**The END Fund**
2013 BENEFICIARIES	**844,500 living in mapped regions** **26 health workers trained** **12,381 school-age children treated**

The END Fund assisted the Namibian government's first schistosomiasis program, advocating for an evidence-based approach that relies on mapping and technical capacity building. As a result, the nationally-owned NTD treatment plan was mobilized.

Namibia was one of the early countries selected by the END Fund as a priority for intervention. Though Namibia is endemic for intestinal worms and schistosomiasis, the Ministry of Health (MoH) gave little attention to NTDs until 2012 and 2013, when national deworming campaigns were launched across the country. To assist the MoH in implementing an integrated approach to NTD control, the END Fund determined that the most effective intervention was to help the government in addressing schistosomiasis, launching the country's first schistosomiasis program.

After the END Fund advocated for an evidence-based approach to treatment, the country conducted the first-ever integrated national mapping survey (including intestinal worms and schistosomiasis), in partnership with Liverpool School of Tropical Medicine and their consulting arm, Liverpool Associates in Tropical Health (LATH).

Phase one was conducted in 2012, and phase two, which was conducted in November 2013, focused on technical capacity building of government counterparts, shifting responsibility to MoH personnel across departments.

Through mapping, the END Fund was able to raise greater awareness and mobilize a government-owned, coordinated response to preventative treatment. In late 2013, the END Fund received a written commitment from the MoH indicating the country was ready to prepare for and execute MDA in 2014 throughout the newly mapped regions.

A child receives deworming medication as part of a national integrated mapping survey.

The END Fund helped the government of Namibia launch the country's first schistosomiasis program.

NIGER
FLEXIBLE FUNDING SUPPORTS MALIAN REFUGEES

A responsive, flexible approach to funding delivered treatment in emergency relief situations in Malian refugee camps, addressing the risk of cross-border transmission and allowing for continuity of care.

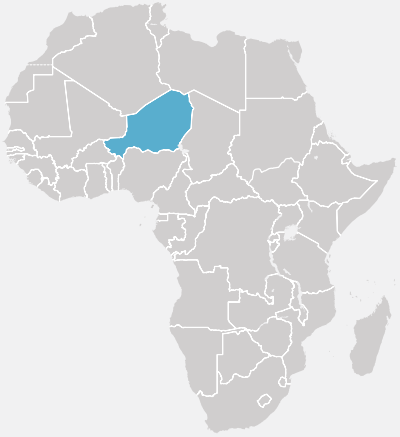
Following the political coup that took place in Mali in 2012, there was a significant migration of Malians into Niger. It was estimated that more than 50,000 Malians took refuge in the country, settling primarily in the border regions. This migration increased the likelihood of cross-border transmission and disease emergence among refugees coming from Mali.

Recognizing the risk this posed, the END Fund approached HKI, which worked alongside the United Nations High Commissioner for Refugees (UNHCR), as well as Niger's Ministry of Health (MoH) and Ministry of Interior to deliver treatment in refugee camps for intestinal worms, schistosomiasis, LF, and trachoma. In the absence of other donor support, the END Fund disbursed funding for Mali's national NTD program and supported treatment of Malian refugees living in Niger.

Overall, the program achieved good coverage rates, considering the mobility of the population that it aimed to treat. The program also provided valuable insight into the flexible approach required to successfully implement MDA in an emergency context.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 17 million**
LIFE EXPECTANCY AT BIRTH	**55.1**
INFANT MORTALITY RATE	**85.8/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**7 refugee camps in the Tillaberi region** **1 refugee camp in the Tahoua region**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**Over 7 million**
Schistosomiasis	**Over 13 million**
Lymphatic filariasis	**10 million**
Trachoma	**Over 11 million**
IMPLEMENTING PARTNER	**Helen Keller International (HKI)**
2013 BENEFICIARIES	**29,453 people treated** **102 health workers trained**



Malian refugees were treated for intestinal worms, schistosomiasis, LF, and trachoma.

During an emergency, cross-border migration increases the transmission and emergence of disease making flexible treatment a priority.

NIGERIA
RESOLUTE COMMITMENT TO NTD CONTROL

COUNTRY AND PROGRAM SNAPSHOT

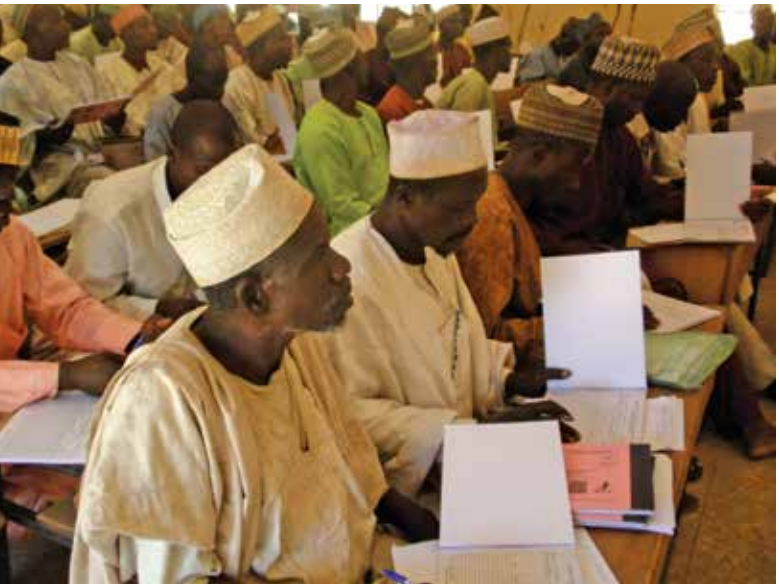
TOTAL POPULATION	**Over 168 million**
LIFE EXPECTANCY AT BIRTH	**52.3**
INFANT MORTALITY RATE	**87.6/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**7 states**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**Over 59.1 million**
Lymphatic filariasis	**Over 63.3 million**
River blindness	**Over 31.8 million**
Schistosomiasis	**Over 121.1 million**
Trachoma	**18 million**
IMPLEMENTING PARTNER	**Sightsavers International (SSI)**
2013 BENEFICIARIES	**12,820,871 people treated**
	33,895 health workers trained

Despite adverse conditions, treatment was delivered through school-based programs to seven states in Nigeria, a NTD hotspot.

Nigeria is one of the top three highest NTD burden countries in sub-Saharan Africa. It is endemic for all five major NTDs and is believed to have the largest total population at risk for these diseases, making it another high priority for the END Fund and the entire NTD community.

In order to reach all at-risk populations, NTD control in Nigeria is decentralized, with each state administering separate programs through both community and school-based models on an annual basis. The END Fund is working with SSI in partnership with the Ministry of Health (MoH) to provide implementation support and assistance.

In late 2013, MDAs occurred in all seven states. Additionally, a baseline mapping for LF occurred in one of these states. In order to reach the international community's goals for control and elimination of the five most common and treatable NTDs, Nigeria will continue to need enhanced donor engagement. The END Fund is committed to finding further opportunities for outsized influence and impact in this crucial country for 2014 and beyond.



Community-based health workers receive crucial training as part of NTD control efforts.

A student receives treatment for schistosomiasis and intestinal worms.

RWANDA
MAINTAINING HEALTH GAINS WITH AN EYE ON ELIMINATION

Support to bolster government-led programs allowed Rwanda to continue expanding on critical health gains achieved to date.

Rwanda is one of the first program countries for the END Fund. In mid-2013, a situation analysis of NTDs in Rwanda was prepared by the END Fund and was endorsed by the Rwandan Ministry of Health (MoH). The analysis resulted in a series of recommendations and priorities for NTD control and included the prioritization of treatment for schistosomiasis and intestinal worms for 2013.

Building on previous successes in Rwanda gained from a Legatum-funded integrated NTD program in place since 2007, the END Fund partnered with SCI and the MoH to continue the work being done. This program aims to improve the prevention, surveillance, control, and management of schistosomiasis and intestinal worm infections in Rwanda, thereby maintaining and improving current health gains. The program also aims to assess and strengthen Rwanda's NTD surveillance practices by reviewing the technical skills, equipment, and human resources available at community health centers.

Two MDAs took place in 2013, both of which achieved over 90% coverage, far exceeding the WHO's minimum standards of 75%.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 11 million**
LIFE EXPECTANCY AT BIRTH	**55.7**
INFANT MORTALITY RATE	**92.9/1000**
CURRENT NTD COUNTRY PLAN	**2012-2017**
PROGRAM LOCATION	**Nationwide**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**Over 6.9 million**
Schistosomiasis	**287,000**
IMPLEMENTING PARTNER	**Schistosomiasis Control Initiative (SCI)**
2013 BENEFICIARIES	**4,124,088 people treated**
	2,264 health workers trained

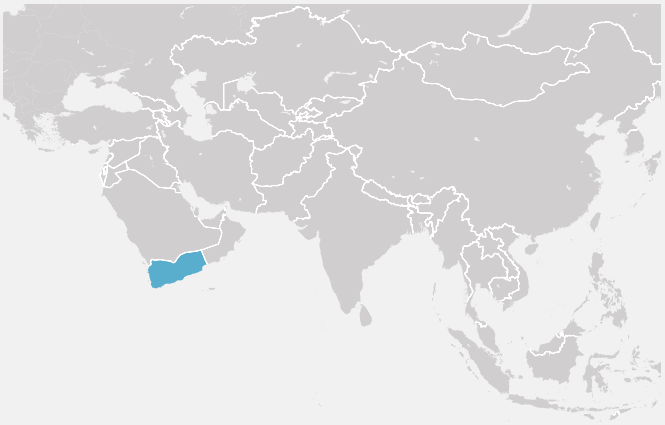
A donation of praziquantel from Merck arrives to treat schistosomiasis.

Intestinal worms are transmitted by consumption of, or contact with, contaminated water, food, or soil.

YEMEN
THE POWER OF PRIVATE PHILANTHROPY

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 23 million**
LIFE EXPECTANCY AT BIRTH	**65.9**
INFANT MORTALITY RATE	**44.4/1000**
PROGRAM LOCATION	**263 districts**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal worms	**2.5 million**
Schistosomiasis	**3.2 million**
IMPLEMENTING PARTNER	**Schistosomiasis Control Initiative (SCI)**
2013 BENEFICIARIES	**9,588,024 people treated** **30,878 health workers trained**



As a result of a private leveraged investment, the substantial impact of multilateral funding was unlocked and needed know-how and technical assistance was unleashed.

With one of the highest NTD burdens in the Middle East, this program targets at-risk children and adults in 263 districts in Yemen with preventive chemotherapy for schistosomiasis and intestinal worms through multiple MDA campaigns. It is a joint initiative involving the Ministry of Health (MoH), SCI, the World Health Organization (WHO), and the World Bank.

World Bank funding is conditional on an outside source paying for an independent expert agency to provide continuous technical support to the country's MoH, in this case, SCI. In order to leverage this funding, the END Fund engaged donors interested in investing in NTD programing.

SCI is providing on-going support to the National Schistosomiasis Control Program (NSCP) and has staff based in the NSCP offices. Also included in this program is a pilot aimed at assessing the effectiveness and feasibility of snail control as a disease control option for schistosomiasis in Yemen.

Because of this program, control of other NTDs is receiving greater political attention and national plans have been developed to eliminate river blindness and trachoma in Yemen.

Children in Yemen are treated in schools by informed teachers, under the supervision of health workers.

Local health staff are responsible for supervision, administering treatment, and recording the number of people treated.

ZAMBIA
THE TRANSFORMATIVE GIFT OF SIGHT

Targeted and focused investment on elimination and prevention of reinfection has resulted in reduced incidence of blinding trachoma for Zambians today and in the future.

This program has two major components: a broader prevention of blindness program and the elimination of trachoma initiative.

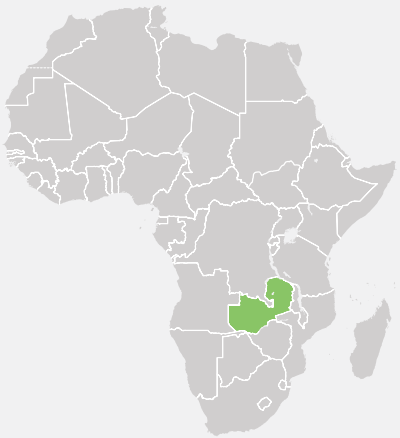
The trachoma intervention has been built around the SAFE strategy (surgery, antibiotics, facial cleanliness and environmental improvements). What makes this program somewhat different is that the END Fund has invested heavily in the F (facial cleanliness) and E (environmental improvements) factors of the SAFE strategy, in the form of clean water and sanitation through a program known as community-led total sanitation (CLTS).

The F (facial washing) and E (environmental improvements) components of the program have been delivered by EHCZ. Their principal responsibilities have been the digging or re-commissioning of wells in communities, as well as health and hygiene promotion and education.

St. Paul's Mission Hospital has delivered the S (surgery) and A (antibiotics) components. St. Paul's has a specialist eye clinic that conducts both outpatient and inpatient services for eye conditions including trichiasis, which is the result of long-term trachoma infection.

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 14 million**
LIFE EXPECTANCY AT BIRTH	**49.4**
INFANT MORTALITY RATE	**81/1000**
CURRENT NTD COUNTRY PLAN	**2012-2015**
LOCATION	**Luapula Province**
TARGETED DISEASES AND POPULATION AT RISK	
Trachoma	**997,000**
IMPLEMENTING PARTNERS	**Every Home for Christ Zambia (EHCZ)** **St. Paul's Mission Hospital**
2013 BENEFICIARIES	**547 trichiasis surgeries** **315,204 people treated** **947 health workers trained**



Environmental improvements such as digging or re-commissioning wells is vital in the prevention of trachoma.

A woman recovering from trichiasis surgery, which prevented her from losing her sight.

ZIMBABWE
CATALYTIC INVESTMENT RESULTING IN IMPACT

COUNTRY AND PROGRAM SNAPSHOT

TOTAL POPULATION	**Over 13 million**
LIFE EXPECTANCY AT BIRTH	**52.7**
INFANT MORTALITY RATE	**47.3/1000**
CURRENT NTD COUNTRY PLAN	**2012-2016**
PROGRAM LOCATION	**Nationwide**
TARGETED DISEASES AND POPULATION AT RISK	
Intestinal Worms	**Over 1.3 million**
Schistosomiasis	**Over 11.9 million**
IMPLEMENTING PARTNER	**Schistosomiasis Control Initiative (SCI)**
2013 PROJECTED BENEFICIARIES	**750,000 people treated**

Specific donor interest helped to mobilize the country's first government-led initiative to combat NTDs. Integrated programing reduces duplication of efforts and ensures improved outcomes and maximum impact.

In Zimbabwe, a government taskforce spearheads the control of schistosomiasis and intestinal worms. Along with government partners, the taskforce conducted a national NTD survey in 2010, which found that both schistosomiasis and intestinal worms were endemic in most parts of the country.

The END Fund was able to mobilize funding from donors interested in supporting NTD efforts in Zimbabwe. This donor interest spurred the task force to develop a nationwide deworming initiative in 2012, led by the Ministry of Health (MoH).

In partnership with the END Fund, SCI provides support to the MoH to deliver annual treatment to school-age children in highly endemic districts through a school-based and community distribution model. SCI is also facilitating training for health officials, teachers, and community health workers.

The END Fund harnesses specific donor interest to help mobilize the country's first government-led initiative to combat NTDs. Integrated programing reduces duplication of efforts and ensures improved outcomes and maximum impact.

Studies show that NTD treatment is the single most cost-effective means of improving children's attendance and increasing capacity to learn and concentrate in school.

There are fast-acting, safe, effective, and inexpensive drugs available to treat intestinal worms and schistosomiasis.

WHO IS THE END FUND?

OUR INTERNATIONAL BOARD

WILLIAM CAMPBELL
END Fund International Board Chair;
Senior Advisor, JP Morgan Chase & Co.;
President, Sanoch Management

MICHAEL P. HOFFMAN
Chairman, Changing Our World, Inc.

SCOTT POWELL
Retired Senior Executive, JP Morgan Chase and Citigroup; Executive Chairman, National Flood Services

DOUG BALFOUR
Chief Executive Officer, Geneva Global, Inc.

ALAN MCCORMICK
Managing Director, Legatum

ROB VICKERS
Senior Vice President-Legal, Legatum

GIB BULLOCH
Founder and Executive Director,
Accenture Development Partnerships

MELISSA MURDOCH
Founder, Green Park Foundation

CHRISTINE WÄCHTER-CAMPBELL
Co-owner, Winston Wächter Fine Art Gallery

OUR DEDICATED TEAM

ELLEN AGLER
Chief Executive Officer

ELISA BARING
Program Director

COLLEEN BOSELLI
Associate Program Director

JESSE COLEMAN
Executive Assistant

MICHAEL GREENBERG
Senior Vice President,
Finance and Administration

WARREN LANCASTER
Senior Vice President, Programs

SARAH MARCHAL MURRAY
Senior Vice President, External Relations

SCOTT MOREY
Senior Program Director

JAMES PORTER
Associate Director, External Relations

MARK REIFF
Associate Program Director

OUR TECHNICAL ADVISORY COUNCIL

PETER J. HOTEZ, MD, PHD
Chair, The END Fund Technical Advisory Council
President, Sabin Vaccine Institute, Founding Dean of the National School of Tropical Medicine at Baylor College of Medicine, Editor-in-Chief of PLoS Neglected Tropical Diseases

"NTDs represent the major stealth cause of poverty among the poorest people in developing nations. The END Fund is a vital, new, cost-effective, and cost-efficient mechanism to involve the private sector in lifting the 'bottom billion' out of poverty."

ALAN FENWICK, PHD, OBE
Director, Schistosomiasis Control Initiative
Professor, Tropical Parasitology at Imperial College London

"Bilateral and multilateral supporters of NTD control don't give individuals the chance to make a direct impact. Nor do they have the flexibility to respond to complex situations in the way the END Fund can. That's why I am proud to be a part of it."

DANNY HADDAD, MD
Director, International Trachoma Initiative

"The world has a real possibility of eliminating blinding trachoma by 2020. We've got a global strategy in place, the tools in hand, and tremendous commitment. That same feeling of collaboration and dedication is what makes the END Fund such an exciting endeavor."

ADRIAN HOPKINS, MD
Director, Mectizan® Donation Program

"Getting drugs donated is the easy part. It's getting them into the mouths of people who need them that's difficult. That is where the END Fund comes in, ensuring that drugs like Mectizan® reach those most in need, often neglected populations with virtually no income, no healthcare, and no political voice."

JULIE JACOBSON, MD, DMTH
Senior Program Officer, Neglected Infectious Diseases,
The Bill & Melinda Gates Foundation

"There is a role for 50 cents. Fifty cents from one person can treat a person for one year for all of these diseases, so there is a way that everybody can be a part of the NTD success and solution."

PATRICK LAMMIE, PHD
Senior Staff Scientist, Centers for Disease Control and Prevention

"As someone who has worked on lymphatic filariasis in Haiti for many years, I have a strong appreciation for the challenges countries face in mobilizing resources for NTD programs. The END Fund provides a new and flexible mechanism to help countries successfully implement high-impact programs."

FINANCIAL SUMMARY

Since our founding, the END Fund has mobilized over $30 million in pledges to support neglected tropical disease (NTD) control in sub-Saharan Africa, India, and the Middle East. Visionary investors from the private sector have been instrumental in moving our agenda forward and providing the critical funding needed to leverage and create impact on the ground where it is needed most.

MARK STOLESON
Chief Executive Officer, Legatum

"Since 2006 Legatum's allocation of $20 million in the NTD cause has been a tremendous investment, generating an extraordinary ROI measured in terms of millions of lives changed. Given the relatively low cost per treatment, targeting NTDs truly is the best bargain in global health today and makes an immediate, visceral, and lasting impact. We invite others to join us and be a part of the END Fund's story, as we have seen first-hand the extraordinary impact an engaged, private group of donors can have in the lives of millions of people, including all of us at Legatum. And the best is yet to come; working together, we will dramatically reduce NTDs globally and free millions from this scourge forever."

TSITSI MASIYIWA
Founding director of the Trusts under the Higher Life Foundation

"As we learned about the END Fund, we felt called to be a part of the journey. NTD treatment is a transformational intervention. Such a simple way to positively impact the lives of hundreds of millions of the most vulnerable people."

SCOTT POWELL
Retired Senior Executive, JP Morgan Chase and Citigroup; Executive Chairman, National Flood Services

"My family and I are proud to support the END Fund's commitment to NTD control in India. As a part of a modest, leveraged investment we've become a part of the incredible story of highly scalable impact of low-cost MDAs. I hope others have the opportunity to be a part of such transformational giving in their lifetime."

WALTER PANZIRER
Trustee of the Leona M. and Harry B. Helmsley Charitable Trust

"We are so pleased to be able to scale up the END Fund's work in Angola. NTD treatments have been shown to be one of the most cost-effective ways to keep children in school and help adults live healthier, more productive lives. We hope that the Trust's investment brings attention to this important issue and encourages other donors to join the global movement to control and eliminate NTDs."

CONSOLIDATED STATEMENT OF ACTIVITIES:
SEPTEMBER 1, 2012-DECEMBER 31, 2013 (SIXTEEN MONTHS)

SUPPORT AND REVENUE			
	US Entity	**UK Entity**	**Total**
Contributions	**$11,495,011**	**$800,386**	**$12,295,397**

EXPENSES			
Program Services	$5,205,914	$537,641	$5,743,555
Management and General	$468,088	$37,202	$505,290
Fundraising	$325,391	$195,890	$521,281
Total Expenses	**$5,999,393**	**$770,733**	**$6,770,126**
Change in Net Assets	**$5,495,618**	**$29,653**	**$5,525,271**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION:
AS OF DECEMBER 31, 2013

ASSETS			
	US Entity	**UK Entity**	**Total**
Cash	$2,026,050	$1,821,731	$3,847,781
Pledges Receivable, Current Portion	$2,325,265	$520,065	$2,845,330
Prepaid Expenses	$15,610	$1,925	$17,535
Total Current Assets	**$4,366,925**	**$2,343,721**	**$6,710,646**
Other assets: Pledges receivable, net of current portion	$4,444,145	-	$4,444,145
Total Assets	**$8,811,070**	**$2,343,721**	**$11,154,791**

LIABILITIES AND NET ASSETS			
Accounts Payable	**$194,445**	**$38,849**	**$233,294**
Deferred Income	-	**$1,026,202**	**$1,026,202**
Net assets: Unrestricted	$695,755	$15,788	$711,543
Net assets: Temporarily restricted	$7,920,870	$1,262,882	$9,183,752
Total Net Assets	**$8,616,625**	**$1,278,670**	**$9,895,295**
Total Liabilities and Net Assets	**$8,811,070**	**$2,343,721**	**$11,154,791**

NOTES:
Both US and UK charities changed their fiscal year-ends to December 31. Both charities were audited for the periods and received clean opinions. Full financial and audit reports are available on our website www.end.org

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).

FOUNDING INVESTORS

LEGATUM FOUNDATION

GENEVA GLOBAL
PERFORMANCE PHILANTHROPY

BILL & MELINDA GATES foundation

GLOBAL NETWORK
NEGLECTED TROPICAL DISEASES

Campbell Family Foundation

دبي العطاء
Dubai Cares

OUR VALUES

RESULTS AND EFFICIENCY

The END Fund has a singular focus—to reduce the prevalence of neglected tropical diseases (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 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.

THE END FUND | ENDING NEGLECTED DISEASES

Join us.
end.org

The END Fund would like to thank the generous photographers and organizations whose images are reproduced in this report with their kind permission. These include: Centre for Neglected Tropical Diseases at the London School of Hygiene and Tropical Medicine (CNTD); Geneva Global, Inc.; Esther Havens; Kora Image, African Philanthropy Forum; The MENTOR Initiative; Ministry of Public Health and Population, Republic of Yemen; Jonathan Olinger and Lindsay Branham of Discover the Journey (DTJ); Mo Scarpelli, Rake Films; Schistosomiasis Control Initiative (SCI); and Sightsavers International (SSI).

Country snapshot information sources from Human Development Report, World Bank, and UN Data.