A conversation with Marcy Erskine and Melanie Renshaw, April 18, 2016

Participants

- Marcy Erskine – Senior Health Officer, Malaria, International Federation of the Red Cross (IFRC); Core Group, Alliance for Malaria Prevention (AMP)
- Melanie Renshaw – Chief Technical Advisor, African Leaders Malaria Alliance (ALMA) and Co-Chair, Roll Back Malaria (RBM) Harmonization Working Group
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Erskine and Dr. Renshaw.

Summary

GiveWell spoke with Dr. Erskine of IFRC and AMP and Dr. Renshaw of ALMA and RBM about gaps in the supply of long-lasting insecticide-treated nets (LLINs) in African countries. Conversation topics included near and longer-term net gap projections, and factors that can complicate these projections.

2016-17 net gap projections

It is not guaranteed that "redline" countries' net gaps through the end of 2017 will be completely filled. If they are, and with the exception of Nigeria's substantial gap, the overall net gap through the end of 2017 is roughly 40 million. Nets for routine distributions account for a maximum of 10-15% of this amount. Actors in the field should actively be making efforts to address this gap. Countries such as Kenya and Zambia will face net gaps in 2017.

Additional funding to address these near-term gaps might become available if non-"redline" countries underspend their current grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and this amount is reinvested into nets, or if savings are generated through reduced net prices.

In general, funders should prioritize addressing gaps that have rolled over from a previous year. Gaps that emerge when a routine distribution (for example, targeting pregnant women or infants) does not occur do not roll over, as the opportunity to protect the missed individuals cannot be regained.

Nigeria

The size of Nigeria's 2017 net gap remains unclear, and it is likely that the majority of the gap will not be filled. It is a redline country with a redline gap of roughly $150 million, including approximately 10 million campaign LLINs. Nigeria could receive $45 million in incentive funding for mass distribution net campaigns, on the

condition that Nigeria commits $45 million in domestic funding. If the domestic funding does not come through, the incentive funding will be lost.

Nigeria's expenditure rate has been low, in large part because many of its funding requests have been for non-net campaign expenses, including the scale-up of integrated community case management (ICCM), rapid diagnostic tests (RDTs), and artemisinin-based combination therapies (ACTs). It is not clear whether the funding that remains from Nigeria's current Global Fund grant will be used to maintain routine malaria control activities or be allocated towards large-scale net distribution campaigns.

It is also unclear whether Nigeria will use its remaining grant funds to cover all of its malaria control expenditure through the end of 2017, or whether it will be able to secure additional resources. Nigeria might be able to access funds for a 2017 net replacement campaign to replace 10-20 million nets distributed in 2014 using GF resources.

Angola

The Global Fund will contribute 55% of Angola's net campaign funding if the country contributes at least 45% using domestic funding. However, the government's budget has been reduced due to declining oil prices and other factors, and the National Malaria Control Program (NMCP) Chair has not yet committed the required domestic funding. If it is not committed and some of the Global Fund funding is reduced as a result, Angola's already reduced malaria budget will have to cover all of the country's net campaign, diagnosis, and treatment needs.

Dr. Erskine and Dr. Renshaw are awaiting the results of a situational analysis that will assess Angola's current commodity, diagnosis, and treatment needs in light of the donor and domestic funding that is currently available. A recent yellow fever outbreak has raised concerns that current commodity levels may be insufficient to address the country's treatment needs for both malaria and yellow fever.

Countries that did not receive Global Fund funding in the last round

Due to a number of factors including its income status, Gabon did not receive Global Fund funding in the last round. The Republic of the Congo also did not receive this funding partly due to its poor performance during a previous malaria grant.

2018 net gap projections

Accurate net gap projections require knowledge of countries' net needs and funding amounts from the Global Fund (its next replenishment will cover the three-year period from 2018-2020) and other major funders. These have not been confirmed, as funders' 2018 budgets are not finalized. As a result, the 217 million net gap projected for 2018 does not account for funds that major funders are expected to commit and thus is expected to reduce.

Factors that complicate net gap projections

Discrepancies between country-reported and actual gaps

A country might report that its net gap is covered, but still end up facing one at a later stage in the process. For example, the government of Togo has committed to covering its remaining gap, but this gap will re-emerge if its domestic funding commitment falls through.

Campaigns in progress

Due to various factors, including inaccurate initial population estimates, gaps sometimes emerge in the middle of a campaign. This will likely be the case for several campaigns that are currently in progress, such as the one in Chad (where there may be a gap of up to 800,000 nets). These newly emerged gaps could add 5-8 million nets to the existing overall net gap. Generally, once a campaign is under way, funding cannot be mobilized quickly enough to fill emerging gaps. Countries can attempt to manage this situation through their implementation strategies by reducing the number of nets per household or covering certain areas to universal coverage and leaving other areas to be covered once additional resources can be generated.

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