

**Phone conversation between Human Development Network of the World Bank
(Donald Bundy, APOC Coordinator and Bilkiss Dhomon, APOC Financial Analyst)
and GiveWell (Elie Hassenfeld and Natalie Crispin) on May 1, 2012**

Background on APOC: APOC focuses on mass drug administration through Community Directed Distribution (CDD) of ivermectin treatment to control onchocerciasis (river blindness), which can result in significant reductions in the skin disease and vision problems associated with river blindness. Its primary aim is "the establishment of sustainable national onchocerciasis control programmes in all African countries where such programmes are needed." Following a decision made in December 2011 by the Health Ministers from the participating countries, the program is now developing its scope to eliminate river blindness, where possible, from transmission foci in Africa and seek, where appropriate, to use the CDD approach to deliver treatments for other preventable neglected tropical diseases, as well as other interventions (such as bed nets and micronutrients) which can be appropriately delivered by the same community health system.

Dr. Bundy: The two key partners in the origin of African Programme for Onchocerciasis Control (APOC) are the World Bank and the World Health Organization (WHO). APOC evolved out of the Onchocerciasis Control Program, which started 30 years ago to control river blindness in West Africa. Fifteen years ago, they changed the focus of the program from insecticides and rivers to treating people. This is now supported by Merck and we treat millions of people each year.

The World Bank is the fiscal agent and the WHO is the implementing partner. WHO has a unit in Burkina Faso that supervises the activities in Africa. It works with 19 countries that are part of the APOC program.

They have a group of 15 NGOs who are also working in the countries. There is a board of the Ministers of Health of the APOC countries that manages the effort. There's an annual board meeting for planning and coordination.

Our role is to manage the finances. The Bank has a trust fund for APOC. We don't charge any overhead on the fund and we pay the salaries of the fund's staff. We work with the donors – there are 20 or more of them – who have provided resources to the trust fund. The APOC Secretariat takes the lead in preparing the biennial budget, which they present to the board of the Ministers of Health. The budget is approved by the board and, on the basis of the budget, we transfer money to the WHO for implementation.

The Trust Fund is a pooled fund, meaning it's for all purposes related to APOC. It's transferred in a block as a general fund to APOC.

We have to do due diligence on donors and so we're primarily interested in large sums. Most donors contribute large amounts of money. We manage about \$25 million a year for APOC.

We can send you a copy of the pie chart of the financial arrangements.

About a year ago, a Nigerian philanthropist decided to give \$1 million to the trust fund. He was already giving a large amount of money to Nigeria. His foundation is called the Mission to Save the Helpless. He wanted to give money to the region. This was an interesting new development. That million dollars would be one of the smaller amounts that we manage.

We have 15 NGOs as part of the program, and see the small donor as their territory. We don't want to compete with them for this funding.

GiveWell: What is the smallest amount you would accept?

Dr. Bundy: About \$1 million. We normally get multi-year donations of perhaps a million dollars per year over a five-year period. The amounts are quite substantial because they're multi-year grants.

It's rare that we have a private donor contribute to us. We have to do a rather intrusive due diligence process on the donors. For example, the APOC team was awarded a prize for their work but we had to do due diligence to accept the award. We need to be able to account for every dollar. We want to understand the relationships between the giver and the receiver. There may be conflicts of interest. The World Bank consists of 182 shareholders all of which invest in the bank. We have to answer to all of their requirements for fiduciary processes.

GiveWell: APOC told us that they have a funding gap for this year, and they also told us about their board process. What is the timeline for funding APOC and would it be possible to support projects in the next year?

Dr. Bundy: APOC has gone through an important system of change. It was scheduled to close in 2015, and it was expected that APOC would hand over control to the countries at that time. Over the last 2 years, there's been a process of reflection on whether this was an appropriate plan. Now, it seems that elimination is possible in some countries and that APOC should continue to exist to work toward that goal.

In 2011, the board decided to move forward with the elimination agenda and asked that the trust fund extend its mandate to 2025 and look for other donors. The goal is now to include other neglected tropical diseases more broadly in the agenda, i.e. use the same community-health delivery system that delivers ivermectin to also deliver, for example, albendazole for LF.

So the situation now is that we're looking at expanding the scope of the trust fund and that has implications for what APOC does. New activities have to be implemented for the elimination goal and this is where APOC may see a gap in funding.

GiveWell: It is correct that the budget process for APOC is in December and that's the next time the World Bank would disburse money to APOC?

Dr. Bundy: The formal budget approval happens in December as part of the board meeting. The mechanics behind funding APOC happen throughout the year. We receive funds throughout the year. We build up the trust fund. We review APOC's spending, look at their books and get a sense of where it's going relative to the plan of action, and then we transfer funds to WHO.

So, while the team in Burkina Faso notes that there's a gap, there's no gap relative to the originally agreed plan of action. We had planned to end APOC in 2015. Now, we'll have to gear up and look for new donors. But, there should be no delay built into the process.

GiveWell: If APOC were to come to you in the next few months and say, "we want to do X, a new program related to the new strategy," how would that work?

Dr. Bundy: They'd have to go through the formal budget process. They'd have to go to the board with the plan. Then, we'd talk to them about allocation of funding. Very likely some existing donors would front load contributions if proposals were attractive.

GiveWell: Is this a correct summary: APOC will need additional funding for elimination activities, but it won't receive approval for new activities until the end of 2012? Can APOC specify how it would use additional funds?

Dr. Bundy: Right, except it's more than just elimination. It's also about integrating with other NTD control programs.

The next biennial plan will provide clarity on how funds will be spent over the next 2 years. We had planned for a decline in the budget towards 2015, and now we are planning a ramp up. The budget through 2025 is not clear yet.

We're expecting by December that we'll have a clear concept note on what they're seeking to do over next 12 years.

GiveWell: When could they specify how money would be used?

Dr. Bundy: We know now that they'd have to ramp up activities beyond what was anticipated. They had intended to halve the activity relative to last year. Now, they need to bring it back up at least to where they were last year. The biennial budget is very detailed and very clearly specified. We'll only release money according to that budget. We do know how they'll spend money next year.

GiveWell: Is the budget public?

Dr. Bundy: It should be on the APOC website. Once the budget is formally accepted by the JAF, APOC should put it on the website.

GiveWell: What do you think the prospects for funding the newly added activities are?

Dr. Bundy: These are difficult times and most of our resources come from countries. The World Bank projections are not encouraging. Global health funding is tight and it's getting tighter. It's the most difficult times I've dealt with.

GiveWell: How effective do you believe APOC is at what it tries to do?

Dr. Bundy: We've been involved for 30+ years and it was the Bank's president that initiated the project.

We're known for our evidence-based approach and we think it's one of our more successful projects in Africa. We can define the benefits in terms of the land that's now available for farming that wouldn't be if the disease were still endemic. With the possible exception of South Sudan or DRC where we know less, blinding onchocerciasis is now extremely rare.

Original data collected by APOC team in Mali and Senegal shows that the treatment model of interrupting transmission was right. We're now hearing of sites where it's been more than 4 years with no treatment and we measure that the disease has been interrupted. We think it's been very successful in measureable health terms.

We also think expanding into other disease areas will increase the cost effectiveness of the approach. We're very positive on the whole thing.

The unit cost per case treated is very low for APOC compared to OPC. Almost 90% of the budget is spent on the activities and only 10% on administration, which is a good ratio.

APOC is a rare program based in Africa and run by Africans for Africans. We have the JAF, which is made up of Ministers of Health from countries, the technical committee made up of African experts, and we also have the CSA (committee of sponsoring agencies), which includes donors, APOC, and NGOs. These structures make APOC accountable.

GiveWell: What can you share with us on the question of APOC's track record?

Dr. Bundy: You should talk to the APOC secretariat and encourage them to put more data on the website. I have a sense that it's their goal.

We have better mapping of onchocerciasis and Loa Loa than any other disease.

We're going to write a paper in PLoS explaining how the onchocerciasis effort works; it's part of a deliberate effort to increase transparency.

GiveWell: When will this paper come out?

Dr. Bundy: We're looking to pull it together by the first of June. We're trying to get all 6-7 papers from various actors in the effort ready by June 1 and then it's up to PLoS when they are published.

GiveWell: Do you have suggestions for which of the NGOs you work with we should talk to?

Dr. Bundy: We recently started an effort to get more information about who's paying for what in countries. We know exactly what APOC is paying for in country. Lately, we're trying to understand more about the contributions by NGOs. Their resources are additional to APOC resources. We're also trying to better understand better the contributions from governments. This is a difficult area technically to understand. We are trying to get a better grip on what those contributions are because some ministers said they'd increase their contributions.

GiveWell: Do any of the NGOs stand out?

Dr. Bundy: NGOs work with the implementer, which is WHO. We're not directly involved in that. The Mission to Save the Helpless in Nigeria has taken the lead recently. This role was filled by SightSavers before that. All 14 NGOs are important contributors to the APOC efforts at the country level: Charitable Society for Social Welfare, Christoffel-Blindenmission (CBM), Helen Keller International (HKI), Mectizan Donation Program (MDP), Mission to Save the Helpless (MITOSATH), Organisation pour la Prévention de la Cécité (OPC), Sightsavers, United Front Against Riverblindness (UFAR), IMA World Health, Lions Clubs International Foundation, Malaria Consortium, the Carter Center, Schistosomiasis Control Initiative, and US Fund for UNICEF.

GiveWell: Can you share anything on your work on who funds what?

Dr. Bundy: I can share a couple of PowerPoint presentations about how we estimate who funds the distributions, and you can publish these.

In terms of government contributions, this came up at the last board meeting in December, and the governments agreed that we'd work with them to get more clarity on this.