Conversation between UNICEF (Valentina Buj, Malaria Health Specialist and Bette Scott, Partnerships Manager) and GiveWell (Elie Hassenfeld and Natalie Stone)
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Note: This is a set of summary notes compiled by GiveWell in order to give an overview of the major points made by Valentina Buj and Bette Scott in the conversation.

Summary

In short, Valentina Buj, Malaria Specialist told us:

- UNICEF's malaria work is adapted to country needs and therefore will vary from country to country and changes quickly depending on the context. It purchases commodities (bednets, drugs, diagnostic tests), provides financial support for other costs (especially operational which are often overlooked by other donors), and provides technical assistance. In order to use its funding most equitably and efficiently, it seeks to fill in gaps and leverage other funding to ensure maximal gain on behalf of countries, for example, by providing distribution costs for bednets that have been donated by another donor. Since interventions are adapted to what is needed in the country, funding contributed to UNICEF can be used to purchase LLINs, ACTs, RDTs or for supportive interventions such as training community health workers, changing people's behaviours and/or a range of other activities that will increase coverage of anti-malaria interventions and protect people from the disease.
- There are currently many countries with significant funding gaps.

Details

UNICEF's work depends on the generosity of both public and private donors, including 92 governments as of 2011. Part of UNICEF's annual income is raised through its national committees. In 2011, its total income was $3,711 million. About 20% of this is allocated to UNICEF's work in global health (taking into account its work in emergencies, HIV and young child survival and development). Some portion of this goes to fund UNICEF's malaria program, which encapsulated within the broader child survival and development interventions. In addition to using its own aforementioned "core-resources" the malaria program staff also work to leverage and optimize the use of malaria funding allocated from other funding bodies that work in global health (such as the UK's Department for International Development, the World Bank, the Global Fund and the President's Malaria Initiative) in order to ensure that coverage with malaria control interventions is going up.

UNICEF does malaria control work in all 43 malaria endemic countries in Sub-Saharan Africa, as well as in other malaria endemic countries globally. In addition to these country-level activities and staff, UNICEF also has a "Malaria Initiative," which is focused on 10 countries that have historically tended to be overlooked by donors. These countries are Angola, Central African Republic, Congo, the Democratic Republic of Congo, Guinea, Kenya, Nigeria, Sudan, South Sudan, and Zimbabwe. The Malaria Initiative has a fundraising goal of $23.5 million, of which about $2 million has been raised since this second phase of the initiative was launched in 2011 – this goal was chosen based on feasibility; however the needs in these 10 countries are considerably greater than this. The first phase of the Malaria Initiative raised $20 million in 18 months, including funding from Malaria No More.

Some of the funding needs in malaria control are for commodities, in particular:

- Bed nets
- Artemisinin-based combination therapies (ACTs)
- Malaria rapid diagnostic tests (RDTs)

Some examples of countries that are in need of funding for malaria commodities are:

- The Democratic Republic of Congo, Togo and Niger, which need many bed nets.
- Madagascar, which has a 615,000 net gap. UNICEF has been able to obtain mobilize funding for 165,000 nets to partially meet this gap.
- Central African Republic, which has a need for more ACTs.
- Nigeria, which has a population of 138 million people, all of whom are at risk of malaria and Congo, which has a population of 71 million people, 97% of whom are at risk for malaria.
- Angola, which has a need for RDTs.

In 2010, worldwide bed net coverage in malaria endemic areas was 80%. However, at the time the level of financing was high relative to what it is now, and many of the nets that contributed to the figure of 80% were distributed in 2009 and 2010 and now need to be replaced. The global net gap will be over 100 million at a certain point, which is more nets than the Global Fund, the President's Malaria Initiative, the World Bank and UNICEF's malaria program will be able to fund.

The relative prioritization of bed nets, ACTs and RDTs depends on the country. In counties that have just had a bed net distribution, higher priority will be given to ACTs and RDTs than bed nets. In a country that has a lot of ACTs but few RDTs, RDTs will be given priority over ACTs.

Aside from a need for funding for commodities, there is also a need for funding for less tangible outputs such as:

- Distribution of the commodities
- Training of community health workers on the proper use of the commodities
- Preregistration surveys for bed nets
- Communication of relevant facts to the general population
- Monitoring and evaluation
- Managing malaria control funds
- Research on the distribution of the malaria parasites

Most programmes, including UNICEF malaria, prefer unrestricted funding, which offers greater flexibility and the ability to quickly and effectively meet gaps than funding with restrictive conditions. In the past some countries and agencies have received funding which was restricted strictly to the purchase of commodities. In such situations, UNICEF malaria has had to seek funding to ensure the commodities reach their intended beneficiaries from other funders. Having unrestricted funding leaves the flexibility to fill gaps caused by restricted funding as effectively as possible be that through the purchase of additional nets, paying for overlooked operational costs, or ensuring effective use and uptake of the intervention.

Past examples:

- Angola used to need UNICEF support to procure nets. They are now using some of their oil

revenue to meet their malaria control needs and require more supportive assistance: e.g. strengthening the procurement and supply chain. One intervention UNICEF is working on in Angola is introduction of a new initiative to track bednets with rapid SMS technology.

- In Togo, there has been an LLIN gap in the capital city, Lome, for some time. There is currently a donor who is interested in funding the nets, but Togo will need funds to cover the delivery costs.
- Sierra Leone needs help with fiduciary management. UNICEF is helping to find a good program manager.
- Mozambique received a large quantity of nets from another donor, and UNICEF funded the household survey for the distribution.
- Mauritania had a large grant from the Global Fund but lacked funding for an epidemiological survey, which UNICEF funded.

There is information on some of the funding gaps for commodities available at http://www.alma2015.org. However, the information concerning countries' needs for assistance with less tangible outputs is generally not publically available. The reasons for this are multi-fold including an inability to exactly determine the barrier or lack of financing to pay for technical assistance. Countries will usually discreetly communicate information about their needs for technical assistance to organizations such as UNICEF and the Roll Back Malaria (RBM) Partnership Secretariat, and these organizations will then provide the technical assistance if funds and personnel are available or mobilize resources to address these needs.

Many of the countries where UNICEF works have extraordinary logistical difficulties, including vast, inaccessible terrains, which increase the cost of distributing commodities. For example, distribution of bed nets in the Democratic Republic of Congo costs about $2 per bed net.

The needs for malaria control funding are constantly shifting. UNICEF's malaria control priorities are heavily informed by its staff who work in country offices and who are therefore familiar with the local context. As an example, at the time of our call, UNICEF said that if $10 million was suddenly donated, it would allocate some to each the DRC, Togo, and Niger for the purchase of needed nets and distribution costs, and to Central African Republic for ACTs. However, ultimately the distribution of any funds donated would depend on the needs of countries at the time that resources were remitted to UNICEF.

Since interventions are adapted to what is needed in each country, malaria-focused funding contributed to UNICEF can be used in a variety of ways such as purchasing LLINs, ACTs, RDTs or for supportive interventions such as training community health workers, changing people's behaviours and/or a range of other activities. Any donations that were given to UNICEF for their malaria control programmes would be used increase coverage of anti-malaria interventions and protect people at risk of malaria in the most effective and equitable way.