STEPPING UP
IN A YEAR THAT CALLED FOR ACTION
FY2020 ANNUAL REPORT

Our digital annual report includes video, audio, and other interactive features. To experience the full report, visit taskforce.org/2020-annual-report.
The year started off like many others, with Task Force teams setting goals to eliminate diseases, ensure access to vaccines and essential medicines, and strengthen health systems in more than 150 countries. Little did we know what the year held in store.

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. By then more than 4,000 people had died, there were 118,000 cases in 114 countries, and life in many places came to a screeching halt with lockdowns and social restrictions.

Months later, as the death toll climbed and the pandemic undermined every aspect of life, public outrage in the U.S. over the killings of George Floyd, Ahmaud Arbery, and Breonna Taylor spotlighted systemic racism and the inequities that fuel the disproportionate burden of poor health on communities of color.

In this time of crisis, The Task Force was well-positioned to respond. In some cases we pivoted our work but many of our programs did exactly what they were designed to do, drawing upon our core values: global health equity and social justice; collaboration; consequential compassion; and stewardship of the resources entrusted to us.
Dear friends,

We are delighted to share our 2020 annual report with you. The year started like many others, with Task Force teams setting bold goals to eliminate diseases and strengthen health systems to advance health equity in more than 150 countries. However, it soon became clear that 2020 would be unlike any other year. From the impacts of COVID-19 to long overdue calls for racial justice, the events of this year called for extraordinary action.

Every single person has been affected, with immense suffering for families throughout the U.S. and around the world. In the face of these challenges, The Task Force was well-positioned to respond, drawing upon decades of experience and deep partnerships. We are proud of how quickly and effectively The Task Force provided vital services such as: training and equipping epidemiologists, coordinating distribution of 9 million essential medical supplies, informing vaccine safety guidelines, and advising tech companies on public health protocols for digital exposure notification tools. At the same time, we helped countries navigate disruptions to routine health services and continue ongoing efforts to protect people; all with a focus on under-served populations, such as communities of color and the world’s poorest people.

Although the pandemic was new, our approach was not. From our very first days, nearly 40 years ago, we have been laser-focused on health equity and measurable results. So during this pandemic we stayed true to our core values: global health equity and social justice, collaboration, consequential compassion, and stewardship of the resources entrusted by our donors. Even while needing to step up in a year that called for action, our work has remained grounded in these core values and our conviction that together we can ensure access to better health so that people can achieve their full potential.

With such a busy year, it’s tough to capture everything in one report. But we are honored to share our progress with stories, videos, and infographics that showcase the people we serve. To see our videos and other digital media, please go to taskforce.org/2020-annual-report. We hope you enjoy this glimpse of the work that you helped us and our partners accomplish.

From all of us at The Task Force, thank you!

Dave Ross and Teri McClure
The Task Force works in 150+ countries, which are shaded white on this map. For program details, visit our interactive maps at taskforce.org/2020-annual-report.
The Task Force's 35+ years of experience and depth of expertise enabled us to contribute in many ways to global, national, and local efforts to control the pandemic. We and our partners coordinated the distribution of more than 9 million essential medical supplies; trained and equipped epidemiologists on disease surveillance and response; provided guidance on harmonizing safety data collection in vaccine trials; informed development of supplemental tools for contact tracing; and helped countries navigate disruptions to treatment for other diseases and prepare to distribute COVID-19 vaccines. In our home base of Atlanta, we served as local public health advisors and hosted our first virtual-run fundraiser to support Black Lives Matter and a community clinic serving refugees and others hard-hit by COVID-19.

The stories here illustrate ways we stepped up to navigate the twists and turns of this unprecedented year, drawing from our core values and core mission.
On January 24, 2020, an epidemiologist named Wang Senlu boarded a near-empty train to Urumchi, the second-largest city in China’s northwestern interior. "I said goodbye to my parents, my wife, and my daughter, who had just learned to walk. The train looked desolate but my destination was clear: to the epidemic’s center."

Epidemiologists like Senlu play a critical role in detecting and responding to disease outbreaks. Senlu said he yearned to contribute his skills to fighting the pandemic.

"I applied to participate in three major domestic and international field investigations. Those 208 days of fighting started on the eve of Chinese New Year. My main task was to locate the infectious agent and conduct contact tracing. The day and night seemed to blur in the COVID-19 designated hospital for high fever, where most of my interviewees were."

"On average, a case investigation took around two hours," said Senlu. "To make the most of the one-time-use PPE (personal protective equipment), my teammates and I did not stop until almost all of our strength left our bodies. On good days, I could complete over five case investigations. I still remember the sweat dripping down my back and the seemingly permanent mask marks on my face. Knowledge of my duty carried me on."

On April 27, the day after his son’s birthday, Senlu boarded a plane to Kyrgyzstan with a team of Chinese public health experts to share lessons learned with their neighboring country. By July, he was again working in Urumchi, combing through investigation findings and identifying transmission routes. Following his three “frontline battles,” Senlu had developed a clear sense of purpose and received a medal from the Kyrgyzstan government for outstanding contributions to public health.

"With all the struggling and striving, my belief strengthened that it is the duty and mission of public health workers to guard the health and safety of the people from disease," Senlu said. "I will continue to pass on the ‘learning by doing’ spirit and contribute all I can to strengthening our field epidemiology workforce."
In the early months of 2020 the spread of COVID-19 created prominent hot spots in the U.S., initially in Seattle and then in New York. By May, the Navajo Nation had surpassed New York for the highest per-capita infection rate, reflecting the disproportionate toll borne by people of color.

The Navajo Nation spans more than 17 million acres in parts of Arizona, New Mexico and Utah and is home to roughly 360,000 people with an average household income of $27,000. To curb the spread, the Navajo Nation’s leadership implemented one of the strictest stay-at-home orders in the country. They also reached out for help procuring supplies.

“\[The COVID-19 virus is sweeping across the Navajo Nation and we are faced with a spike in death and more positive cases daily,\] a health care worker from Chinle, Arizona, wrote to Hospital Sisters Mission Outreach, a member of The Task Force’s MedSurplus Alliance (MSA). “Our front line clinical staff, nurses, hospital support staff, and patients are running out of supplies such as non-surgical masks, hand sanitizer, newborn diapers, baby wipes, tissues and gloves, just to mention a few.”

The MSA program is a cross-sector alliance that coordinates the distribution of donated medicines, medical supplies, equipment, and devices. In response to the request, MSA-accredited member Medical Bridges worked with Hospital Sisters Mission Outreach to deliver an initial shipment of 210 N95 masks and 900 surgical masks to the Navajo Nation.

This was just one of more than 520 U.S. and international facilities receiving supplies.

As of August 2020, MSA members had delivered more than 9 million masks, shields, gloves, gowns, respiratory products, beds and ventilators to hospitals, nursing homes, state public health agencies, home health aid programs, and police departments. This infographic shows a breakdown of some of the supplies delivered in the first few months of the pandemic.
The toll of COVID-19 has been much greater than the devastating number of deaths directly caused by the disease. Disruption of routine health services impacted efforts to eliminate diseases such as polio, hepatitis, and neglected tropical diseases (NTDs) like leprosy and river blindness. Years of community health campaigns have greatly reduced cases and improved lives for millions of people, with many diseases on track for elimination by 2030.

However, COVID-19 restrictions disrupted that work and, in April 2020, the World Health Organization (WHO) issued guidance to temporarily halt health campaigns. The COVID-19 Campaign Impact Tracker, hosted by our Health Campaign Effectiveness program, reported that more than a third of planned health campaigns were delayed worldwide in 2020, including those for polio and other immunizations, NTDs, and malaria, leaving people at risk of preventable diseases.

To help countries sustain progress, our teams equipped countries with tools to continue disease elimination activities while adhering to COVID-19 safety protocols. For example, our Coalition for Global Hepatitis Elimination (CGHE) developed guidance on how national hepatitis programs could safely continue testing and treatment. They also convened 44 countries to discuss the impact of COVID-19 on hepatitis care, highlighting that while the short-term effects have been negative, the pandemic response could strengthen health systems, boosting disease programs like hepatitis in the years to come.

Likewise, our Global Partnership for Zero Leprosy provided guidance on how to continue treatment, prevent greater transmission of leprosy, and reduce the risk of complications from COVID-19, as people affected by leprosy are a high-risk group due to immunosuppression.

As the WHO prepared guidance on resuming community NTD campaigns, our NTD Support Center worked with the WHO and partners on protocols to monitor the safety of resuming health campaigns and improve effectiveness while adhering to guidelines. Meanwhile, our NTD Supply Chain forum convened partners to resolve problems caused by interrupted drug production, shipment, and distribution, seeking to mitigate delays in delivery of treatment to avoid a resurgence of disease.

Many Task Force disease elimination efforts center on Africa which, in fact, had fewer COVID-19 deaths than other large continents in 2020. The BBC cited five reasons why: quick governmental action on public health measures; public support for safety measures; young population; favorable climate; and good community health systems. Indeed, the BBC noted that “the continent’s strength lay in its tried and tested community health systems.” Task Force NTD experts observed first-hand the effect of those systems.

As one example, while polio vaccination campaigns were temporarily paused in Ethiopia, our experts conducted COVID-19 case identification, contact tracing, and quarantine enforcement, and expanded the number of laboratory testing sites.

While researchers assess the long-term impact of disruptions, Task Force teams continue to adapt and respond so communities can control, prevent and eliminate diseases.

“Sub-Saharan Africa was expected to have horrible COVID-19 results but they have strong health campaign channels in place informing people about other diseases like soil-transmitted helminths and trachoma. Health workers were able to use these channels to educate people about COVID. Because those programs were already strong, information about COVID protection was easier to share.”

— Rubina Imtiaz—
Director, Children Without Worms program
One of The Task Force’s programs took center stage this year with the public’s growing interest in vaccine development. Our Brighton Collaboration, the largest global organization of scientific experts on vaccine safety, a network of more than 850 people, assesses the safety of vaccine candidates for emerging infectious diseases. With the onset of COVID-19, the team pivoted current vaccine safety assessments to COVID-19 vaccine development, providing safety assessment tools for vaccine developers to use and monitor safety results during clinical trials.

At one point, there were approximately 300 vaccine candidates in various stages of development, a situation Brighton Collaboration Director Robert Chen, MD, called unprecedented given the scale and the speed of the effort. The team developed a list of potential “adverse events” for COVID-19 vaccines with standard case definitions. These definitions were provided free to all vaccine developers to create a shared, common vocabulary to collect and analyze findings. Brighton Collaboration experts also served on data and safety monitoring boards and developed standard templates describing the safety characteristics of the main platform technologies used for COVID-19 vaccines. “We try to share any lessons emerging across clinical trials, to make sure that any of these single or rare events are pooled together, like a meta-analysis, so we don’t miss any of these cases,” Chen said.

“All the stakeholders are doing their best to minimize any risks ahead of introduction; but rare or delayed adverse events will only be visible post-introduction. With potentially multiple COVID-19 vaccines being used, it will be important to track who receives what vaccine and what the results are...Vigilance is imperative as we have never done anything this large on a global basis before.”

— Dr. Robert Chen—
Science director for The Brighton Collaboration

Developing the vaccines was only the first of many hurdles. The complexities of delivering billions of doses include not only manufacturing capabilities but the need for refrigerated shipment and storage, sterile conditions, enough vials and syringes, effective logistics and tracking systems, trained staff to administer them, and many other operational components.

To help countries prepare, The Task Force has worked with partners to leverage existing influenza programs’ infrastructure to speed the journey from labs to patients. Our Partnership for Influenza Vaccine Introduction (PIVI) routinely helps countries like Mongolia, Albania, and Lao PDR prepare for seasonal influenza and other epidemic threats through readiness assessments, technical assistance, and logistics.

Using this framework, The Task Force will support up to 50 low- and middle-income countries to prepare for, deliver, and evaluate their COVID-19 vaccination programs, by helping develop plans and build capacity to receive and rapidly administer vaccines, and monitor and evaluate the roll-out, including timeliness, safety, and effectiveness. With country partners, the team redesigned influenza tools and technical assistance to aid pandemic response while increasing influenza vaccination and efforts to prevent a flu pandemic.
The pandemic revealed many cracks in health systems, both globally and within countries. It exposed flaws and inequities that contribute to health disparities, with people of color and poor communities bearing the greatest disease burden.

"When you live in poverty, you fight for your survival, even in the absence of a pandemic," said Maria Rebollo, team lead for elimination of NTDs with the WHO Regional Office for Africa, speaking at a Task Force virtual meeting in April. "Here in Brazzaville, Congo, we've been in lockdown for one month...As we promote public health measures to protect people, we need to think about the special needs of people we are trying to serve."

Throughout the pandemic, The Task Force focused a series of its virtual “Global Health Compassion Rounds” on COVID-19 to highlight the roles of compassion and equity in global health, two of our core organizational values. Organized by our Focus Area for Compassion and Ethics (FACE) and the Global Learning Laboratory for Quality UHC at the World Health Organization, the Compassion Rounds involved practitioners from around the world.

“Global distribution of COVID-19 vaccines represents one of the most complex and urgent challenges for health equity ever faced by our global community,” said David Addiss, FACE director. “Marginalized groups and people living in poverty are typically left behind when equity is not explicitly built into the design and management of global health programs.”

In partnership with colleagues at Emory University’s Rollins School of Public Health, FACE developed a framework for global stakeholders to guide decisions regarding vaccine allocation and to track the outcomes of these decisions in terms of equitable distribution and coverage. As an additional resource targeting structural racism in adverse health outcomes, FACE showcased organizations doing significant work to inform policies to improve the “social determinants of health,” the non-biological conditions which shape an individual’s well-being.

The events of 2020 called for us to honor not only our values of equity, compassion, and collaboration, but to uphold our fourth core value: stewardship of the resources entrusted by our donors. With the disruption to routine program work, we collaborated with our largest donors to adapt programs in keeping with their vision. We also hosted our first virtual run to engage Task Force constituents in promoting racial and health equity. From Seattle, Washington, to Washington, DC, 112 participants collectively covered nearly 2,000 miles and raised nearly $7,000 for Black Lives Matter and a clinic serving refugees and others hard-hit by COVID-19 in our home base of Atlanta.

COVID-19 pushed health issues and disparities to the forefront of world attention, and some see this as a moment of opportunity. Neglected tropical diseases (NTDs), for example, are diseases of poverty and therefore can serve as indicators. Where NTDs are found, there is a need to strengthen health systems. Likewise, the disparate toll of COVID-19 shines a spotlight on where changes are needed so that all people have equitable access to health services. If we act on them, the devastating lessons of 2020 could move us closer to a time when everyone has the opportunity to live the healthiest life possible, no matter who they are or where they live.

Photo caption: COVID-19 testing in Malaysia. Courtesy of Malaysia FETP.
A key tool to track and stop infectious diseases is contact tracing, where public health authorities identify people who have been in contact with someone with a disease so they can test, treat, or quarantine as needed. With COVID-19 spreading quickly, technology companies looked for ways to enhance traditional contact tracing methods using digital tools that could help notify people who may have been exposed.

The companies had the technology but looked to The Task Force for public health insight to bridge gaps between public health protocols and technology solutions.

Our Public Health Informatics Institute (PHII), with vast expertise in health data systems, convened public health officials and technology leaders to landscape digital contact tracing tools and identify opportunities. The goal was two-fold: to develop guidance that assists public health professionals’ understanding of the current marketplace of digital tools and to ensure technology experts understood public health privacy needs and standards as they built these tools.

Within just six weeks, The Task Force team had finished its work and published a consumer report with a landscape analysis of digital tools to guide public health authorities’ decisions on their COVID-19 surveillance. As a part of this effort, PHII also produced guidance for public health authorities on exposure notification technology being developed by Google and Apple. The idea of the Google-Apple technology was simple: users could choose to enable their smartphones to exchange anonymous codes via Bluetooth with nearby phones. If someone later tested positive for COVID-19, they could enter a code and the other phones would get an anonymous notification that there had been a possible exposure.

The notice would provide information on what to do but would not provide details on when the potential exposure happened. PHII provided guidance to support public health authorities’ decisions on whether to build an exposure notification app that uses Apple and Google’s technology. As of December 2020, public health authorities in more than 50 countries, states and regions had launched exposure notification systems using the Google-Apple technology.

As of December 2020, public health authorities in more than 50 countries, states and regions had launched exposure notification systems using the Google-Apple technology, informed by The Task Force’s guidance.
OUR PROGRAMS

ELIMINATING DISEASES

Children Without Worms aims to eliminate soil-transmitted helminths (STH) as a public health problem by engaging with national deworming programs, strengthening partnerships through the STH Coalition, and providing scientific leadership for evidence-based program improvements.

COUNTRIES 2

FY20 IMPACT 3400+ people surveyed for STH infection

Members of STH advisory committee advocated for a health system approach to treating STH and neglected tropical diseases as indicators of health equity and health systems access.

The Coalition for Global Hepatitis Elimination (CGHE) works to eliminate viral hepatitis by strengthening the capacity of elimination programs around the world through technical assistance, knowledge generation, and advocacy among partners.

COUNTRIES 50

FY20 IMPACT 106 hepatitis B and hepatitis C programs across six WHO regions participating in CGHE’s community of practice.

Countries for whom CGHE and partners have compiled hepatitis data in order to monitor disease burden, access to key interventions, and policy environment, and show data alongside program experiences shared by national and sub-national programs.

The Global Partnership for Zero Leprosy (GPZL) works to accelerate progress toward a future with no leprosy — no disease, no discrimination, no stigma, and no disability — by supporting research, country-led planning and technical assistance, advocacy, and resource mobilization.

COUNTRIES 11

FY20 IMPACT Nearly 500 individual members and 50 organizations have joined GPZL.

Number of new country partners

The International Trachoma Initiative contributes to the ultimate elimination of trachoma by stewarding Pfizer’s donation of Zithromax® (azithromycin) to treat and prevent the condition; building and strengthening partnerships to accelerate progress; and developing innovative tools to share data.

COUNTRIES 26

FY20 IMPACT 29.8 million treatments shipped to 15 countries

Miles traveled to deliver Nauru its first-ever Zithromax shipment; from Brussels to Singapore to Brisbane to Nauru, the shipment included 14,440 treatments.

The Mectizan® Donation Program (MDP) manages the donation of Mectizan® (ivermectin) by Merck & Co., Inc.® for the elimination of river blindness and lymphatic filariasis (LF). As the longest-running drug donation program of its kind, MDP ensures that Mectizan® and albendazole (donated by GSK) reach communities where LF and river blindness are endemic.

COUNTRIES 49

FY20 IMPACT 140.5 million treatments approved for river blindness elimination 2973 million treatments approved for LF elimination 70.6 million treatments approved for areas co-endemic with LF and river blindness.

Number of Mectizan tablets shipped to endemic communities for the elimination of oncho and LF since Mectizan was first donated in 1988 (as of December 2019).

The Neglected Tropical Diseases Support Center (NTD-SC) facilitates research on tools and techniques to control and eliminate NTDs. Its operational research coalition provides a platform for NTD researchers and endemic country partners to identify common needs and share technical advances to maximize impact.

COUNTRIES 58

FY20 IMPACT 50 operational research projects aimed at optimizing the control and elimination of diseases affecting more than a billion people worldwide.

Percentage of research projects awarded by NTD-SC to institutions in countries in the Global South where neglected tropical diseases are endemic.

The Polio Eradication Center contributes to the polio eradication effort by supporting the development of antiviral agents, strengthening global polio surveillance and vaccination efforts, helping countries sustain current and post-eradication immunization programs, and supporting containment certification activities in the United States.

COUNTRIES 26

FY20 IMPACT 100+ million children vaccinated against polio.
OUR PROGRAMS
ENSURING ACCESS TO VACCINES

COUNTRIES
Global

FY20 IMPACT
Managed and tracked safety protocols during the development of 140+ potential COVID-19 vaccines.

850
Number of vaccine experts informing the Collaboration's vaccine safety guidelines.

PIVI

COUNTRIES
18

FY20 IMPACT
The Partnership for Influenza Vaccine Introduction (PIVI) is a public/private program that works in partnership with the Centers for Disease Control and Prevention, ministries of health, corporate partners, and others to create sustainable seasonal influenza vaccination programs in low- and middle-income countries. PIVI's work builds the immunization infrastructure critical for future influenza pandemics and other respiratory disease epidemics.

167
Average percentage increase of flu vaccine purchases by ministries of health over the previous year—showing commitment to establishing stable seasonal influenza programs.

COUNTRIES
Global

FY20 IMPACT
The Global Funders Consortium for Universal Influenza Vaccine Development convenes major global organizations involved in universal influenza vaccine research and development to identify research and funding that accelerates the development of next generation influenza vaccines.

200
Influenza vaccine candidates in development that researchers have access to latest updates on through the Consortium's support of the Universal Influenza Vaccine Technology Landscape.

COUNTRIES
USA

FY20 IMPACT
Voices for Vaccines is a parent-led organization that serves as a catalyst to spark positive parent-to-parent conversations about vaccines and the diseases they prevent by supporting communities, building networks, and developing fact-based content that enables parents to make healthy, informed decisions about vaccination for their children and their communities.

Reached 25,000+ people with reliable vaccine resources and information about why it is important to vaccinate their children.
## Our Programs

### Strengthening Health Systems

<table>
<thead>
<tr>
<th>Program</th>
<th>Countries</th>
<th>FY20 Impact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The African Health Workforce Project</strong></td>
<td>5</td>
<td>100,000 Kenyan health workers enrolled since the project began.</td>
<td>The first-ever partnership for cross-campaign collaboration, the Health Campaign Effectiveness (HCE) Coalition brings together country leaders, donors, multilateral organizations and NGOs working on large-scale health campaigns, as well as specialists in health systems, ethics, and health economics to identify, test, and promote best practices and foster opportunities for shared resources.</td>
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<tr>
<td><strong>The MedSuplus Alliance (MSA)</strong></td>
<td>82</td>
<td>3,500 40-foot containers and small packages of medical supplies and equipment, 400 engineers trained, 3.5 million prescriptions filled, and 664,000 volunteer hours contributed by MSA-accredited members.</td>
<td>The MedSuplus Alliance (MSA) is a cross-sector alliance of organizations that works collaboratively to improve access to quality donated medical products and supplies through donation program standards and accreditation, capacity-building initiatives, technology solutions, and leadership.</td>
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<tr>
<td><strong>The Training Programs in Epidemiology and Public Health interventions Network (TEPHINET)</strong></td>
<td>111</td>
<td>18,000+ public health workers graduated from a TEPHINET-member Field Epidemiology Training Program.</td>
<td>The Training Programs in Epidemiology and Public Health interventions Network (TEPHINET) strengthens public health systems in more than 100 countries by building, supporting, and connecting field-based training programs to enhance epidemiological capabilities and public health practices.</td>
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<tr>
<td><strong>The Focus Area for Compassion and Ethics (FACE)</strong></td>
<td>Global</td>
<td>100+</td>
<td>The Focus Area for Compassion and Ethics (FACE) is bringing compassion and ethics to the center of global health practice. The team’s work includes convening, consultation, research, and education. FACE initiatives help us to understand and address deeply-rooted and complex challenges in global health.</td>
</tr>
<tr>
<td><strong>The Public Health Informatics Institute (PHII)</strong></td>
<td>8</td>
<td>4</td>
<td>The Public Health Informatics Institute (PHII) works as an innovative leader in the field of public health informatics. The team leverages the best practices of informatics to help domestic public health and global health organizations effectively use data and information to improve public health.</td>
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**FY2020 Annual Report**
## CONSOLIDATED FINANCIALS

### ASSETS

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<td>TOTAL ASSETS</td>
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<td>66,280,703</td>
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### LIABILITIES & NET ASSETS

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### NET ASSETS

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<td>TOTAL NET ASSETS</td>
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<td>TOTAL LIABILITIES &amp; NET ASSETS</td>
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### REVENUES

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<td>TOTAL REVENUE</td>
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### EXPENSES

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<td>TOTAL EXPENSE</td>
<td>906,637,445</td>
<td>2,573,945,806</td>
</tr>
</tbody>
</table>

### NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>AUDITED 2020</th>
<th>AUDITED 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN NET ASSETS</td>
<td>(929,388)</td>
<td>3,075,120</td>
</tr>
<tr>
<td>NET ASSETS AT BEGINNING OF PERIOD</td>
<td>53,526,068</td>
<td>50,450,948</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>$25,529,680</td>
<td>$53,526,068</td>
</tr>
</tbody>
</table>
Our Donors & Funding Partners

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American Association for the Study of Liver Disease
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