

## **Conversations with The END Fund, February 3 and 17, 2017**

### **Participants**

- Ellen Agler – Chief Executive Officer, The END Fund
- Warren Lancaster – Senior Vice President, Programs, The END Fund
- Abbey Turtinen – Associate Director, External Relations, The END Fund
- Alessia Frisoli – Associate, The END Fund
- Natalie Crispin – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Ms. Agler, Mr. Lancaster, Ms. Turtinen, and Ms. Frisoli.

### **Summary**

GiveWell spoke with Ms. Agler, Mr. Lancaster, Ms. Turtinen, and Ms. Frisoli of the END Fund to get overviews of The END Fund's involvement in some of the countries in which it has worked.

### **Ethiopia**

The END Fund has made eight investments in Ethiopia, including:

- \$1.2 million to the Centre for Neglected Tropical Diseases (CNTD) to fund mapping of soil-transmitted helminthiasis (STH) and schistosomiasis in 2014.
- \$362,451 to CNTD to fund the completion of lymphatic filariasis mapping in 2013. This investment was co-funded with support from the United Kingdom's Department for International Development (DFID).
- \$10,000 in 2016 to International Orthodox Christian Charities for lymphatic filariasis (LF) case management.
- \$500,000 to the Carter Center to fund trachoma surgery in Amhara in 2015-2016.
- \$125,000 to the African Medical and Research Foundation (AMREF) to fund a mass drug administration to treat trachoma.
- \$30,000 in 2015 to the Federal Ministry of Health for onchocerciasis treatment. This investment was co-funded with the Mectizan Donation Program.
- \$1,875,000 over three years (2014-2016) to the Schistosomiasis Control Initiative (SCI) to fund treatment for schistosomiasis and STH in areas with high prevalence of schistosomiasis as part of a five-year project funded by The END Fund and DFID.
- \$750,000 to the Federal Ministry of Health in 2014 to support STH treatment in schistosomiasis endemic areas that END Fund supported via SCI in 2014.

- A five-year, \$32 million project in collaboration with the Children's Investment Fund Foundation (CIFF) and SCI to treat all preschool- and school-aged children and some adults in Ethiopia for STH and schistosomiasis. The END Fund has committed to fundraising \$10 million for this project and has invested \$2.7 million as of 2016; the remaining \$22 million will be funded by CIFF and other funders. The scale-up of the project (in terms of total cost) will peak in 2018 or 2019, after which it will scale back down for the remaining years. CIFF's funding for this project includes 1) a grant to The END Fund for fundraising and coalition-building, as well as matching funds to enable The END Fund to attract new donors, and 2) a grant to the Ministry of Health to support implementation. In addition to its funding for this project, CIFF has provided funding to SCI and Evidence Action for technical assistance and to the Ethiopian National Research Institute (ENRI) for monitoring & evaluation. Contributions from the END Fund to the Federal Ministry of Health in support of the national program include \$1,000,000 in 2015 and \$1,897,545 in 2016. Funding for 2017-2020 will be confirmed annually during The END Fund's annual program and budget review.

## **Angola**

The END Fund works with the MENTOR Initiative (MENTOR) to run NTD programs in six of the 18 provinces in Angola. It is highly involved in these programs, offering technical assistance, assisting with program design, deciding which diseases to treat, and doing high-level advocacy with the Ministry of Health. The END Fund has spent about \$5.9 million in Angola to date and is not aware of other funders for NTD programs in the country. Its work in Angola includes:

- School-based deworming programs, which account for the majority of the funding that the END Fund spends in Angola.
- Small community-based programs to treat onchocerciasis and LF, which are relatively new and account for a small proportion of the funding that the END Fund spends in Angola.
- Large school-based water, sanitation, and hygiene (WASH) programs in all of the 2,317 schools in which the END Fund supports deworming programs, which are intended as a complement to the deworming programs. The WASH programs focus on handwashing, and involve training and distributing handwashing kits. They were created at the request of the Helmsley Charitable Trust, one of the funders for The END Fund's work in Angola, during its early discussions with The END Fund. At the time that they were created, there was general consensus that WASH interventions were necessary to break transmission of STH.

The END Fund would be interested in expanding its programs to the other 12 provinces in Angola, but has not done so due to lack of funding. It would be able to work with MENTOR in these other provinces if it had funding to do so.

## **Democratic Republic of the Congo (DRC)**

The END Fund has made several investments in the DRC:

- \$371,000 to CNTD to fund mapping of LF, schistosomiasis, and STH. This was a leverage grant co-funded by DFID that helped to achieve complete mapping for these three diseases in eight provinces.
- \$1.2 million over two years to the African Program for Onchocerciasis Control (APOC) to enable it to expand its onchocerciasis program to include treatment for LF in areas where the diseases are co-endemic.
- A total of \$962,000 to CBM (formerly Christian Blind Mission) to support its integrated NTD programs (which include STH, LF, and schistosomiasis) in the provinces: Kasai-Kananga, Kasai Mbuji Mayi, and Katanga Nord, as well as onchocerciasis-only treatment in Equateur and North Kivu.
- A total of \$559,000 to the United Fund Against Riverblindness (UFAR) for its integrated programs to treat STH, schistosomiasis, onchocerciasis, and LF.
- Since 2015, the END Fund has granted \$550,000 to Amani Global Works for treatment of schistosomiasis, STH, and LF in Idjwi.

Due to the END Fund's familiarity with the state of NTD work in the DRC, it is highly involved in helping its implementing partners to identify provinces to work in that have both a high disease burden and a high potential for program success. It is typically less involved in the implementation of these programs, though it engages in capacity building and substantive engagement with indigenous agencies.

## **Nigeria**

The END Fund is working to increase the implementing capacity of two local organizations in Nigeria: MITOSATH, which runs integrated programs to treat STH, schistosomiasis, LF, and onchocerciasis, and the Amen Health Care and Empowerment Foundation (Amen Foundation). The END Fund has funded five projects in Nigeria, of which four are currently active:

- \$588,000 to MITOSATH for integrated programming in Ondo State.
- \$495,450 to MITOSATH for integrated programming in Ekiti State.
- \$595,037 to the Amen Foundation for integrated programming in Gombe State.
- \$1,067,028 to Helen Keller International for integrated programming in Akwa Ibom State.
- \$500,000 to Sightsavers to contribute to programming in several northern states. This program is now closed.

The END Fund is highly involved in all aspects of the MITOSATH and Amen Foundation programs it supports, including program design, accountability, and increasing the organizations' capacity to deliver programs at scale. Both organizations previously had limited engagement in the NTD sector and are now implementing programs at the state level.

## **Mali**

The END Fund currently has an open grant of \$120,000 to fund LF morbidity surgery for hydrocele in Mali, and is planning to make another grant of about \$140,000 for the same purpose. It provided \$1.15 million in 2012 and \$780,000 in 2013 to stand in for USAID funding, which Mali did not receive due to government noncompliance.

## **Zimbabwe**

### **Grants**

The END Fund has made several grants to Zimbabwe's Ministry of Health to support NTD work:

- \$140,000 in 2014 to support an early deworming program.
- \$361,405 in 2015 for school-based deworming.
- About \$971,180 in 2016 for the national school-based deworming program, a new national program treating LF, and a new small program treating trachoma.

The new LF program is integrated with the existing deworming program. The END Fund supports combined deworming and LF treatment programs because the same drug, albendazole, is used in both treatments. Most of the LF programs are community-based treatment programs that are run alongside school-based deworming programs; in some cases, when LF is added to the program, the deworming component also becomes community based. Children who receive deworming treatments in school are excluded from the community-based LF program.

A paper published by the Hudson Institute's Center for Science in Public Policy and the Global Network for Neglected Tropical Diseases

([http://www.globalnetwork.org/sites/default/files/Social%20and%20Economic%20Impact%20Review%20on%20Neglected%20Tropical%20Diseases%20Hudson%20Institute%20and%20Sabin%20Institute%20November%202012\\_1.pdf](http://www.globalnetwork.org/sites/default/files/Social%20and%20Economic%20Impact%20Review%20on%20Neglected%20Tropical%20Diseases%20Hudson%20Institute%20and%20Sabin%20Institute%20November%202012_1.pdf))

suggests that integrated NTD treatment programs that treat all five major NTDs (schistosomiasis, STH, LF, onchocerciasis, and trachoma) can have a cost savings of 41% as compared to the cost of treating each NTD separately. However, integrating treatment for LF and deworming in Zimbabwe does not reduce the cost of the deworming program.

Prior to The END Fund's support in 2014, the Ministry of Health had attempted to run a partial deworming program for preschool-aged children funded by UNICEF, but did not have a national-scale school-based deworming program.

### **Government support**

Because the END Fund does not work with any local implementing partner organizations in Zimbabwe, it is highly involved in supporting the Ministry of Health:

- The END Fund provides technical assistance to the government, primarily in the form of oversight to ensure that World Health Organization (WHO) protocols are followed. The END Fund often acts as the liaison between the Ministry of Health and WHO headquarters.
- As the Ministry of Health scaled up its deworming program, the END Fund provided funding and helped with planning meetings, budget meetings, and liaising with WHO.
- Since 2016 was the first year that the Ministry of Health provided treatment for LF and trachoma, The END Fund also provided assistance in creating a national integrated NTD program.
- It helped to liaise with the International Trachoma Initiative so that the Ministry of Health could receive donations of Zithromax (for trachoma) and diethylcarbamazine (for LF) for the first time.
- It provided guidance on deciding where to conduct mapping activities. At first, the Ministry of Health had created a plan to map the country which was not in line with WHO recommendations.
- In 2016, it partnered with Econet Wireless, the largest cell phone company in Zimbabwe, to run a pilot text message campaign to increase awareness and coverage. About 7 million text messages were sent to all cell phone subscribers of Econet Wireless in regions where deworming and/or LF treatment was scheduled to take place, with the dates and locations of scheduled treatments and a reminder to ensure that children attend school on those dates.

### **Kenya**

In Kenya, The END Fund supports the work of Evidence Action's Deworm the World Initiative on treatment for schistosomiasis in areas that are endemic for schistosomiasis but not STH. In 2016, The END Fund began supporting Evidence Action to provide LF treatment as part of a national LF elimination project.

### **Zambia**

In Zambia, the END Fund only supports LF programs, run by the Liverpool School of Tropical Medicine. These programs distribute albendazole and mebendazole, and therefore also treat STH. The END Fund does not treat schistosomiasis in Zambia.

## **Sudan**

The END Fund supports trachoma programs in Sudan.

## **Yemen**

The END Fund made a grant of roughly \$479,304 to SCI in 2015-2016 to enable it to provide technical assistance to Yemen's Ministry of Health. This grant releases the annual contribution from the World Bank, which made a \$20 million grant to the Ministry of Health over 5 years on the condition that the Ministry of Health independently find funding for technical assistance. This World Bank grant supports community-based treatment of schistosomiasis and also distributes albendazole, which treats both STH and LF. Previous funding includes \$243,343 to SCI in 2014-2015 to support technical assistance and a pilot onchocerciasis treatment program treated over 160,000 in four districts, and \$150,000 to SCI in 2013 to fund technical assistance.

The END Fund has made an in-principle commitment to take over the program after the World Bank grant ends in June 2017. END Fund staff hope that by this point, the national prevalence of schistosomiasis will be low and that further treatment will largely involve addressing remaining "hot spots." The END Fund plans to change the community-based program to school-based deworming only. This project is currently in development.

As a result of negotiations with the END Fund in late 2016, the World Bank plans to use some of its remaining funds to purchase praziquantel to be distributed after the END Fund takes over the program. The END Fund would like to continue to fund SCI's involvement in this work, though it has not yet finalized this decision.

## **Côte d'Ivoire**

In Côte d'Ivoire, the END Fund supports an integrated NTD program that treats all five major NTDs and directly supports treatment for STH, LF, and onchocerciasis in 20 districts. Most donors to this program pool their donations to fund the government's delivery of a national program. Donors to this program include Sightsavers, the END Fund, SCI, RTI International, and USAID. Over the past three years, this program has grown from a startup working only in certain districts to a national program treating all districts. The END Fund has increased its funding to the program to enable its expansion; in 2016 it contributed \$931,125.

## **India**

In India, the END Fund funds the Deworm the World Initiative to provide technical assistance to the government of Rajasthan. The END Fund does not fund other organizations in India.

## **Namibia**

The END Fund has supported work in Namibia to map schistosomiasis prevalence in the northern part of the country and to integrate deworming treatment into the national school-based nutrition program. The latter effort was paused in 2015.

## **South Sudan**

The END Fund made a grant to Sightsavers to treat onchocerciasis in the Greater Western Equatoria region in South Sudan. This work is on hold due to local conflict. The END Fund is in the early stages of discussions with Sightsavers and the government about alternative ideas for either onchocerciasis or deworming treatments.

Before the END Fund began funding work in South Sudan, it was one of a small number of countries on the NTD agenda that were not receiving much treatment, and there was little capacity for NTD treatment in the country. Although the Carter Center has been supporting the Ministry of Health's Guinea worm eradication efforts for more than ten years and supporting intermittent trachoma MDA in a limited geographic focus, South Sudan otherwise has had little or no sustained support for NTD control and elimination activities despite the fact that it has the highest prevalence and intensity of infection of any country in Africa. Funding Sightsavers for onchocerciasis treatment seemed like the best option for NTD treatment because Sightsavers had experience and capacity to work in the state. The country has a high prevalence of onchocerciasis, and mapping for other diseases in the country was not complete at the time (though progress has since been made on NTD mapping).

## **Tanzania**

The END Fund is funding three initiatives in Tanzania:

- \$450,000 over three years to contribute to the elimination of the backlog of trichiasis surgeries needed in the country. This is a co-funding arrangement with the Queen Elizabeth Diamond Jubilee Trust and is implemented by Sightsavers.
- \$81,000 over the course of two years to support the Kilimanjaro Centre for Community Ophthalmology to perform trichiasis surgeries primarily in the areas near Mt. Kilimanjaro. This is part of an annual charity climb of Mt. Kilimanjaro that benefits the END Fund.
- \$104,624 over three years to the Ministry of Health to fund hydrocele surgery for LF.

## **Central African Republic**

The END Fund supports two programs in the Central African Republic:

- A program run by the Organisation pour la Prévention de la Cécité (OPC) to conduct mass drug administrations to treat trachoma in two regions. The END Fund decided to fund this program with a grant for \$62,347 on the recommendation of the International Coalition for Trachoma Control (ICTC), which noted that the program was ongoing and underfunded.
- A Ministry of Health program treating STH, schistosomiasis, onchocerciasis, and LF. The END Fund made a grant of \$180,000 to this program in 2016 via WHO. The program includes sub-national community- and school-based programs, depending on local needs. This work has been difficult and significantly delayed due to insecurities in the country. The Ministry of Health is taking the lead on delivering treatments; it hoped to finish treatment in May 2016, and has only recently achieved this goal.

## **Liberia**

The END Fund has been supporting SCI's school-based deworming programs in Liberia for about four years. Treatment was interrupted for over a year due to the Ebola crisis, and is now restarting.

## **Burundi**

The END Fund has funded treatment for trachoma and school-based deworming in Burundi. The END Fund staff believe that both onchocerciasis and trachoma have been eliminated in the country, and plan to conduct an impact study of the treatments the END Fund has delivered for these diseases as soon as the conflict in the area allows. At the end of 2011, it passed its deworming work in Burundi to SCI (which had received \$1 million restricted to work in Burundi) and redirected the funding it had been spending on deworming programs to focus on elimination of trachoma, which was not funded at the time.

## **Chad**

In October 2016, the END Fund was approached by the Mectizan Donation Program, which had been approached by Chad's Ministry of Health for emergency funding for LF and onchocerciasis control. Trainings had been conducted and the country was prepared to conduct a mass drug administration, but lost funding to do so. The END Fund used its emergency funding to provide about \$95,000 to support a mass drug administration to treat these two diseases, which reached over 80% coverage.

The END Fund is in the early stages of discussions with partners about restarting and expanding deworming programs in Chad. Mr. Lancaster recently attended a meeting in Brazzaville, Republic of the Congo, which was sponsored and hosted by the WHO Regional Office for Africa. The meeting included representatives of 14 countries (including Chad) that had been identified as requiring particular assistance.



## **World Food Programme**

The World Food Programme (WFP) previously had direct access to deworming drugs through pharmaceutical companies' drug donation programs and was using these drugs to deworm approximately 20 million children per year through its school-based feeding programs in several countries. After drug procurement was centralized through WHO and only ministries of health were eligible to apply for drug donations, WFP found it increasingly challenging to continue deworming efforts because countries implementing deworming programs did not know how to integrate with it.

In order to leverage WFP's deworming capacity, the END Fund made a grant to WFP to support WFP to use its special resources to distribute medicines for deworming in countries where others were unable to do so. These countries include Afghanistan, Chad, Cote d'Ivoire, the Democratic Republic of the Congo, Sudan, South Sudan, and Zambia. This is seen as particularly important because many WFP programs serve populations in conflict zones that would not otherwise receive treatment.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*