

A conversation with Dr. Melanie Renshaw, April 25, 2018

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 about funding gaps for seasonal malaria chemoprevention (SMC) and long-lasting insecticidal nets (LLINs) between 2018 and 2020 as part of a GiveWell project to estimate country-specific funding gaps for SMC and LLINs. Conversation focused on the Roll Back Malaria (RBM) partnership's summary of country projections for malaria funding gaps.

Gap analyses

The Roll Back Malaria (RBM) partnership helps countries develop programmatic and financial gap analyses extrapolated from countries' national strategic plans. These are used to inform the Global Fund application process, as well as to identify funding gaps that can be filled by other donors and partners.

Each country outlines its requirements for LLINs, which generally include universal coverage campaigns on a three-year basis; in some places (e.g., Nigeria, the DRC, and Mali) this may involve rolling coverage campaigns staggered by state or county. The majority of countries also have routine distributions of nets, often in combination with DPT-3 vaccine administration and/or antenatal care visits for pregnant women. Some countries have distribution campaigns through schools. The country estimates may also include estimates of coverage for refugees and, occasionally, a budget for social marketing.

In some countries, indoor residual spraying (IRS) covers some portions of the population not covered by LLINs (e.g. in Ghana, Zimbabwe, and Mozambique).

Estimates of current financing

Once countries determine how many nets they need, they also identify how many are already financed through domestic financing or by other partners (with permission from those partners to include those amounts in these estimates).

All the nets that countries expect to be financed are captured in these predictions. For example, the President's Malaria Initiative (PMI) makes funding decisions on a yearly basis; however, even though it has only released its Malaria Operation Plan (MOP) for 2018, the country extrapolates its likely funding forward on a three-year basis (i.e. for 2019 and 2020 as well), based on current and previous support from

PMI. These estimates also include the UK's Department for International Development (DFID) and non-governmental organizations (NGOs), e.g. the Against Malaria Foundation. In some countries, domestic governments also help finance nets (e.g. Angola's government plans to fund 14 million nets in 2019). Country estimates extrapolate likely future support by DFID and domestic governments largely based on existing country-level project agreements.

DFID remains a funder of LLINs, though according to the gap analyses, it contributes less funding than it did previously to LLIN procurement. It funds nets in Nigeria and the DRC, and the financing of LLINs in Sierra Leone (where there are outstanding gaps) is under discussion. In addition to Nigeria and the DRC, a number of countries with gaps were previously DFID priority countries, such as Kenya, Uganda (both with large gaps in 2020), and Tanzania (which has a projected gap in 2019).

The Global Fund's malaria commitments for 2018 to 2020 are confirmed. Provisional analysis indicates that Global Fund resources are supporting more SMC in this funding round than in the previous one. Some countries are aiming to achieve additional SMC coverage through Global Fund grants, but in some cases this has diverted resources from LLINs and other interventions.

DRC

The projected gaps in the DRC in 2020 are due mainly to a) population increases, b) loss of previous World Bank funding for nets, and c) the previous use of Global Fund portfolio optimization to fill gaps, which is no longer an available mechanism.

During the Global Fund's last round of funding (2014 to 2017), an allocation error was made in the malaria funding allocation that resulted in a funding gap of roughly \$1 billion. The RBM partnership worked to fill this gap through a variety of sources. This included using the incentive funding (a Global Fund funding mechanism to support scale-up and innovation, which no longer exists) for malaria to fill some of these gaps. Countries affected by the under-allocation and unable to sustain the scope and scale of the coverage previously financed through the Global Fund were also allowed to submit short-duration grants. These countries were allowed to top up their grants through the "portfolio optimization" process to fill gaps in high-burden countries.

In the DRC, that gap was filled by reprogramming an expiring grant. In this round, there is no incentive funding available, and portfolio optimization will be managed differently, so that resources are reprogrammed within countries to address bottlenecks in grant absorption. This means there is less likelihood of filling the gaps in 2020 through the use of Global Fund resources. Gaps were also filled through NGO support, including from the Against Malaria Foundation.

Nigeria

There is a persistent coverage gap in Nigeria.

The Global Fund allocates funding to countries based on their disease burden and income status. Since about a third of global malaria cases occur in Nigeria, Nigeria would receive around a third of the Global Fund's malaria allocation (roughly \$1 billion) if country allocations were based only on disease burden. However, because the Global Fund caps each country's share of disease-specific funding at 10% of the Global Fund's total allocation for that disease, Nigeria in fact receives around \$300 million.

RBM is supporting the country in trying to secure resources from the World Bank's International Development Association (IDA) 2018 replenishment, the Islamic Development Bank, and the African Development Bank, which might total roughly another \$300-400 million. Those would be structured as loans (and therefore effectively be government commitments). The IDA request and African Development Bank request include funding for SMC, as well as for LLINs and case management.

Until very recently, Nigeria's government hadn't contributed domestic resources to LLINs. Last month, the president allocated \$18.7 million to nets as leverage to receive \$37 million of Global Fund incentive funding, which is sufficient to procure 15 million LLINs.

The gap in Nigeria in 2017 was relatively small and was filled through extensive reprogramming of GF resources.

Though there are significant barriers to SMC scale-up in Nigeria other than funding constraints, Dr. Renshaw believes that if the gaps projected by the country are filled, additional funds on top of these would likely not result in more children receiving treatment, as the country is aiming for universal coverage in SMC areas.

Countries without finalized gap data

To date, RBM does not have information on the coverage gaps for the Central African Republic (CAR), Somalia, Mauritania, or Mali. Mali, Mauritania, and Botswana are scheduled to submit Global Fund applications by the end of April. Mali has a major gap for nets. Botswana isn't eligible for SMC.

RBM also does not have gap analysis data yet for Comoros, Equatorial Guinea, Djibouti, Gabon, or Chad.

Malaria upsurges

The World Malaria Report 2017 shows that progress in malaria control has stagnated. In East Africa there have been recent malaria upsurges, related to post-El Niño heavy rainfall, procurement issues, and population movements, with insecticide resistance potentially having an impact.

"Next-generation" nets

The Global Fund has provided approximately \$30 million in catalytic funding (which is also matched by UNITAID) for the rollout of "next-generation" nets containing a

combination of insecticides. These are intended for a number of countries affected by insecticide resistance. These are slated to start rolling out in the next eight months, with an estimated 5 to 10 million nets. In addition to the cost of the nets, the catalytic funding will support monitoring and evaluation to determine how much additional impact next-generation nets have over traditional LLINs and to help inform WHO's decision making process. Catalytic funding is required as the next-generation LLINs cost about \$2 more per net than traditional LLINs.

An interim type of net, containing both a pyrethroid and the synergist piperonyl butoxide (PBO), has been rolled out in Uganda and Malawi. Next-generation nets could be particularly helpful in some countries with current coverage gaps (e.g. Uganda, Kenya, and Rwanda) which have reported high levels of insecticide resistance. However, even in countries that seem like good candidates for rollout of next-generation nets (e.g. because of high prevalence and intensity of pyrethroid resistance), it's necessary to achieve full coverage with traditional LLINs before redirecting funding to upgrading to more expensive nets (since otherwise some people would be left with no net coverage).

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