

A conversation with The END Fund, September 22, 2017

Participants

- Ellen Agler – Chief Executive Officer, The END Fund
- Warren Lancaster – Senior Vice President, Programs, The END Fund
- Abbey Turtinen – Associate Director, Investor Relations, The END Fund
- Katie Douglas Martel – Vice President, Investor Relations, The END Fund
- Frank Lei – Associate Director, Finance and Operations, The END Fund
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Agler, Mr. Lancaster, Ms. Turtinen, Ms. Douglas Martel, and Mr. Lei.

Summary

GiveWell spoke with Ms. Agler, Mr. Lancaster, Ms. Turtinen, Ms. Douglas Martel, and Mr. Lei of The END Fund to discuss the END Fund's operations, use of GiveWell-directed funding, and plans.

The END Fund operations

How it finds partnerships in Africa

The END Fund continually reviews the landscape for neglected tropical diseases (NTDs) in Africa, and keeps updated on countries where there are particular needs. It also attempts to stay updated on the funding provided by various international agencies, such as USAID and the United Kingdom's Department for International Development (DFID), and the gaps that remain after that funding. It accomplishes this in part by attending the World Health Organization (WHO) Global Partners Meeting on NTDs every year, at which the END Fund makes it a point to talk to key persons from those entities. The END Fund also often approaches program managers at the WHO meeting for further discussion.

In countries where there is any amount of disease burden, END Fund staff meet with key parties, such as ministries of health, to assess interest in NTD programs. Through these conversations, the END Fund is able to evaluate the areas of need, the groups that are able to address those needs, and potential partners. When considering potential partners, it typically looks for non-governmental organizations that are already engaged in the location, and in good standing with the ministry of health. If there is a particular country of interest, the END Fund might consider a visit to that country to assess the need firsthand.

Due diligence, review, and monitoring process

During the END Fund's roughly five years of work, it has funded approximately 26 agencies in total. The agencies go through an initial and yearly subsequent due diligence process during which the END Fund conducts internal review of the agencies' performance, using a program evaluation framework as a guide. Once an agency has gone through the formal due diligence process, the END Fund considers it pre-qualified for future funding, and so far, no agency has been removed from the pre-qualification list.

As standard practice, the END Fund now requires coverage surveys to be conducted anywhere it has a program to treat soil-transmitted helminthiasis (STH) and schistosomiasis. In some cases, it won't require surveys in the early stages of a program.

Partnership structure

The END Fund often makes in-principle agreements with implementing partners to fund for an initial round of three years. The nature of the agreement is a commitment to fund for three years contingent on the funds being available. These agreements are entered into in good faith, but until the END Fund raises the necessary funds for future years, the programs are not guaranteed to continue.

Language barriers

The END Fund has staff fluent in English, French, Portuguese, Spanish, and a few less common languages, including 2 program directors fluent in French who have spent some years living in francophone Africa, and a team member fluent in Spanish and Portuguese who manages the Angola program. This allows the END Fund a lot of flexibility for interacting with parties in other languages at high level meetings, and is sufficient to engage fully with ministries of health.

However, for district-level meetings, such as side meetings with program directors at larger events, it is common to make use of a translator.

Growth and fundraising

The END Fund staff believe there is significant opportunity for growth, and the organization is in conversation with several funding partners about scaling its grant-making. Some of the END Fund's funding partners have expressed interest in providing higher levels of funding if it can show it has the capacity to scale its grant-making effectively. A pressure it has faced is balancing pursuing more partnerships and demonstrating room for more funding with raising expectations among potential grantees that it may not be able to meet if it does not raise sufficient funds.

It has also experienced a decrease in funding from some partners, with one notable funder decreasing its commitment from \$2 million in unrestricted funds per year to \$1 million in unrestricted funds per year, due to reasons unrelated to the END Fund's work.

The END Fund has also partnered with new funders that have restricted grants by geography or country.

The END Fund is in the process of negotiating a three-year grant that includes considerable resources for fundraising.

Cost-per-treatment in hard to reach places

It's not always the case that less accessible locations will have higher costs-per-treatments. While some remote locations do have a high cost-per-treatment, such as South Sudan, other remote locations have a comparatively low cost-per-treatment. In Somalia and Chad, for example, the implementing teams were particularly enthusiastic about getting programs started and have used their personal cars and phones, and charged lower per diems.

However, as the programs continue, the END Fund believes it is important to assess whether these cost-saving methods are sustainable long term.

Use of and plans for GiveWell-directed funding

The END Fund staff currently believe the most valuable funding the organization can receive from GiveWell is for direct program implementation. The END Fund has used GiveWell-directed funding to supporting new projects and to continue ongoing projects that otherwise may have been scaled back or discontinued. It expects to spend the full amount of GiveWell-directed funding this year.

Nigeria

In Nigeria, the END Fund has focused on building a pool of agencies that can deliver high-quality programs. It has chosen to work in high-burden states that did not previously have an implementing agency. One difficulty the END Fund has faced is lack of restricted funding for Nigeria, despite the country's high disease burden, and has used general funding when available.

Its implementing partners in Nigeria are:

- Mission to Save the Helpless (MITOSATH) on integrated programs to treat STH and schistosomiasis in Ekiti State and Ondo State.
- The Amen Health Care and Empowerment Foundation in Ekiti State and Gombe State.
- Helen Keller International in Akwa Ibom State.

Chad

The END Fund recently entered a partnership with the Organisation pour la Prévention de la Cécité (OPC), a French NGO that works on NTDs. It has been able to implement significant programs at a low cost.

Republic of the Congo (Congo-Brazzaville)

The END Fund will be supporting a new program in Congo-Brazzaville as a result of conversations with program representatives at a WHO Global Partners Meeting on NTDs. Through these conversations, the END Fund learned that there was a funding gap, and also an opportunity to implement significant deworming programs at a very low comparative cost, roughly \$150,000-\$200,000. The END Fund staff don't believe they would have been able to support this partnership without GiveWell-directed funding.

The END Fund did a lot of the initial preparations in Congo-Brazzaville, including talking directly to the Ministry of Health, before looking for an implementing partner. It approached OPC to be its implementing partner because OPC already had other programs in Congo-Brazzaville, and because of the END Fund's high regard for OPC's work in other countries in which they had partnered. OPC at the time had a focus on blindness, particularly river blindness, and had to get board approval to expand its statutes in order to include deworming work when trachoma and/or river blindness was also treated.

Democratic Republic of the Congo (DRC)

The END Fund is also supporting expansion into additional provinces in the DRC in partnership with CBM (formerly Christian Blind Mission), and the United Front Against Riverblindness (UFAR), both of which have been partners in other locations. The DRC is another country that the END Fund has had difficulty raising restricted funds to support.

Multiple locations

The END Fund is working with World Food Programme (WFP) to reintegrate deworming into their school feeding programs in various countries. WFP previously had access to deworming medications through a drug donation program, and found it increasingly difficult to continue to treat the approximately 20 million children it had been treating after a change to the donation program.

One particular example is work done in Afghanistan, where approximately 7 million children were treated as a result of the partnership with WFP and use of GiveWell-directed funding.

Central African Republic

The END Fund also helped restart deworming programs in the Central African Republic. Through a Ministry of Health program and in partnership with WHO and CBM, it has helped treat over 2 million children.

Potential future partnerships

The END Fund met with the directors of health from many of the Southern African Development Community (SADC) countries at the African health ministers meeting in Zimbabwe held August thru September, 2017. All of the SADC countries have some level of disease burden, yet none of them currently have sufficient funding to fully fund deworming programs.

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