

A conversation with the END Fund, February 25, 2015

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ellen Agler, Warren Lancaster, and Sarah Marchal Murray.

Summary

GiveWell spoke with the END (Ending Neglected Diseases) Fund as part of the process of reviewing the END Fund as a potential top charity. Conversation topics included how the END Fund assesses opportunities to address neglected tropical diseases, case studies of its work in Angola and Ethiopia, and its relationship with other philanthropic players in the field.

The END Fund

The END Fund works to control and eliminate neglected tropical diseases (NTDs). This work includes, but is not limited to, deworming initiatives. The END Fund is aligned with the London Declaration on Neglected Tropical Diseases, which was launched in January 2012 and aims to eliminate or control 10 neglected diseases by 2020. The END Fund's portfolio currently covers the five most common NTDs that, together, cause up to 90% of the NTD burden in sub-Saharan Africa.

The END Fund aims to increase the number of philanthropies that work on NTDs. It often starts conversations with people and organizations that aren't currently engaged in the field.

The END Fund also aims to increase capacity of existing non-governmental organizations (NGOs) working on NTDs and expanding the field of organizations working on NTDs by giving direct grants and working with ministries of health and local and international NGOs. When the END Fund re-grants to another program, it is often involved in programming design.

Ideally, the END Fund works with governmental and local NGO implementing partners. This approach usually works best. However, in some cases, the END Fund will directly fund and work with the government. It is currently funding government projects in Zimbabwe and Ethiopia; the government has executed programs successfully.

The END Fund is always looking to find donors who might be interested in the NTD opportunities that it has identified. The more donors the END Fund has, the larger

its capacity is. When the END Fund was first founded, it mostly attracted donors who gave restricted funds for specific projects or areas. However, as the END Fund has proven the effectiveness of its model, it has received more and more unrestricted funds. Today, probably 50% of the donations it receives are unrestricted.

Identifying NTD needs and opportunities

The END Fund works to identify the highest need NTD areas globally and then attempts to address the gaps where there is high burden and little available treatment. Ms. Agler and Mr. Lancaster spend a lot of their time surveying the evolving landscape of NTD prevalence and related philanthropic, governmental, and NGO activity.

END Fund staff members are constantly researching opportunities where additional philanthropic dollars would make a difference and where the END Fund could ensure additive coverage. The END Fund asks:

- Is there a need?
- Is the need sufficient to justify treatment?
- Does the implementing partner have the capacity to meet results (i.e., reducing prevalence and intensity of infection) within the timeline?

The END Fund maintains an ongoing wish list of opportunities it would like to invest in if it finds further funding. As the landscape changes, the wish list evolves. There are 58 countries where the END Fund doesn't currently have active grants, but where it has considered projects or has done significant research on the NTD landscape.

For example, the END Fund has never worked in the Philippines, but it currently has a good sense of the landscape, potential local partners, and their capacity to use additional philanthropic funds. It has passed along this information to an interested donor. Even if the END Fund doesn't end up managing or funding a project in the Philippines, this research is valuable because it often inspires other organizations to get active in the control and elimination agenda.

Disease mapping

The END Fund uses a range of tools to assess unmet need and NTD burden. Evidence Action's Deworm the World Initiative and the Schistosomiasis Control Initiative (SCI) use similar tools. These include:

- Sentinel site surveys
- Disease prevalence mapping

The END Fund aims to fund programming in areas that haven't been mapped. If a country hasn't been adequately mapped, the first phase of an END Fund project will be the mapping. The END Fund funded mapping in Angola, Kenya, and Namibia, for example. Identifying baseline NTD prevalence is essential for measuring the impact

of END Fund projects. Ideally, countries should be remapped every 3-5 years. Rwanda was just fully remapped to compare with 2006 data.

Mapping data helps to identify where to intervene and in what segments of the population (e.g., school aged children (SAC) or preschool aged children (pSAC) or the entire community). The END Fund also uses World Health Organization (WHO) guidelines to determine when intervention is necessary, though it will adapt these to local conditions. Mr. Lancaster shared that the END Fund only works in countries that have a level of disease prevalence that would require treatment according to WHO guidelines.

More sophisticated mapping yields more specific results. In Kenya, for example, standard mapping indicated 2 million children needed treatment for schistosomiasis. However, a more granular and detailed map indicated that only 200,000 children needed treatment. Sophisticated mapping is useful because there is a limited amount of donated drugs and treating people who don't require treatment should be avoided.

Types of opportunities

The END Fund is interested in the following kinds of opportunities:

1. **Ensuring additive coverage in high burden countries** – E.g., Nigeria, Ethiopia, and the Democratic Republic of the Congo (DRC). There are opportunities to scale up coverage in these countries because many people aren't getting treated and there are possible implementing partners already on the ground. The END Fund spends a lot of time looking into these opportunities.
2. **Providing coverage in “orphan countries” with few donors and local partners** – E.g., Angola, the Central African Republic, and South Sudan.
3. **Investing in specific projects that have a potential high return on investment**
 - a. For example, the END Fund has been working with the Zimbabwean government on a school-based deworming campaign because it may be especially cost-effective. Three million children were treated last year. The END Fund is hoping another two million children will be treated this year. With additional funding, the END Fund would help the Zimbabwean government scale up the program to treat 4.7 million children in 2016.
 - b. There may be an especially high return on investment in South Sudan as well. Due to the recent conflict, there is no NTD program there and few implementing agencies. There has been no mapping to identify NTD prevalence. If an organization made a substantial grant by the end of 2015, the END Fund would be in position to use that money in South Sudan. There is also a need for funding in (northern) Sudan, where 4.3 million children need treatment for NTDs.

- c. The END Fund is looking at partnering with the Ethiopian Federal Ministry of Health on a national deworming campaign to treat intestinal worms and schistosomiasis for over 20 million children, which will require increased investment and donor coordination.
4. **Leveraging funding** – E.g., opportunities where a small donation will trigger a larger investment. For example:
- a. **Cote D’Ivoire** –A \$120,000 END Fund grant was leveraged to help launch a large program that reached 3.6 million people.
 - b. **Yemen** – The World Bank funded a soil-transmitted helminths (STH) and schistosomiasis treatment campaign, but Yemen was required to secure an additional grant to fund a technical assistance partner to work with the government. The END Fund is providing \$250,000/year to cover this requirement. The World Bank co-funded project aims to treat over 7 million people.
 - c. **India** – A few years ago a Deworm the World project to reach 17 million children in Bihar had a gap in funding. The END Fund provided a small grant that allowed the program to continue. Now, Evidence Action in partnership with the Children’s Investment Fund Foundation and the Indian government have funded the program, so the END Fund was able to cover a “gap” year of funding to ensure continuity of the program.
 - d. **World Food Programme (WFP)** – New drug donation rules prevent multilateral organizations from requesting donations directly. This interrupted WFP’s deworming program, which had been treating 20 million SAC annually. For about \$330,000, the END Fund is helping the WFP restart this program in six countries. This grant provides technical assistance with the new drug donation paperwork and procedures in the 6 countries the WFP works in and helps to support drug delivery costs. The END Fund is treating this as an analytic grant to help the World Food Programme institutionalize the new procedures for accessing donated medicines and provide case studies and a roadmap for how WFP can restart and scale their deworming program, which in the past has been a key component of and complement to their school feeding program and treat up to 5 million SAC.

Verifying Impact

The END Fund has a due diligence process to monitor, evaluate, and report on its programs. Mr. Lancaster recently prepared a flowchart for the END Fund board that describes the entire process. He will send it to GiveWell.

END Fund Case Studies

Restricted funding case study: Angola and The Leona M. and Harry B. Helmsley Charitable Trust

Documenting need

The END Fund identified a large gap in Angola: there was high NTD burden, little treatment provided by the government, and none of the traditional aid donors were involved. Since the end of the civil war there has been little bilateral funding and institutional aid. Angola is now a middle-income country, but there is incredible health inequality. Before The Helmsley Trust was involved, the END Fund had some funding for the area through Dubai Cares, but there was the potential to do a bigger project.

Finding a donor

The Helmsley Trust has a longstanding interest in education and children, but it had never funded a NTD related project and was just beginning to develop its Africa portfolio. The END Fund began speaking with The Helmsley Trust staff about the importance of deworming. The Helmsley Trust wanted to work in Sub-Saharan Africa because of the high NTD burden and asked the END Fund what areas current funders were neglecting. The END Fund directed them to the Angola deworming project. While this is a restricted donation, The Helmsley Trust tailored its donation to the END Fund's assessment of current needs and the donor space.

Identifying a local partner and designing the project

The Helmsley Trust grant funded prevalence mapping in Angola, which was completed by consultants to the END Fund. (The Liverpool School of Tropical Medicine worked with the END Fund to map Namibia). Based on this map, the END Fund identified three provinces in which to start the deworming project.

The END Fund also identified a local partner, the MENTOR Initiative. The MENTOR Initiative had not worked broadly in the NTD space, but it was a grantee of the President's Malaria Initiative and had successfully reduced malaria burden in Angola. It also had experience starting a pilot program that the government later scaled up. The Angola government was interested in working with the MENTOR Initiative on this project. Distribution networks and strong relationships with the Ministry of Health and the infectious disease team are important for both malaria and NTD campaigns.

The END Fund wants to aid in the building of a large and scalable national deworming program, in line with the control and elimination agenda. It worked closely with the MENTOR Initiative to ensure this program would be a 3-year collaboration. The Helmsley Trust agreed to donate \$7 million to fund the program over three years and provided extra resources to ensure that water, sanitation, and hygiene (WASH) education was included. The goals of this program are to:

- Achieve high treatment rates
- Increase the MENTOR Initiative's NTD capacity
- Increase the Angolan government's NTD capacity
- Ensure long-term sustainability by encouraging the social practices covered in WASH education

Current status

The project is ongoing in three provinces. END Fund staff just returned from a monitoring visit. The END Fund is looking to expand the program to an additional one or two provinces, though it is just beginning the planning process. There may be economies to be made within the current program that would free up funds for expansion.

In the last mass drug administration, 673,000 SAC were treated for intestinal worms with praziquantel. The previous year, 595,000 SAC received treatment. The END Fund hopes to treat at least 1 million SAC per year by the end of the program.

The program is also taking a community-based approach to treat for lymphatic filariasis and improving water sanitation.

Ms. Agler thinks that the Angola project would definitely have not happened without the END Fund's involvement.

Unrestricted funding case study: An anonymous donor

An anonymous donor had previously funded initiatives focused on child health and education in Africa, but it had never funded NTD interventions. As with the Helmsley Trust, the END Fund persuaded the anonymous donor of the importance of deworming. The donor and the END Fund discussed structuring its support as unrestricted funding.

The donor made a \$4 million investment in the END Fund's sub-Saharan African portfolio. There are certain deliverables that the END Fund will be held accountable to and opportunities for further investments if specific projects that fit the donor's interests emerge. Any additional funding will likely be restricted to specific projects. There are no restrictions on the \$4 million investment beyond the geographic area of sub-Saharan Africa. The donor is hoping to see additive growth in terms of the numbers of children treated over the years of the grant.

The donor views the END Fund as managers of its NTD portfolio. The donor has an experienced global health team, but they focus on maternal and child health. Collaborating with the END Fund frees the donor from having to build its own NTD grants management and technical team.

The END Fund is working to invest the donor's grant by identifying local partners who have the capacity to scale up. The END Fund, for example, is considering investing in:

- A Nigerian NGO that is already doing integrated NTD work. Additional support with organizational structure, governance, and technical assistance would help it grow.
- Two community based organizations in the DRC. These organizations haven't been involved with NTD work, but the END Fund would help mentor them.
- Directly funding the DRC Ministry of Health and the Ethiopian Ministry of Health to expand their NTD treatment programs

The END Fund currently provides direct funding to the ministries of health of two countries.

Unrestricted funding gives the END Fund flexibility. It might use the donor's funding to start projects in Nigeria or the DRC. If another funder comes along and is passionate about those specific projects, the END Fund could swap out the donor's funding and use it for another sub-Saharan Africa area. Some donors prefer to support projects that already have some documented success and early track record. Unrestricted funds can help launch new programs that, once have early success, can help to attract other funders to that project.

The END Fund's work in Ethiopia

Disease prevalence mapping

Ethiopia is recognized as a high-burden country for NTDs. Originally, the UK Department for International Development was mapping NTDs in Ethiopia, but it did not have sufficient funds to complete the mapping. 18 months ago, the Bill & Melinda Gates Foundation granted the END Fund close to \$800,000 to complete the mapping project in Ethiopia and the DRC. The END Fund re-granted the money to the Liverpool School of Tropical Medicine to complete the project. The mapping focused on coordinated mapping in DRC (STH, schistosomiasis and lymphatic filariasis), and LF only in Ethiopia.

School-based deworming program

The END Fund identified a donor with an interest in deworming SAC. The END Fund also reached out to the Ethiopian Federal Ministry of Health (FMoH), because it knew that there was a need to treat certain SAC for STH. The Ethiopian government runs dual treatment programs in areas where STH and schistosomiasis are both prevalent. There are about 10 million SAC who need STH treatment – they do not receive government deworming treatment because they live in areas where schistosomiasis is not prevalent.

For over a year, The END Fund and Ethiopian FMoH have been co-funding a school-based deworming program targeting those children for STH treatment. In this case, a \$1 million END Fund grant resulted in the treatment of at least 7.5 million children (the final data still needs to be verified and it is possible that those treatment numbers will increase). The END Fund is also supporting the FMoH so that it can continue to identify other gaps in treatment and pilot the early stages of a national deworming campaign.

Other organizations addressing NTD in Ethiopia

The END Fund works closely with other NGOs addressing NTDs in Ethiopia.

- The Children's Investment Fund Foundation (CIFF) is considering a large investment in the Ethiopian FMoH and has consulted with the END Fund. CIFF is attracted by the school-based deworming program the END Fund

has been funding. CIFF would join the FMoH and END Fund to scale up the program nationally.

- The END Fund currently also funds SCI to work in Ethiopia.
- Deworm the World has a presence in Ethiopia. CIFF funded Evidence Action in Kenya and encouraged Evidence Action to work in Ethiopia to provide strategic technical support. Evidence Action brought staff members from Kenya to share experience and technical assistance and help establish its program in Ethiopia.

Evidence Action and SCI work together. In general, Evidence Action has more experience with STH and SCI's expertise is in schistosomiasis.

The END Fund is working together with CIFF, SCI, and other players in Ethiopia to coordinate their work and agree on a joint costing plan and programmatic structure and monitoring and evaluation. The FMoH is the lead for implementing NTD projects. If the various NGOs and philanthropies coordinated their work and field visits and used the same reporting guidelines and timelines, it would ease the organizational burden placed on the Ministry of Health. The END Fund's early support to pilot a national deworming campaign has helped attract other funders, such as CIFF, and the END Fund is currently in discussion with CIFF, SCI, Evidence Action and the Ministry of Health about how to structure and bring together a consortium of donors to support the Ministry of Health implement a five-year national deworming program in Ethiopia that would reach over 20 million SAC.

Potential room for more funding

Hundreds of millions of children still need treatment for NTDs globally.

If the END Fund received an additional \$20 million dollars tomorrow (doubling its annual operating goals for 2015), it could complete the necessary research and due diligence and begin allocating the funds in three months.

The END Fund would immediately look to direct additional funding to the countries with the highest number of SAC with untreated schistosomiasis and STH: Ethiopia, DRC, and Nigeria. STH treatment also treats lymphatic filariasis. If additional funding appeared, the END Fund would immediately reach out to its local partners in those countries. For example:

- In Nigeria, the END Fund might look to do an initial grant to an agency. This would involve a preliminary grant with a plan to scale it up to \$1 million/year by the end of the year. Scaling up programs like this allows the END Fund to see how local organizations build additional capacity to take on more NTD control efforts.
- In Ethiopia, the FMoH is finalizing a five year plan for a national deworming program to treat over 20 million SAC. The total budget over five years is \$34 million, and current assessments show a \$10 million funding gap over the coming five years. The END Fund is in a position to manage funds, coordinate amongst partners and donors, and ensure simplified coordination with the

- FMoH to reach this goal in the coming years. Early funders may cover the initial program costs to allow time to close the funding gap over the following years.
- Also, the five year plan in Ethiopia does not include treating pSAC, UNICEF and World Vision may support a program to meet this need. The END Fund believes a pSAC program in Ethiopia may require \$4 million of additional funding and could potentially cover 6.39 million pSAC.

Editor's note: the preceding two points (about funding gaps in Ethiopia) were updated before publication based on a follow-up conversation on June 12, 2015.

With additional, unrestricted funding, the END Fund would also explore the potentially high return on investment opportunities discussed above and other target countries. The needs in the NTD investment space are dynamic and ever-evolving and the END Fund's portfolio management approach is to ensure that all funds managed by the END Fund are directed to areas of highest impact and greatest need with an eye to sustainably reducing the disease burden.

Grant from the Bill & Melinda Gates Foundation

The END Fund received a three-year \$12 million grant from the Gates Foundation at the end of 2014 to help them expand. The grant is intended to cover operational expenses:

- \$6 million directed to grow the END Fund's capacity to fundraise and expand communications and awareness raising activities to further attract individuals, corporations and foundations to support NTD control and elimination programs
- \$6 million to be used to leverage other funders with matching and/or challenge incentives

The Gates Foundation thinks the END Fund can help build the NTD field and attract new funders. The Gates Foundation has been very flexible with the END Fund about matching grants. Sometimes the grants are a 1:1 match, sometimes they are 1:10. For some donors, matching grants is a great option.

The challenge/leverage funding component of the Gates grant will only be able to be used on programs once new funders are identified, which represents a good opportunity for new investors in the END Fund to increase the value of their own gifts.

This grant is part of the Gates Foundation's strategy to increase the field of funders focused on neglected tropical disease control and fits within their advocacy and policy priorities. In general, the Gates Foundation funds research and new product development to help in the fight against NTDs, not direct program implementation or drug delivery on the ground. However, as was highlighted in the Bill & Melinda Gates' annual letter in January 2015, they are committed to supporting the elimination of NTDs. The founding goal of the END Fund was to raise \$100 million

for treatment of NTDs. This Gates Foundation grant will help the END Fund grow to meet, and potentially exceed, that goal.

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<http://www.givewell.org/conversations>