A conversation with Melanie Renshaw, March 16, 2016

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Renshaw.

Summary

GiveWell spoke with Dr. Renshaw of ALMA and RBM about gaps in the supply of long-lasting insecticide-treated nets (LLINs) in African countries. Conversation topics included RBM's near and longer-term gap projections, funding for net gaps, the consequences of the Against Malaria Foundation (AMF) not funding a distribution, and other campaigns that have been delayed due to a lack of funding.

Global Fund top-up funding

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) partially based its current four-year malaria allocation on the malaria funding a country received in the previous four-year period, a suitable approach when there is not much fluctuation in the annual implementation budgets. However, since nets are distributed on a three-year cycle, countries that had conducted two campaigns in the previous period received more funding than those that had conducted one campaign but now required two more in the next four-year period. Several high-burden countries, including Kenya, Nigeria, Uganda, Mozambique, and the Democratic Republic of the Congo (DRC), were in the latter category. They received allocations that were smaller and unable to sustain the scope and scale of what the Global Fund had previously funded, and are considered "redline" countries as a result.

With the support of RBM's Harmonization Working Group, these countries were able to obtain short duration grants, but still faced a $1 billion funding gap in 2017. The Global Fund's technical review panel provided a further $300 million in incentive funding, which has largely been allocated to net campaigns. Through savings in net prices, the gap was further reduced to approximately $400 million.

In order to close the remaining gap, the Global Fund has committed to make efforts to identify unallocated funding or potential savings. On a case-by-case basis, countries will apply for funding extensions through the Global Fund's Grant Approvals Committee (GAC).

Though there is no guarantee, Dr. Renshaw hopes that the Global Fund will be able to fill the majority of the remaining gap.

The limitations of Global Fund funding

The Global Fund has a finite amount of resources. It recommends that no more than 32% of its allocations go towards supporting malaria programs.

The Global Fund allocations are often not enough to close a country's entire net gap.

Other funders have decreased funding for nets in some countries. For example, the United Kingdom's Department for International Development (DFID) used to provide funding for nets in Kenya and is no longer doing so.

The World Bank had previously provided funding for roughly 10 million nets in DRC (a redline country) and is no longer providing this funding. The nets need to be replaced in 2017. The Global Fund and PMI will fund a portion of this gap, and DFID may provide funding.

RBM's net gap projections

2016-2017 projections

A number of "redline" countries with short duration grants from the Global Fund for 2016 will face significant net gaps in 2017. RBM hopes that the gaps will be filled through reprogrammed and top-up Global Fund funding.

Excluding those gaps, as well as gaps Roll Back Malaria (RBM) hopes will be filled with funding from the Against Malaria Foundation (AMF), there will be a roughly 165 million net gap in 2016-17. This figure is based on a three-year replacement cycle, and takes into account country-specific projections, national strategic plans, and programmatic and financial gap analyses. Nigeria's net gap accounts for approximately half of this figure.

Dr. Renshaw is particularly concerned about securing funding for an upcoming distribution in Uganda. Kenya has a 7 million net gap in 2017; 2.5 million nets should be covered through funding for redline countries, leaving a net gap of 4.4 million with no potential funders. Zambia is not a redline country, but is facing a gap of 7 million nets in 2017. Ethiopia also might have a gap in 2017.

If a country's gap is not filled, it might have to try to raise funds from local sources, which would likely only cover a small number of nets (for example, 100,000). It might then begin the time-consuming process of soliciting funds from non-governmental organizations (NGOs), such as Rotary International, World Vision International, or other local donors. As a last resort, the country might prioritize high-burden areas and leave some lower burden areas uncovered.

The President's Malaria Initiative (PMI) has already committed to providing funding for additional nets in the DRC.

If a distribution does not take place in the appropriate year of a three-year cycle, this gap will roll into the following year, and individuals will be left unprotected. If the gap continues to roll forward for several years, it might end up never being filled.

2018 projections

Despite having significant concerns over the remaining 2017 net gaps, Dr. Renshaw believes it is also important to look ahead to the 2018 gap. It might be roughly 220 million nets, though there is not enough information to make an accurate projection at this time. The size of this gap will be affected by the Global Fund's next replenishment levels, which will be announced in the third or fourth quarter of 2016. Even with Global Fund funding, it is unlikely that all countries will be able to meet their 2018 replacement targets.

A significant number of high-burden countries might receive reduced allocations in 2018. To account for the issue with redline countries, the Global Fund committed an additional $700-800 million to sustain the scope and scale of funding in short duration grant countries for all three diseases. As this was an exceptional situation, it is not clear whether this amount will be available in the next round. Some European countries that are affected by the current refugee crisis might reduce their funding for malaria control.

Funding for net gaps

AMF funding

AMF primarily funds net distributions in redline countries. These countries face significant gaps and would be unlikely to fill them without AMF funding.

A procurement timeline determines the order in which countries receive Global Fund redline funding. If the funding runs out, a lower priority country might receive a partial allocation that is smaller in scope and scale than its previous one.

Because it received net funding from AMF, Ghana did not need to request additional funding from the Global Fund. This gives countries with significant gaps but that are further back on the procurement timeline a greater chance of filling their gaps with Global Fund funding. As a result, more countries, even those that AMF does not fund directly, are able to achieve universal, rather than 80%, coverage. In this way, AMF funding helps increase the overall impact of global malaria funding.

Without AMF funding, Uganda would be facing a significant net gap. It likely would have had to ask for more top-up funding from the Global Fund (for example, to fund 70 million instead of 50 million nets), which it would have been unlikely to obtain.

Consequences of AMF not funding a distribution

Request for additional funding from the Global Fund

If AMF does not fund a distribution in a given redline country, the country might request additional costed extension funding from the Global Fund, but as is likely, with insufficient funding available, the chances of success are low. Options available to the country would include:

1. **Reprioritizing activities**: Universal coverage bed net campaigns tend to be the highest priority activity. This might lead to the deprioritization of certain core interventions, such as integrated community case management (iCCM) with Artemisinin-based combination therapies (ACTs), and rapid diagnostic tests (RDTs). For example, a country might have planned to expand iCCM into 15 districts but only end up expanding into 10 districts.
2. **Scaling back the campaign size**: Countries might prioritize certain geographical areas. Ghana might have considered this option without AMF funding. Countries might have to prioritize more malarious areas with some less malarious areas, including the capital region, being left uncovered.

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