FORCE FOR...
The Task Force for Global Health mobilizes partnerships to improve the health and well-being of people around the world. Its programs and projects currently reach an estimated 495 million people in 135 countries.

Founded in 1984 by global health pioneer Bill Foege, The Task Force works to end diseases that strike people living in extreme poverty including blinding trachoma, river blindness, intestinal worms, polio, and cholera. With donations of essential medicines and vaccines and funding from foundations, governments, and pharmaceutical companies, The Task Force collaborates with diverse sectors on comprehensive disease control and elimination programs. Its partners include the World Health Organization, UNICEF, Centers for Disease Control and Prevention, The Carter Center, and Ministries of Health, among other organizations. The Task Force also works to ensure countries can recognize and respond to disease outbreaks such as Ebola and to help build strong health information systems for effective healthcare delivery.

The Task Force team consists of 111 scientists, program experts, logisticians, and other global health professionals. It is affiliated with Emory University, headquartered in Decatur, Georgia, and has offices in Guatemala and Ethiopia. The Task Force is the fourth largest nonprofit organization in the United States and the largest in Georgia.

Compassion is at the heart of everything we do. But empathy in and of itself cures nothing. Compassion must be linked to action. In fact, it’s one of our core values at The Task Force that we call consequential compassion.

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A Letter from Our Leadership:

When millions of people are suffering and dying every year of preventable and treatable diseases, something is not right with the world – and something needs to be done about it. This is why we do what we do at The Task Force for Global Health.

And, while the concept of social justice is simple, carrying it out is not. Much of The Task Force’s work focuses on controlling and eliminating diseases of extreme poverty.

Taking on such complex global health problems requires a special and somewhat unexpected combination of strengths.

As you read through our 2015 Progress Report, you will see our work through the lens of four vital features that power our work – compassion, understanding, collaboration, and hope.

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Our Most Important Role

The subject matter expertise at The Task Force is formidable. Our team includes some of the world’s leading global health experts in the fields of neglected tropical diseases, vaccines and immunizations, public health informatics and field epidemiology – all focused on understanding and addressing large-scale health problems.

But one of the most important roles we play at The Task Force is that of convener – bringing people and organizations together from diverse sectors to work on global health problems. Our role is to remove roadblocks and catalyze the work of our partners to solve some of the world’s most intractable global health problems. Lives depend on it.

Although The Task Force for Global Health is not a household name, we are the fourth largest nonprofit in the United States and the largest in Georgia. This comes as a surprise to most people outside the global health world.

We have not sought the spotlight. It started with our founder, Bill Foege, who said, “If you want to build successful partnerships and coalitions, you have to shine the light on your partners and not on yourself.”

This approach enables us to bring all the critical players together to find solutions. It is a principle that still guides us today – and will continue to do so as we transition Task Force leadership to incoming President and CEO Dave Ross at the beginning of 2016. Dave, a world-recognized leader in global health, is currently director of The Task Force’s Public Health Informatics Institute as well as our vice president for program development.

Growing Our Impact

Our successful programs have driven growth at The Task Force this year. Most of them are expanding, whether through scope, new partners and activities, or wider reach. To meet our programmatic needs, we welcomed 22 new staff members to The Task Force team this past year.

This growth has strained the capacity of our current facility in Decatur and we are actively looking for new space to ensure that we can continue to deliver services and increase our impact.

We want to thank everyone who contributes to the success of The Task Force. We are fortunate to have the support of our funders who make our work possible, the many partners and organizations who work tirelessly towards ambitious goals, and our dedicated board members and staff who selflessly commit themselves to The Task Force vision of building a world where all people have access to the means for good health.

Cover: Husseina, a 13-year-old Ethiopian girl who sells树fern to help support her family. (photo by Marcus Perkins for GSK)

2015 Progress Report
The Task Force for Global Health is a small but mighty team of 111 employees all focused on improving the health and well-being of people around the world, especially those living in extreme poverty.

Reaching 495 million people in 135 countries.
Like many global health organizations, The Task Force has deep compassion for the people it serves. But what distinguishes The Task Force is its practice of consequential compassion – the linking of compassion with effective actions.

People living in extreme poverty are sometimes referred to as the “bottom billion,” reflecting the enormity of their numbers and the enormity of their needs. While struggling for food and housing, they also are plagued by infectious diseases that preferentially target them. These diseases cause blindness, disfigurement, cognitive impairment, and even death.

One of these diseases is blinding trachoma, a bacterial infection that causes agonizing pain and sight loss. An estimated 232 million people are at risk for blinding trachoma.

The International Trachoma Initiative (ITI), a Task Force program, is one of the major players in helping to end this disease by 2020.

The Task Force has practiced consequential or action-oriented compassion throughout its history. In its initial work in 1984, The Task Force saw the faces of the parents who lost an estimated 14,000 children under the age of five each day to vaccine-preventable diseases. It then took action to address this tragedy by getting the world’s leading development and health agencies to work together to improve childhood immunization rates. Since then, The Task Force has applied consequential compassion to a range of health issues primarily affecting people living in extreme poverty. The impact of this work has been extraordinary. The Task Force now reaches nearly half a billion people in 135 countries.

The Task Force’s commitment to consequential compassion endures as it steps forward with partners this year to address one of the most intractable problems in global health. This new Bill & Melinda Gates Foundation-funded initiative will examine why 17,000 children are continuing to die each day due to largely unknown causes.

On the next page, find out more about this new program and how The Task Force is applying its expertise to uncover the reasons behind this alarming statistic.

“We considered blindness due to trachoma a normal, natural process for a person getting old. But now people understand one can prevent this disease with medicine.”

– Tewabech Yimer

“Being doubtful, I took my children to drug distribution sites only after I had witnessed the amazing, curative effect of the drug. Since then, my children and I make sure we go very early to the drug distribution sites.”

– Aselefech Yemiru

The International Trachoma Initiative (ITI) is working to eliminate blinding trachoma as a public health problem by 2020. Here are just two of the estimated 33 million people in Ethiopia who will receive Zithromax® in 2015, the antibiotic donated by Pfizer to treat and prevent the disease.

*Quotes are translated from Amharic.

The Task Force links compassion to action in its efforts to control intestinal worms in Benin and other developing countries. Pictured in the background photo is Task Force staff member Anyess Travers speaking with school children in Benin while conducting a survey to determine whether efforts to control intestinal worms have been successful.
This year, when the Bill & Melinda Gates Foundation was considering a major, new initiative to understand how, where, and why children under five are getting sick and dying in developing countries, it turned to The Task Force’s Public Health Informatics Institute (PHII) for its expertise in building strong health information systems.

As a key member of the Child Health and Mortality Prevention Surveillance (CHAMPS) initiative, PHII is working with lead partner Emory Global Health Institute, Centers for Disease Control and Prevention (CDC), the International Association of National Public Health Institutes, and Deloitte Consulting LLP. PHII will develop and manage the global data network needed for understanding and ultimately addressing the causes of childhood deaths. Initially consisting of six research sites in Africa and South Asia, this 20-year project represents one of the largest grants and commitments ever made by the Gates Foundation.

Understanding is also critical for programs focused on controlling and eliminating neglected tropical diseases (NTDs) that threaten as many as one billion people in developing countries. Among the many questions that must be asked is where these diseases persist even after interventions have been implemented. To answer these questions, The Task Force has been developing and applying leading-edge technologies.

A smartphone-based data collection system called LINKS (shown in background photo) is helping 49 countries map the prevalence of NTDs, including blinding trachoma, river blindness, and lymphatic filariasis. In addition, a new molecular tool takes a surprising approach to determining whether disease transmission is taking place (see story below). Surveys conducted using both these technologies are helping inform the scaling up or down of NTD control and elimination programs.

While The Task Force works to help countries use new technologies for detecting diseases, it also continued this year to support training programs and projects in field epidemiology. This year, in response to the Ebola outbreak, a field epidemiology program at The Task Force called TEPHINET worked with CDC to train frontline health workers in West Africa on how to detect and respond to Ebola and other diseases. Another surveillance project in Cambodia monitored and confirmed the effectiveness of an intervention to reduce injuries and fatalities from motorcycle crashes.

Understanding problems is equally vital to strong healthcare systems. Countries need to effectively manage their healthcare workforce to ensure the needs of their citizens are met. This year, The Task Force began working in Zambia to help build a human resource information system to track nurses and other health professionals after launching a similar, successful project in Kenya.

With its expertise in informatics, operational research, field epidemiology, and human resource information systems, The Task Force is a force for understanding major global health issues. In the next few pages, learn about how The Task Force used collaboration to affect a broad range of global health problems in 2015.

A core strength of The Task Force stems from its ability to understand global health problems. It starts with asking the right questions: Where are diseases prevalent? How many people are infected or at risk? Is the intervention working? By asking these questions, The Task Force crystallizes an understanding of the problems to inform its actions.

New Portable DNA Test Uses Mosquitoes as Syringes

Steven Williams, PhD, of Smith College, is working with Eric Oltens, MD, director of the Neglected Tropical Disease-Support Center at The Task Force, to develop a new, portable tool that uses DNA from mosquitoes to assess the prevalence of insect-borne infections within human populations. A positive result indicates that mosquitoes are picking up disease-causing parasites from somewhere in the human population, merit follow-up testing. The process takes 75 minutes start to finish and the tool itself can run off a car battery, something especially useful for countries with unreliable or limited electrical supplies.
The Task Force for Global Health uses a diverse set of proficiencies to improve the health and well-being of people around the world. They include managing complex budgets; developing research protocols; and puzzling out logistics for getting donated medicines and vaccines to the remotest corners of the world. But one of the most vital roles The Task Force plays is that of convener. By bringing together diverse partners that bring their own strengths, resources, and expertise to the table, The Task Force forges collaborations to effect positive changes.

If compassion is the heartbeat of The Task Force, then collaboration is what makes it run.

The Task Force’s success over the past 30 years is largely due to the credibility and respect it has earned from a wide array of partners ranging from foundations and pharmaceutical companies to governments and nonprofit agencies all over the world. Simply put, when working together, the sum is greater than its parts. Each partner contributes something special. The job of The Task Force is to pool those talents and resources and funnel them into solutions.

Task Force programs owe much of their success to collaboration. A Task Force program called Children Without Worms plays a key role as the secretariat for the STH Coalition, a new multi-sector group of 40 members working to control intestinal worms that rob people of their potential. As many as one billion people are at risk for intestinal worm infections, which stunt growth, impair cognitive development, and cause a host of negative health effects. Among other activities in 2015, the coalition worked to develop specific strategies for reducing intestinal worm infections in school-age children, the most heavily burdened age group.

Successful partnerships have also been central to Task Force programs to control and eliminate the two leading causes of infectious blindness in the world – blinding trachoma and river blindness – and the painful, disfiguring disease known as lymphatic filariasis.

This year, a projected 80 million people at risk for blinding trachoma are expected to benefit from treatment with the Pfizer-donated antibiotic Zithromax®. In November 2015, a major milestone in the fight against the disease will be reached when the 500 millionth dose of Zithromax® will be donated to ministries of health for use as part of comprehensive programs to end blinding trachoma in developing countries.

All totaled, during the 2015 calendar year, The Task Force is expected to receive an unprecedented $3.2 billion worth of donated medicines from Pfizer, Merck, and GSK for prevention and treatment of blinding trachoma, river blindness, and lymphatic filariasis.

This year, The Task Force contributed to the global polio eradication effort on several fronts. In May, it brought together 80 trainers and consultants from 35 countries for a three-day workshop focused on preparing for the switch in the type of oral polio vaccine currently used in routine immunizations schedules. The global “switch” will take place simultaneously in 156 countries in April 2016. The Task Force also is collaborating with the World Health Organization, UNICEF, Centers for Disease Control and Prevention, the Gates Foundation, and Rotary International to introduce an injectable, inactivated polio vaccine in 126 countries.

The Task Force’s success in collaboration was recognized this year by the Metro Atlanta Chamber of Commerce with a 2015 Global Impact Award for exhibiting significant growth through partnerships in Atlanta and around the world.

The Task Force expects continued growth over the coming years in response to increasing demands for its services. Through collaboration, The Task Force is raising hope for a better future for the world’s most impoverished people. See more about The Task Force as a Force for Hope in the next section.

At left, Francesca Abakah Bentil, a teacher at St. Monica’s Girls school in Cape Coast, Ghana, explains intestinal worms, how they are treated with the drug Albendazole, and the importance of hygiene to reduce the chance of infection. (photo courtesy of GSK)
Applying its expertise in collaboration, drug delivery, and pharmacophilia, The Task Force is accelerating its efforts to provide more people in developing countries with access to vaccines against cholera and influenza. In September 2015, The Task Force reconvened the Coalition for Cholera Prevention and Control to examine new strategies for preventing and controlling this debilitating and often fatal disease that strikes people living in extreme poverty. The Task Force also is working to identify mechanisms for providing seasonal influenza vaccines for pregnant women and other high-risk groups in developing countries where access to this vaccine is limited.

Communicable diseases have been the primary focus of The Task Force’s work to date. But in 2015, The Task Force began considering how it might help address the growing global epidemic of noncommunicable diseases. These include cancer, cardiovascular disease, diabetes, chronic respiratory diseases, and injuries, and are responsible for more than 75 percent of deaths worldwide. While the prevalence of infectious diseases is expected to subside over the coming decades, noncommunicable diseases are expected to become an increasing burden for developing and developed countries alike.

Closer to home, The Task Force is working with partners to develop the Georgia Global Health Alliance (GGHA) that will launch in 2016 and make Georgia a global health hub. GGHA will focus the resources and expertise of more than 30 Georgia organizations across diverse sectors to address a range of health issues. In collaboration with GGHA, The Task Force sees many opportunities for bringing lessons from global health programs back to Georgia to help address local health issues such as high maternal mortality and HIV infection rates.

Today is a golden age for global health. Unprecedented levels of resources are being devoted to programs that are increasing life expectancy and improving quality of life for people in developing countries. Building on its track record of success, The Task Force is well-positioned to address current and future global health challenges. For all the people it serves, The Task Force will continue to be a force for hope for a healthier future.
Consolidated Statements of Financial Position

The Task Force has a lean and nimble administrative structure that ensures programs can respond effectively to changing conditions and demand for their services. Low overhead expenses of only 8% of annual cash revenue also ensure most resources are devoted to programmatic needs.

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<thead>
<tr>
<th>Liabilities</th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td>Accounts payable</td>
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<td>$1,361,557</td>
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<tr>
<td>Accrued payroll and benefits</td>
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<td>$256,098</td>
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<tr>
<td>Note payable (building)</td>
<td>$6,370,300</td>
<td>$6,370,300</td>
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<tr>
<td>Total Liabilities</td>
<td>$9,112,166</td>
<td>$8,496,093</td>
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The tables to the right summarize the financial position of The Task Force for the fiscal years that ended August 31, 2014 and August 31, 2015. Data in these tables are taken from the audited fiscal year 2014 and 2015 financial statements. The Independent Auditor’s Letter can be accessed at www.taskforce.org/publications/auditors-letter.

Consolidated Statements of Activities

Year ended August 31, 2015 and 2014

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>2015</th>
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<tr>
<td>Investment income</td>
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<td>Program support</td>
<td>41,324,708</td>
<td>34,103,407</td>
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<td>Direct costs recovery</td>
<td>5,041,129</td>
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<td>Conference registrations</td>
<td>111,387</td>
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<td>Capital campaign</td>
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<td>Contributions and other revenue</td>
<td>68,335</td>
<td>189,477</td>
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<tr>
<td>Contributions in-kind</td>
<td>1,609,270,372</td>
<td>1,790,885,126</td>
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<tr>
<td>Total Revenues</td>
<td>1,655,839,899</td>
<td>1,828,973,977</td>
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</table>

11% Indirect Costs Recovery
99% Program Support

<table>
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<tr>
<th>EXPENSES</th>
<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Programs: Health system strengthening</td>
<td>15,382,306</td>
<td>13,001,389</td>
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<tr>
<td>Center for Vaccine Equity</td>
<td>6,084,179</td>
<td>3,231,618</td>
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<td>Neglected tropical diseases</td>
<td>20,694,270</td>
<td>13,619,312</td>
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<tr>
<td>Contributions in-kind</td>
<td>1,609,270,372</td>
<td>1,790,885,126</td>
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<td>Fundraising</td>
<td>355,747</td>
<td>202,516</td>
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<td>General and administrative</td>
<td>3,219,689</td>
<td>4,205,791</td>
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<tr>
<td>Total Expenses</td>
<td>1,655,016,563</td>
<td>1,823,725,881</td>
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</table>

8% General, Administrative and Fundraising
92% Program
The Task Force is committed to ensuring all people have access to the means for good health. The Task Force collaborates with public and private partners to address the most critical global health issues. Its programs and projects focus on controlling neglected tropical diseases (NTDs), providing all people with equal access to vaccines, protecting people against public health threats such as Ebola, and supporting strong health information systems in the United States and elsewhere. World-leading experts in NTDs, public health informatics, and field epidemiology provide the foundation for these programs.

Supporting the work of the programs and projects is The Task Force’s Office of the President, including Chief Operating Officer William P. Nichols, MPA; Vice President for Program Development David Ross, ScD; Director of Organizational Effectiveness Heather Brooks, MS; Director of Communications & Development Poul E. Olson, MS; and Executive Administrative Assistant Lisa Valente.

Our Programs

Driven by our commitment to global health equity
Our Donors
Fiscal Year 2015

The Task Force is grateful for the generosity of all its donors and funders. We recognize the following individuals, foundations, corporations, and global health organizations for providing support of $500 or more in FY 2015.

African Health Workforce Project
- Nell Hodgson Woodruff School of Nursing, Emory University
- Centers for Disease Control and Prevention (CDC)
- Association of Schools and Programs of Public Health

Center for Vaccine Equity
- Bill & Melinda Gates Foundation
- CDC
- Rotary Club of Atlanta
- Green Cross Corporation

Children Without Worms
- Johnson & Johnson
- GSK
- Children’s Investment Fund Foundation
- Ibiyi Foundation
- World Health Organization (WHO)
- Jon Schneider
- Jim Ne venhuis

International Trachoma Initiative
- Pfizer Inc.
- Sight savers
- Lavelle Fund For The Blind
- Fred Hollows Foundation
- Light of the World
- Lance Fletcher

Neglected Tropical Diseases Support Center
- Bill & Melinda Gates Foundation
- United States Agency for International Development
- GSK

Public Health Informatics Institute
- CDC
- Sight savers
- Bill & Melinda Gates Foundation
- de Beaumont Foundation
- Robert Wood Johnson Foundation

TEPHINET
- CDC
- Skoll Global Threats Fund
- Humanistisch Instituut voor Ontwikkelings-Samenwerkings (HIVOS)
- WHO
- CORD Global
- Plan International
- Development Alternatives
- Naval Medical Research
- The CDC Foundation

The Task Force for Global Health
- The O’Shea Family Foundation
- Mark West
- Mark & Jill Rosenberg
- Akanksha Arora
- Michael Parmakis
- Craig Raisanen
- Rupa Rangal
- Jane & Wayne Thorpe
- Paula Lawton Bevington
- The Dot & Lam Hardman Family Foundation
- David Stern

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