



THE **END** FUND

**HONORING
COMMUNITY
HEALTH
WORKERS**

ANNUAL REPORT 2020

MISSION

Control and eliminate the most prevalent neglected tropical diseases.

VISION

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

Our Cover

Community volunteer Kande Fanjuma measuring Hadiza Isah with a dose pole, moments before giving her medication, during the 2020 mass drug administration in Gombe, Nigeria.

A Note from the CEO & Board Chair

Dear END Fund Partners & Supporters,

For all of us, 2020 was a year like no other: the COVID-19 pandemic, school shutdowns, economic losses, an inflection point in the history of confronting racial injustice, and learning to live, work and be in community in radically different ways. In a year where everything changes, sometimes the most important lesson is to allow ourselves to be changed.

One of the first changes for the END Fund was to pivot to COVID-19 response work. When schools shut down, it wasn't possible to deliver school-based deworming or traditional neglected tropical disease (NTD) care. But it was possible to contribute significantly to the global prevention and handwashing campaign – which helped to reduce both the spread of COVID-19 and intestinal worm infections. It was also possible to support NTD health workers to participate in COVID response work. By launching the COVID-19 Response Fund and deploying support to 17 partners in 23 countries, we were able to reach millions of people with critical health services and disease prevention messages. We also helped keep local health workers employed so that when NTD services were able to resume, no time was lost in restarting treatment programs. We are grateful to all of you who joined these critical and timely relief efforts.

We also allowed ourselves to be changed by the 2020 global reckoning on racial justice and diversity, equity, and inclusion (DEI). Like many, we took the time to deeply reflect, have difficult conversations, and consider thoughtfully how we can do even more to contribute to a more just, equitable, and inclusive world. We have started by making improvements in our own policies and systems – from reviewing hiring and due diligence practices, expanding the diversity of our own staff and board, setting up a DEI Working Group, analyzing the language we use, centering voices most proximate to the communities we serve, and much more. We are committed to an ongoing learning journey and to taking a DEI lens on all decisions and activities in the coming years. We are particularly grateful to those of you who shared expertise, perspectives, and support as we bolstered our work in this area, and look forward to working with you for years to come.

In 2020, we also conducted an extensive, inclusive, and joyful process to update and affirm our organizational values, which we are delighted to publicly launch in this annual report. We are excited to live these values in everything that we do: Human Dignity, Passionate Focus, Relational Approach, Exemplary Stewardship, and Entrepreneurial Spirit. And while these are not profound changes to our existing values — but rather a grounding in who we are at our best — the engaged process of discussing and clarifying these values bonded us together and gave us a renewed sense of urgency, clarity, and enthusiasm for how we will do our work in the decade ahead.

By the last quarter of 2020, we were so delighted to be able to support the restarting of many NTD treatment campaigns. And while the “how” did have to change in some key ways — i.e., more personal protective equipment for health workers, additional training days, more door-to-door treatment instead of mass gatherings — the “why” stayed the same. Upholding a vision that everyone, everywhere deserves to be free of neglected tropical diseases is at the heart of why we exist. And by the end of the year, almost 92 million people were able to safely receive NTD treatments, with 479,426 health workers trained and mobilized as part of the process.

As we kick off 2021, we are delighted to feel the energy and momentum of a new year! So many countries have kicked off treatment programs, new collaborations are launching with water, sanitation and nutrition partners, and our entire team has been leaning into taking smart risks, increasing investments in innovation, and working to support even more proximate leadership on our pathway to sustainable programs. We are delighted that 2021 both commences a new END Fund 2030 Strategic Vision, as well as the new WHO 2030 Roadmap for ending NTDs that the entire NTD community has rallied around.

We are grateful to our entire community of supporters for making this work possible and look forward to working with you closely in the years ahead to truly see the end of NTDs!

In solidarity,



William Campbell
Chair, The END Fund Board of Directors



Ellen Agler
Chief Executive Officer, The END Fund

Our Values

Human Dignity

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

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

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.

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.

Relational Approach

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

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

COVID-19 Response Fund

A great deal of our work to end NTDs was temporarily halted in April because of the COVID-19 pandemic. However, we quickly adapted to leverage our ecosystem of expert local implementation, advocacy, and private sector partners to help slow the spread of COVID-19.

We developed a framework to find areas where we could utilize our existing relationships and expertise to provide interventions like handwashing campaigns and equipment that would both help prevent COVID-19 and strengthen the foundation of our work to end NTDs.

Through the COVID-19 Response Fund, the END Fund worked with 17 organizations in 23 countries, reaching millions of people with interventions. In South Africa, we worked with JCDecaux to place billboards with World Health Organization messaging on the importance of handwashing. In Ethiopia, we partnered with the NALA Foundation to build handwashing stations near health facilities, churches, markets, bus stations, prisons, and shelters for internally displaced people. Our partner in the Democratic Republic of Congo (DRC), United Front Against River Blindness, targeted more than 8 million people with COVID-19 prevention messages and installed hundreds of handwashing stations.



END Fund COVID-19 grantee, Ministry of Public Health (Niger), distributes handwashing kits and food to people in Lazaret, Niger in April, 2020.

Honoring Community Health Workers

Community health workers (CHWs), numbering more than a million, have been at the forefront of every health crisis across Africa. With the emergence of the COVID-19 pandemic, CHWs have been the crucial link between their communities and the central health system in curtailing transmission.

This year's annual report is dedicated to the health workers and volunteers who make our effort to end NTDs possible. Through highlighting their stories, we want to celebrate and honor their leadership, courage, and determination to protect their communities.



"To become a good community health worker, you must be energetic and be willing to evolve. I am passionate about my work and am always ready to help my community whenever I am called upon. This year, I am encouraging my people to wash their hands and take precautions to avoid COVID-19."

Catherine, CHW in Ambohimadana, district off Vatomandry, Madagascar.



"Since my arrival during these eight years, we have been organizing mass (drug) distribution every year. Treatment has been delayed this year due to the COVID-19 pandemic, but with the measures deployed by our partners we were able to restart in November. We have been provided with all the materials necessary to carry out the campaign, I believe we are safe."

Dr. Oumarou Guindo, Technical Director of community health center in Doumba, Mali.

"Informing the community and helping them protect themselves makes you happy. So instead of us staying at home afraid of contracting the virus while the community suffers, we believe it is better for us to protect ourselves and provide the awareness that will enable the community to protect against the virus - and we are doing that work now."

Tibeltalech Kifle, CHW in Gondar Zone, Amhara, Ethiopia.





“I started as a community volunteer three weeks ago. I started doing this work because I just felt that I should help my parents and my brothers, who are suffering during this situation. I feel safe distributing the medicines in my community. We were provided with resources like hand sanitizer, face masks, and most importantly knowledge to advise people on how to prevent the spread of COVID-19.”

Jummai Muhhamed, 23, community health volunteer in Bore Village in Gombe, Nigeria.



“I love my work because I am always in contact with people, exchanging ideas, and learning new things. Some people don’t believe in the existence of COVID-19 and this is the most difficult part of my job - to convince them because no one has seen cases since the lockdown in my community.”

Razafimandimby Dieudonné, CHW in Vatomaniry, Madagascar.

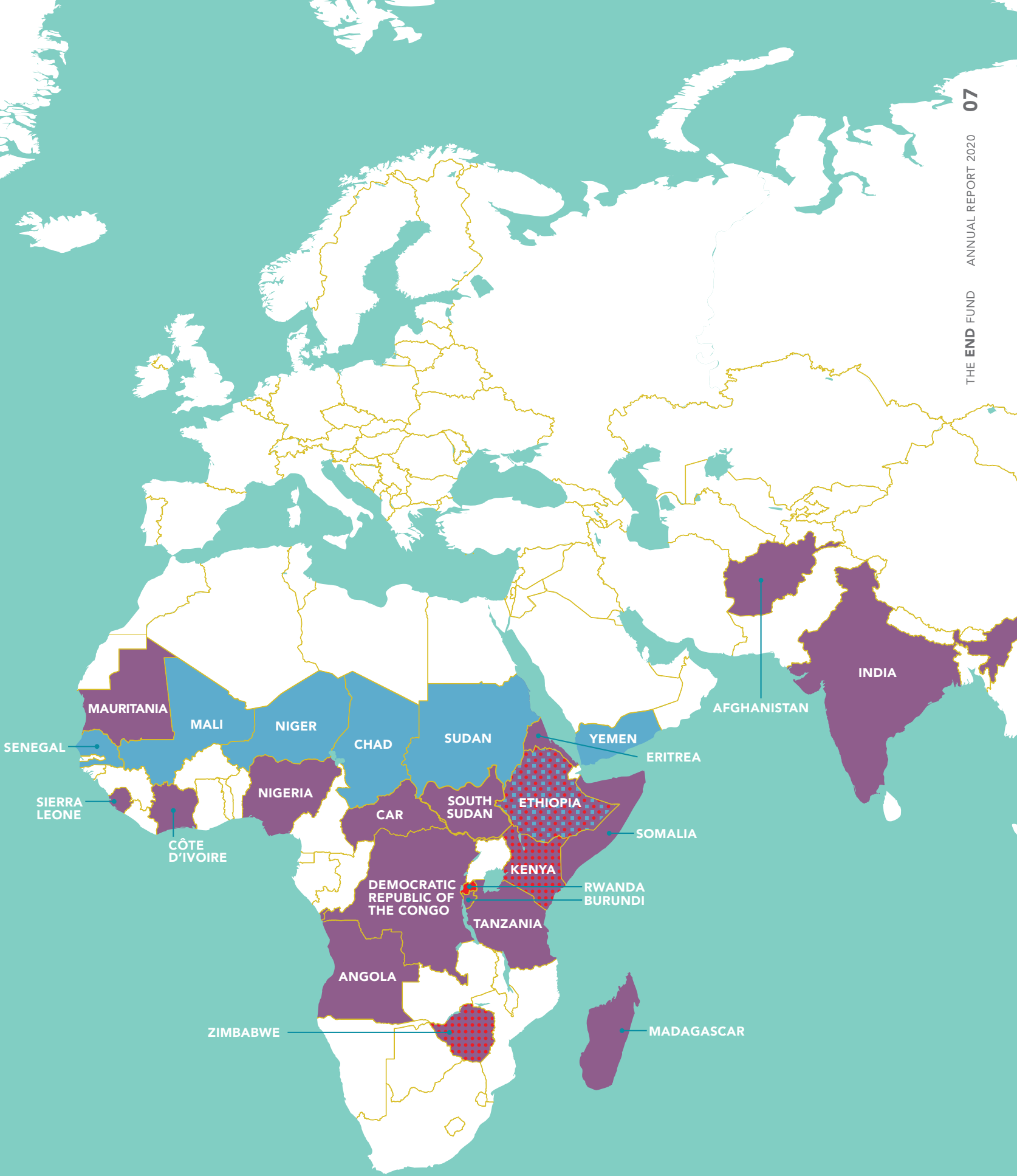
Where We Invested in 2020

26
COUNTRIES

OUR FUND MODEL

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





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



2020 Impact Highlights

In the past decade, substantial gains have been made against NTDs. Since 2010, 42 countries and territories have eliminated at least one NTD and 600 million fewer people are at risk of NTDs. This is thanks to a robust global partnership amongst disease-endemic country governments, implementing NGOs, and effective public-private and philanthropic partnerships, supported by technical guidance from the WHO.

This year, delegates attending the Seventy-third World Health Assembly endorsed the new WHO roadmap for neglected tropical diseases for 2021–2030. The new road map offers partners a blueprint for collaboration across sectors including WASH, One Health, disability, climate change, gender, education, and others. This will support NTD programs to contribute to national health systems which are resilient, sustainable, and adequately-resourced.

478,549

HEALTH WORKERS TRAINED

VALUE OF TREATMENTS

\$246M

NUMBER OF TREATMENTS DISTRIBUTED

133.6M

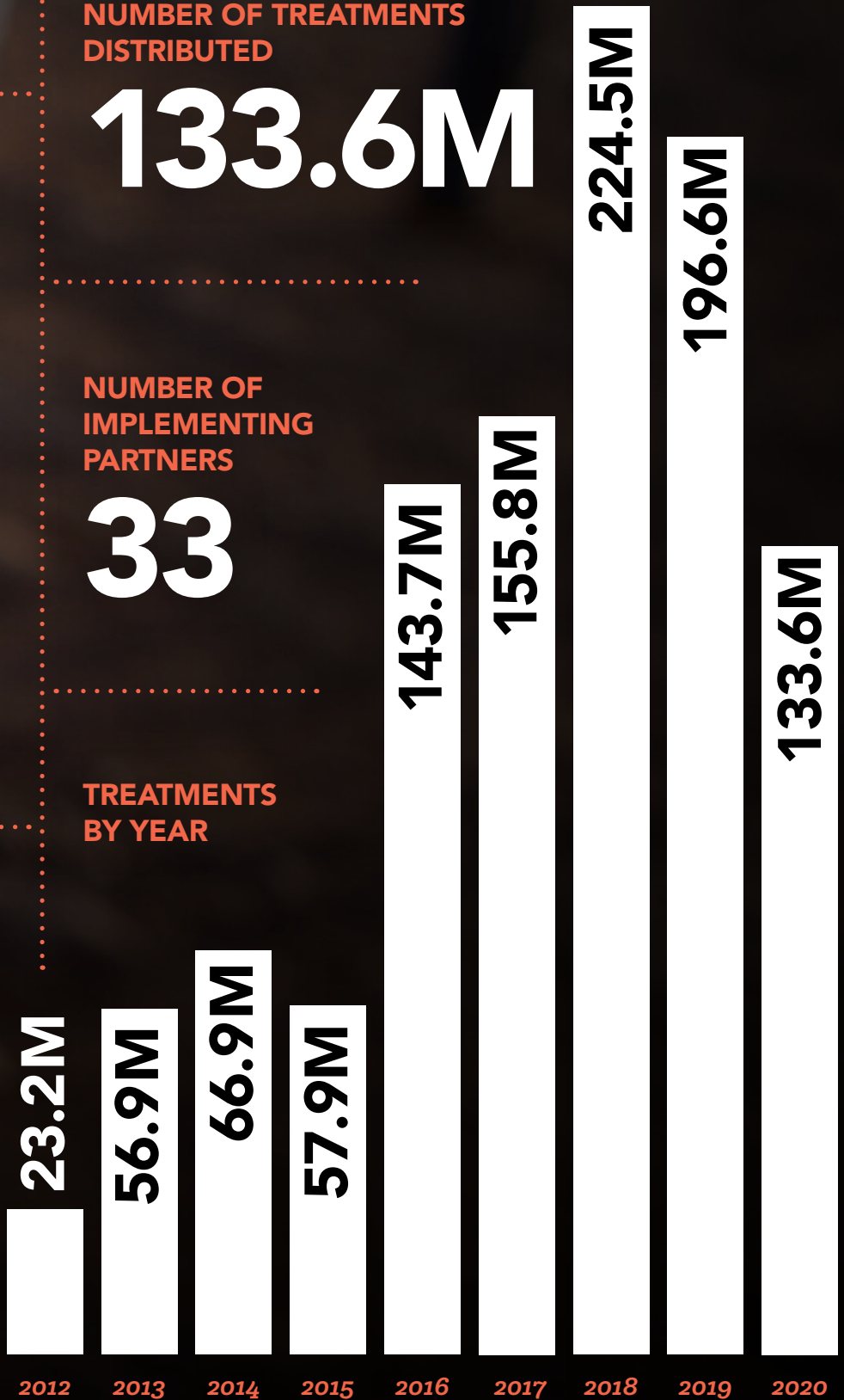
NUMBER OF IMPLEMENTING PARTNERS


33

91.9M

PEOPLE TREATED

TREATMENTS BY YEAR





Bao Efragie, CHW for over 12 years in Ambohimiadana, Madagascar.

MADAGASCAR

At the start of the pandemic, Bao Efragie noticed a stark change in her community in Ambohimiadana, Madagascar. The lockdown had caused fear and isolation to spread through her village, making it difficult for Bao to reach people with vital health information and life-changing medications for NTDs. This year, community health workers around the world had to adapt their approach to health delivery to reduce the risk associated with human contact. In Madagascar, this meant limiting contact through an integrated approach to treatment, where multiple diseases are treated in a single visit. Health workers also treated individuals at their households to avoid the large gatherings typical of a mass drug administration (MDA).

Bao was trained in COVID-19 risk mitigation and equipped with the necessary protective equipment. She went door-to-door around her community, not only providing medications but also reassuring people with health advice and reporting suspected COVID-19 cases to the central hospital. Bao plans to continue as a health worker for the rest of her life, taking pride in helping her community in a multitude of ways. This year especially showed the importance of Bao's work, as she not only administered medication but also offered a safe point of contact to dispel fears in uncertain times.



Flagship Fund

Despite the challenges posed by COVID-19, the Flagship Fund succeeded in demonstrating its values of flexibility, high impact, and inclusion. The END Fund's COVID-19 Response Fund was created as a sub-fund within the Flagship Fund to support COVID-19 prevention through existing and new implementing partners, with support to COVID-19 prevention efforts spanning 23 countries, including the United States.

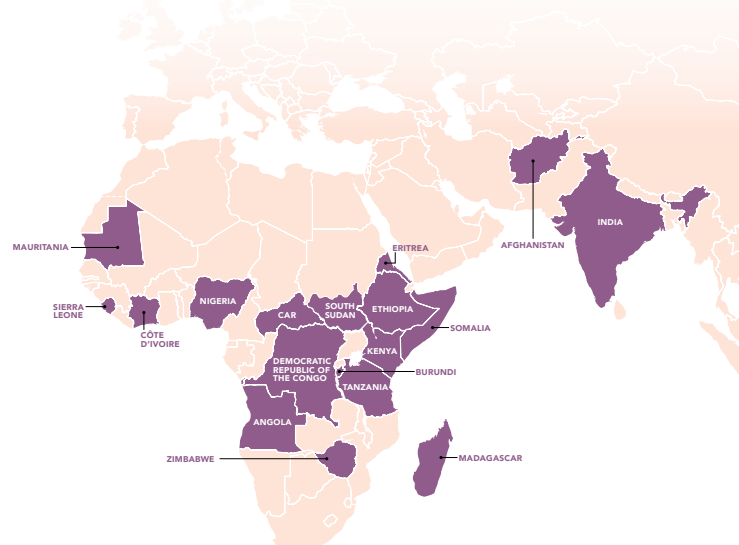
In 2020, program countries were able to restart MDA activities by implementing safety measures recommended by the WHO. Madagascar led the way by adopting a door-to-door approach to NTD treatment and conducting an integrated campaign led by its Ministry of Health.

In India, the shift towards increased use of technology for programmatic work meant that the planning, coordinating, training, and review meetings for the deworming campaign were organized online. This flexibility allowed the program to reach nearly 19 million children through a community-based treatment plan.

Mauritania is on the verge of eliminating trachoma as a public health problem, with a significant reduction of the prevalence of inflammation caused by trachoma throughout the country. Once Mauritania is able to address one district's slightly elevated backlog of trachoma surgeries, the country will be able to prepare the trachoma elimination report in order to officially declare disease elimination.



Health workers (left to right) Razafimandimby Dieudonné, Bao Efragie, and Razanany Catherine, going door-to-door to give Mebendazole and Praziquantel treatment to children in the community of Maromitety, Vatomandry, Madagascar.





REACHING *the* LAST MILE FUND

The Reaching the Last Mile Fund (RLMF), a ten-year, multi-donor fund dedicated to the elimination of river blindness and lymphatic filariasis, is in its third year of implementing activities. Despite the uncertainty presented by COVID-19, program partners have continued to build on the successes of previous years. After MDA activities resumed in both Senegal and Mali, we supported river blindness and lymphatic filariasis treatment worth \$26 million for six million people, and supported the training of over six thousand health workers to help expand treatment and outreach.

Niger completed the necessary evaluations in line with the WHO's guidelines to verify river blindness elimination. In 2021, Niger is poised to be the first country in Africa to eliminate river blindness – a feat that was considered scientifically impossible for decades. In Senegal, impact evaluation results processed in 2020, combined with earlier results, suggest that Senegal is on track to soon declare regional elimination of river blindness in most areas of the country.

Despite the challenges of the year, the RLMF focused its efforts on sharing lessons learned through webinars, academic articles, and conferences with the broader NTD community. This deep level of engagement has reenergized the RLMF to charge forward with bold elimination goals in 2021.



Minata Coulibaly mobilizes a family to give ivermectin treatment during the 2020 mass drug administration in Dioila, Mali.

“River blindness is a disease that attacks from head to toe. When you have this disease, you get consistent itchiness, it whitens your feet, and eventually reaches your eyes causing you blindness. Ivermectin has been of great benefit to our community since this mass treatment began.”

Minata Coulibaly, CHW in the Koulikoro Region of southwestern Mali.
December, 2020.



MALI

Minata Coulibaly is one of more than 3,000 CHW in Mali and has been working for over ten years in the Koulikoro Region of southwestern Mali. Equipped with gloves and masks to protect herself and her community, she went door-to-door making sure everyone in her community received treatment for river blindness. "Ivermectin has been of great benefit to our community," she says. "Since the mass treatment began, many of our old people have found peace from the itching."

In the earlier years of her work, Minata recalls women in her community grinding and mixing charcoal with ash to quell the intense itchiness that comes with river blindness. Spread through small black flies that breed in fast-flowing waters, river blindness and the misery it afflicts on many is now close to being eliminated in Mali. The RLMF has supported delivery of over nine million treatments

in Mali since 2018 and, because of this success, is now supporting the country to scale down treatment for river blindness in areas where it is no longer needed.

Since 2019, the RLMF has supported Mali's Ministry of Health (MOH) and partners to complete a series of impact evaluations to verify if river blindness has been eliminated. This year, results from the evaluation suggest that Mali may have achieved elimination of river blindness in up to 95% of areas where the disease was once present. In 2021, additional evaluations and research will confirm these results. Once these evaluations are completed, Mali will no longer require mass treatment with ivermectin, representing annual cost savings of over \$7M in drug donation costs and over \$200,000 in implementation costs.



Deworming Innovation Fund

This year we ramped up program implementation for the Deworming Innovation Fund (DIF), an ambitious five-year project that seeks to accelerate progress towards eliminating intestinal worms and schistosomiasis in Kenya, Rwanda, Ethiopia, and Zimbabwe. Once programs safely resumed, we supported treatment of 5.5 million people in Rwanda, 10.7 million people in Ethiopia, and 278 thousand people in Zimbabwe.

The Deworming Innovation Fund supported activities such as nationwide data collection for

intestinal worms, schistosomiasis mapping in Rwanda and a pilot community-based survey in Ethiopia to inform design of the national precision mapping survey that will commence in 2021. The year closed with exciting commitments from pharmaceutical companies Johnson & Johnson and Merck KGaA Darmstadt, Germany that will ensure expanded at-risk populations can be reached more cost-effectively. We look forward to building on the dedication of our partners across the globe to bring the audacious goals of the Deworming Innovation Fund to fruition in the coming years.

(left to right) CHWs Wondimagegn Abuye, Bekele Baza, and local guide Workiye Mengesha carrying stool sample collection containers and vaccine carrier as they approach a household taking part in the parameter calibration survey. Bench Maji Zone, SNNPR, Ethiopia.





Wondimagegn Abuye applies sanitizer to Birke Shambel's hands before handing her the mobile phone for her to digitally sign her consent to take part in the Parameter Validation Survey in Kuka Kebele, Bench Maji Zone, SNNPR, Ethiopia.

LEVERAGING MOBILE TECHNOLOGY TO END NTDS

It had been five days since Wondachew Addisu started going house to house with a team of surveyors collecting samples from families for intestinal worms and schistosomiasis in a small village in Ethiopia.

"The work requires you to be unselfish," Wandachew said, "As long as you are serving the community, you can't put your needs first. You are doing lifesaving work."

There are 252 houses in the district being surveyed and to accurately estimate the burden of intestinal worms and schistosomiasis, the survey team needs to visit one third of the houses. The process is the same at each house. Wandachew approaches the family, introduces himself, and then asks for their consent to take part in the survey. Not all of the houses are accessible by road, so the team uses a combination of car, motorcycles, and walking to cover the entire area.

"We agreed to do this work because we believe in it and therefore will get to where we have to using the car we are given, where possible, or by motorcycle, or even on foot — we are doing the work," Wandachew explained.

There are more than 700 districts like this one that need to be mapped. Wandachew is part of a small team gathering data on the local disease burden, which will enable the Ethiopian Federal Ministry of Health to develop the protocol for national remapping. As Ethiopia enters a new phase in its effort to eliminate schistosomiasis and intestinal worms, this information will be used to revise intervention strategies against these diseases.



Breaking the Cycle of Neglect

In the fall of 2020, we launched a new report that examines the economic burden of schistosomiasis and intestinal worms in Ethiopia, Kenya, Rwanda, and Zimbabwe. The product of a partnership with the Economist Intelligence Unit (EIU), it provides updated country and disease-specific insights into the economic gains of reaching disease elimination goals.

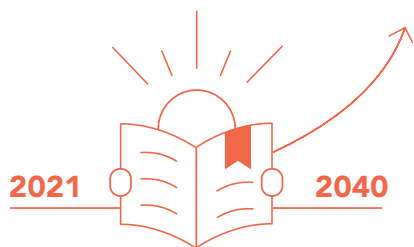
The report highlighted the staggering potential economic gains if we are to meet the WHO's 2030 goals for eliminating schistosomiasis and intestinal worms as a public health problem in the four countries under study. The data indicates that reducing the illness and early death associated with the two NTDs would increase adults' current and future economic productivity across the four countries by 2040. It further shows that children who are worm-free would have higher school attendance, leading to increased future earning potential.

Treating and preventing NTDs at a large scale to eliminate parasitic worms is possible, economically sustainable, and can boost the GDPs of African countries that are currently burdened by disease. An estimated 1.5 billion people globally are affected by intestinal

worms and require periodic treatment to prevent or control infection. The effects of intestinal worms on infected populations include malnutrition, anemia, stunting, impaired intellectual development, and susceptibility to other infectious diseases. This groundbreaking report allows us to envision a world free of parasitic worm infections. It is a call-to-action to have NTD elimination highlighted as a matter requiring urgent attention in national agendas. The economic benefits of ending these diseases are profound across all levels of society.

Eliminating these diseases requires concerted action that is tailored to local contexts, including better disease mapping data, integration with wider public health efforts, and programs to improve sanitation.

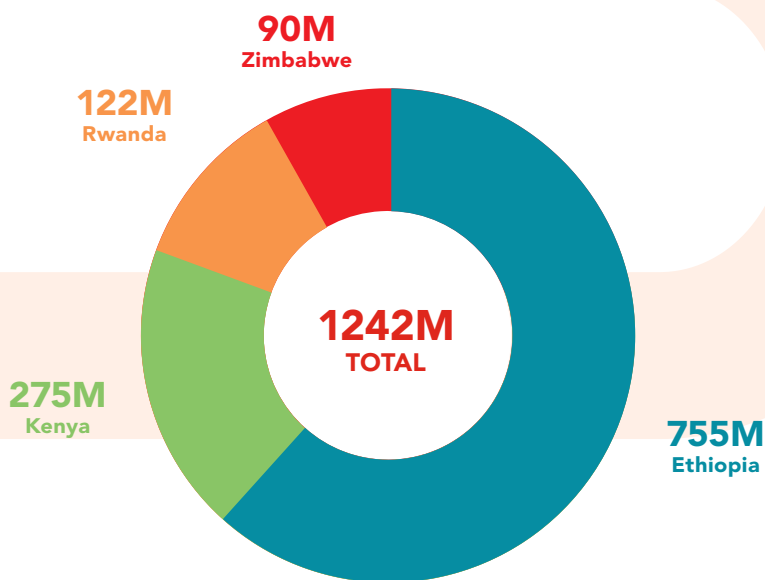
Investments should be targeted at strengthening health systems across the board to make them more responsive and resilient to NTDs. We are optimistic that, even through the COVID-19 pandemic, this report will help create a stronger platform to drive more sustainable and effective NTD responses.



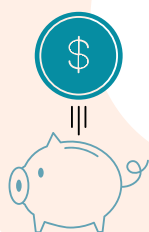
EARNINGS POTENTIAL FOR CHILDREN

Children who are worm-free could attend school more regularly and concentrate more, potentially leading to more years of schooling and boosting their earning potential. EIU modeling for the four countries suggests that **this could result in US\$1.2bn PPP (US\$0.5bn at market exchange rates) in greater earnings between 2021 and 2040 for this cohort.**

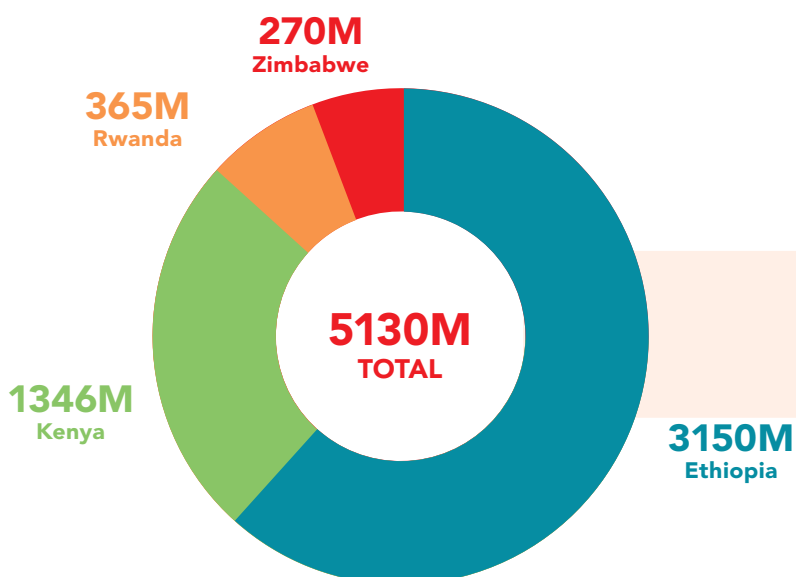
**US\$1.2BN (PPP)*
IN GREATER EARNINGS**



Impact of achieving WHO targets - gains in income through better education (US\$m at PPP)



**US \$5.1BN (PPP)
IN PRODUCTIVITY GAINS**
























































Impact of achieving WHO targets - productivity gains (US\$m at PPP)

BOOSTING ADULT PRODUCTIVITY THROUGH ELIMINATION

Elimination of parasitic worms is possible, and can boost economic productivity. EIU economic modeling of 4 countries found **productivity gains of US\$5.1bn in purchasing power parity (PPP) terms (US\$1.9bn at market exchange rates) between 2021 and 2040, if WHO targets are met for schistosomiasis and intestinal worms.** This is because adults can work and contribute to the economy to a greater extent than children.

*Purchasing power parity

COUNTRY PORTFOLIO 2020

Country	Implementing Partners	Diseases	People Treated	Treatments Distributed	Surgeries Provided	Health Workers Trained	Value of Treatments	Disbursements Granted
Afghanistan	World Food Programme		3,687,152	3,687,152	-	454	\$73,743.04	\$173,540.69
Angola	The MENTOR Initiative	   	717,102	1,620,764	-	2,798	\$1,786,997.48	\$881,582.64
Burundi	CBM		0	0	0	12	-	\$78,923.25
Central African Republic	CBM Organisation pour la Prévention de la Cécité	   	577,084	577,084	0	675	\$13,099,806.80	\$389,592.30
Chad	Caritas		0	0	-	0	-	-
Côte d'Ivoire	Sightsavers	 	3,703,482	4,759,809	-	9,860	\$18,145,310.56	\$50,703.00
DRC*	CBM United Front Against River Blindness	   	6,750,027	18,384,625	0	51,569	\$92,989,406.78	\$3,184,088.82
Eritrea	The Fred Hollows Foundation		90,240	90,240	524	66	\$2,048,448.00	-
Ethiopia	AMREF Health Africa The Carter Center Ethiopia Federal Ministry of Health Ethiopia Public Health Institute The Fred Hollows Foundation Orbis International SCI Foundation UNC School of Medicine	   	15,590,144	16,475,726	10,135	214,453	\$21,390,007.54	\$5,736,859.00
Guyana	Pan American Health Organization		0	0	-	0	-	\$212,650.00
India	Evidence Action		18,932,205	18,932,205	-	66,627	\$378,644.10	\$329,922.96
Kenya	Akros Evidence Action	 	7,262,172	7,267,272	-	21,723	\$328,043.57	\$1,742,019.36
Madagascar	SCI Foundation	 	3,099,051	6,273,598	-	34,090	\$1,109,581.53	-
Mali	International Center of Excellence in Research Helen Keller International		4,981,902	4,981,902	-	2,610	\$20,923,988.40	\$333,074.25
Mauritania	Organisation pour la Prévention de la Cécité		0	0	-	0	-	-
Niger	Helen Keller International		0	0	-	0	-	-
Nigeria	Amen Health and Empowerment Foundation CBM Helen Keller International Mission to Save the Helpless	   	19,142,519	41,720,241	19	67,591	\$66,093,174.22	\$3,443,395.99
Rwanda	Akros Rwanda Biomedical Center	 	5,559,494	6,242,970	-	92	\$388,969.37	\$50,509.00
Senegal	FHI 360 Le Ministère de la Santé et de l'Action Sociale du Senegal	  	1,112,903	1,718,762	-	3,696	\$5,167,232.53	\$466,998.00
Sierra Leone	Helen Keller International		0	0	-	0	-	\$105,000.00
Somalia	World Health Organization	 	0	0	-	0	-	\$255,000.00
South Sudan	CBM	  	0	0	-	0	-	\$533,635.19
Sudan	Republic of Sudan Federal Ministry of Health		0	0	-	0	-	\$309,945.99
Tanzania	Kilimanjaro Centre for Community Ophthalmology (KCCO) Ministry of Health, Community Development, Gender, Elderly and Children	 	0	0	856	81	-	\$74,478.18
Yemen	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)		477,932	477,932	-	2,032	\$2,007,314.40	-
Zimbabwe	Delta Philanthropies, Higherlife Foundation Ministry of Health and Child Care	 	278,468	479,782	-	120	\$72,002.98	\$500,000.00
Multi-Country (RLMF support)	Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN)		-	-	-	-	-	\$137,700.00
COVID Response Fund Disbursements		N/A	-	-	-	-	-	\$754,248.67
TOTAL			91,961,877	133,690,064	11,534	478,549	\$246,002,671	\$19,743,866.60

 Intestinal Worms

 Schistosomiasis

 Lymphatic Filariasis

 River Blindness

 Trachoma

*Treatment & training numbers reported for the DRC reflect treatments that were planned as part of the 2019 MDA, but occurred in 2020.

FINANCIAL SUMMARY 2020

Consolidated Statement of Activities

SUPPORT AND REVENUE	US	UK	Total
Contribution	\$22,656,203	\$78,050	\$22,734,253
Investment Income	\$130,880	-	\$130,880
Total Support and Revenue	\$22,787,083	\$78,050	\$22,865,133
EXPENSES	US	UK	Total
Program Services	\$25,769,419	\$422,628	\$26,192,047
Management and General	\$1,647,785	\$36,311	\$1,684,096
Fundraising	\$1,437,272	\$247	\$1,437,519
Total Expenses	\$28,854,476	\$459,186	\$29,313,662
Changes in Net Assets	(\$6,067,393)	(\$381,136)	(\$6,448,529)

Consolidated Statement of Financial Position as of December 31, 2020

ASSETS	US	UK	Total
Cash	\$4,987,009	\$492,836	\$5,479,845
Restricted Cash	\$20,667,704	\$42,003	\$20,709,707
Pledges Receivable, Current Portion	\$2,432,549	\$14,183	\$2,446,732
Related Party Receivable	\$456,127	-	\$456,127
Investments	\$9,957,469	-	\$9,957,469
Prepaid Expenses	\$286,072	\$2,555	\$288,627
Total Current Assets	\$38,786,930	\$551,577	\$39,338,507
Fixed Assets	\$115,215	-	\$115,215
Pledges Receivable, Net of Current Portion	\$497,788	-	\$497,788
Total Non-Current Assets	\$613,003	-	\$613,003
Total Assets	\$39,399,933	\$551,577	\$39,951,510
LIABILITIES	US	UK	Total
Accounts Payable	\$177,550	\$24,463	\$202,013
Related Party Payable	-	\$456,127	\$456,127
Deferred Rent	\$88,708	-	\$88,708
Total Liabilities	\$266,258	\$480,590	\$746,848
NET ASSETS	US	UK	Total
Net Assets: Without Donor Restrictions	\$4,928,533	\$28,984	\$4,957,517
Net Assets: With Donor Restrictions	\$34,205,142	\$42,003	\$34,247,145
Total Net Assets	\$39,133,675	\$70,987	\$39,204,662
TOTAL LIABILITIES AND NET ASSETS	\$39,399,933	\$551,577	\$39,951,510

Note:

The END Fund is a 501(c)(3), tax-exempt charitable organization registered in the United States (EIN 27-3941186). The END Fund is also a company limited by guarantee registered in England and Wales (company number 6350698) and a registered charity (number 1122574).

For audited financial statements please visit end.org/financials



Students lining up, adhering to distancing guidelines for COVID-19 prevention, to receive treatment for intestinal worms outside Vonona Primary School in Brickville, Madagascar.

ANCHOR INVESTORS 2020

We remain grateful for the confidence and trust placed in us, with over 1,700 donors contributing to the END Fund throughout 2020. Donations came from around the world including Australia, The Bahamas, Brazil, Hong Kong, Lebanon, New Zealand, Nigeria, South Africa, Spain, and the United Arab Emirates to name a few, which shows the increased enthusiasm around the mission of END Fund, the work of our partners, and the affirmation of our attainable vision to tackle NTDs in our lifetime.


We value the support of our donors and anchor investors who provided support with multi-year gifts, which are critical for the sustainability of the END Fund and our partners' long-term projects.

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



*Our 2020 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 and organizations whose images are reproduced in this report with their kind permission: Indrias G Kassaye, James Drinkwater, Sahelien.com, Viviane Rakotoarivony, and Yagazie Emezi.



Community health worker, Fatima Abubakar (25), in Gazi community in Gombe state, Nigeria. Fatima, with her colleague Afiniki Salle, goes door to door in her community to treat for river blindness and to advise on COVID-19 prevention. Fatima brought cheerful and playful energy to each house she reached.

**THANK
YOU!**

The END Fund is grateful for all of our investors and partners who make the success achieved in 2020 and beyond possible.



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