

GIVEWELL FUNDING OPPORTUNITIES

Introduction

The U.S. Fund for UNICEF (USF) respectfully presents the following funding opportunities to GiveWell for consideration. At this time, these summaries are in concept form. They do not represent official proposals. However, the projects are real and the need is current. These projects include:

- **Eradicating Polio in Pakistan**
- **Global Oral Cholera Vaccination**
- **Global Maternal and Neonatal Tetanus Elimination Program**
- **The Bridge Fund – Impact Investing for Emergency Relief**
- **The Malaria Initiative – Combatting Malaria in sub-Saharan Africa**

Should any of the following projects capture the attention and enthusiasm of GiveWell's leadership team, the USF will gladly provide a detailed proposal for review.

OPTION 1: Eradicating Polio in Pakistan

Background

Polio cases in Pakistan fell to 28 in 2005 but have risen sharply in recent years, hitting 198 in 2011 – the highest figure for more than a decade and the most of any country in the world that year. This startling trend has dissipated, but progress remains fragile. In 2012, there were 58 cases, and eight cases have already been reported in 2013. The reality is that Pakistan is one of three countries in the world where, despite 20 years of sustained efforts, polio remains endemic.

The disease, and the debilitating paralysis it causes, can be prevented with the oral polio vaccine (OPV), which lies at the heart of the global campaign to eliminate polio. UNICEF is a major partner in this effort. In Pakistan, UNICEF works with the government and the World Health Organization (WHO) to provide vaccines, engage with the media, and support door-to-door visits promoting immunization.

One of the challenges UNICEF and its partners face, however, is the difficulty in reaching all Pakistani children with these lifesaving and easily administered vaccinations. A survey conducted by UNICEF revealed that a large number of Pakistani children were constantly on the move with their parents, who often travel back and forth between different states in search of work. Other children were on the move with their families due to regional violence and pervasive poverty. Such children, invariably, did not benefit from any vaccination drive. In a way, they are Pakistan's "missing children."

Strategy

The search for Pakistan's "missing children" has taken UNICEF and other partners in the polio program to bus stations, railway platforms, road intersections, and more recently into the passenger cars of trains. This strategy aims to reach and protect children under the age of five and their families from polio by:

- Procuring 5.9 million doses of OPV;
- Mapping and tracking the travel routes of all migrant and mobile populations;
- Establishing fixed transit vaccination posts at all entry and exit points between states and at Pakistan's borders;
- Training social mobilizers to identify busy transit points where vaccination teams and public health advocates can be posted during organized vaccination campaigns;
- Mobilizing vaccination teams and advocates on the streets of major cities to identify children and adolescents not covered by door-to-door vaccination campaigns;
- Providing cold chain equipment so vaccines can be properly stored and transported across Pakistan's countryside; and
- Producing public health messages and educational materials for mass distribution.

Funding Gap - \$4,882,703

OPTION 2: Global Oral Cholera Vaccination

Background

The incidence of cholera is on the rise, with more than 500,000 cases and 7,000 deaths reported worldwide in 2011. However, these numbers are considered a significant underestimate. The actual burden of cholera is estimated to range anywhere from 1.4 million to 4.3 million cases worldwide, resulting in 28,000 to 142,000 deaths per year worldwide, among the 1.4 billion people at risk in endemic countries.

The trends in cholera globally are alarming. There is an increased frequency of large and protracted cholera outbreaks with high mortality rates, reflecting the weaknesses of existing mechanisms for prevention, early detection, control of its spread, and access to timely health care.

Cholera has become entrenched in more countries in Africa, and it has recently returned to the Americas with ongoing transmission in Haiti and the Dominican Republic. In addition, climate change and rapid and unplanned urbanization are increasing the pool of already marginalized populations at risk. Children under the age of five bear the greatest burden of cholera in endemic areas, and account for about half of the estimated cholera deaths.

Transmitted by contaminated water and food, cholera has always been an emblem of poverty and inequity. It can kill in hours, but in the majority of cases is easily and inexpensively treated with oral rehydration salts if detected early. Those who fall ill do so because they lack health care, safe water, and sanitation.

Strategy

Vaccination is becoming increasingly important to cholera control for a number of reasons, including: the availability of new, improved, less expensive and prequalified vaccines; growing awareness of large and protracted epidemics receiving extensive response operations and media coverage; increased interest by partners and donors in new technologies to address the worrisome growth in incidence of cholera worldwide; and, closer collaboration with technical vaccine experts and partners who implement traditional cholera control efforts.

There are currently two WHO pre-qualified oral cholera vaccines (OCV). Both offer the major advantage of being relatively easy to administer in a short time and dependence on functioning health systems and their partners than on the actions of families or individuals.

At the global and country levels, UNICEF will partner with governments and WHO to:

- Through Supply Division (SD), source OCV from manufacturers, procure it, and distribute it to governments and partners;
- Support the development and implementation of a global OCV stockpile mechanism;
- Act as a member of the International Coordination Group (ICG) for the OCV global stockpile;
- Procure and distribute other necessary supplies including cold chain equipment (linked to existing procurement systems through SD); and
- Plan and conduct vaccination campaigns including logistics and capacity building for national immunization programs and systems.

Funding Gap - \$2,516,555

OPTION 3: Global Maternal and Neonatal Tetanus (MNT) Elimination Program

Background

Tetanus is an excruciating disease that kills one newborn every nine minutes, or approximately 160 babies each day. Typically contracted through unhygienic childbirth practices, the disease is swift, cruel, and lethal. But it is also highly preventable. An affordable vaccine, costing \$1.80 for a series of three doses, given to women of

childbearing age can stop tetanus. This small sum includes the vaccine serum, syringes, safe storage, transportation and more.

Since MNT is most prevalent in areas of high poverty or significant geographical challenges to the delivery of health services, MNT elimination strategies embody UNICEF's equity agenda by targeting the most marginalized and neglected mothers and children across the globe. By supporting delivery of health services to underserved and unreached populations, overcoming the constraints in service delivery in the existing health system, the delivery of vaccines further reduces inequities in the health of marginalized populations.

Since 1999, UNICEF and its partners have immunized more than 113 million women in 50 countries and have eliminated the disease in 31 countries. But maternal and neonatal tetanus remains a public health threat in 28 countries. The women and newborns most at risk live in areas scarred by poverty, poor medical infrastructure or humanitarian crises.

Between 2000 and 2010, UNICEF raised over \$200 million for MNT elimination activities. To enable UNICEF to reach the over 100 million remaining women of reproductive age still living in areas at high risk of MNT, and achieve the goal of global MNT elimination by 2015, the U.S. Fund for UNICEF is actively raising urgently needed funds for the global MNT elimination program alongside our partners at Kiwanis International. "The Eliminate Project" is our partnership with Kiwanis, and in total, it will raise \$110 million for MNT Elimination program.

Strategy

Of the remaining countries that are still at risk, several are well on their way to elimination — including Indonesia, where a majority of provinces have eliminated MNT; Ethiopia, where all but one district is free from MNT; and India, where many states have conducted successful immunization campaigns. In countries, mostly in Africa and Asia, over 100 million women remain at high risk due to lack of access to health care caused by economic status, where MNT remains endemic due to geographic limitations, or humanitarian emergencies. Each case of tetanus represents a triple breakdown in the health system leading to the inability of a country to:

- Provide immunization services that reach expectant mothers and women of childbearing age who protect their newborns through passive immunity;
- Provide maternal health services, including comprehensive antenatal care; and
- Provide mothers and newborn babies with adequate care during and soon after delivery.

With sufficient resources, the remaining 28 countries can and will eliminate the disease by 2015.

Estimated Global Funding Gap - \$100,000,000 (as of May 2013)

OPTION 4: The Bridge Fund – Impact Investing for Emergency Relief

Background

The UNICEF Bridge Fund is an innovative tool to secure better pricing, faster delivery, and a consistent flow of essential goods for children in the developing world. By distributing critical, flexible capital to overcome traditional funding obstacles when purchasing urgently needed supplies, the Bridge Fund provides UNICEF's Supply Division with access to United States mission investment funding to bridge procurement costs until regular, slower payments become available. As a result, the Bridge Fund accelerates and streamlines UNICEF's lifesaving work on behalf of the world's children. The Bridge Fund is managed by the U.S. Fund for UNICEF, which has more than 60 years of experience in fundraising and is ranked among the top two percent of Charity Navigator's evaluated organizations.

Strategy

The Bridge Fund provides UNICEF's Supply Division with a flexible mechanism to reduce or eliminate gaps between the moment a critical need for supplies is identified and when funding becomes available.

The UNICEF Supply Division procures \$2 billion worth of supplies and equipment annually, and while UNICEF's global funders eventually pay for these goods, obtaining these funds can sometimes take weeks or months. Cash flow gaps and procurement hurdles arise because UNICEF's governing Board prohibits the organization from taking on loan obligations to fund its work. The Bridge Fund provides UNICEF's Supply Division with cash to bridge procurement costs until regular payments become available.

Established in 2011 by the U.S. Fund for UNICEF, the Bridge Fund consists of investors including foundations, corporations, and financial institutions, as well as individual philanthropists. Investors fund net worth grants, below-market-rate loans, and program-related investments (PRIs)—creating a pool of cash that helps essential goods reach children in need as quickly as possible. An added benefit—rapidly obtaining more flexible funding allows the Supply Division to secure better pricing for materials and reduce shipping costs, freeing up more money to spend on vital commodities. The Bridge Fund recently saved UNICEF \$10 million over the next four years on its purchase of oral polio vaccine, as it moves to eradicate this crippling disease.

Funding Gap—A \$10 million net worth grant translates into a \$35 million below market-rate loan/program related investment (PRI)

OPTION 5: The Malaria Initiative – Combatting Malaria in sub-Saharan Africa

Background

Malaria kills one child somewhere in the world every minute. It infects approximately 219 million people each year and kills an estimated 660,000 people, most of which are children in Africa. Ninety percent of all malaria deaths occur in Africa, where malaria accounts for about one in six of all childhood deaths. The disease also contributes greatly to anemia among children — a major cause of poor growth and development.

The symptoms of malaria are known to include vomiting and appetite suppression, thereby having a serious impact on a child's nutritional status. In addition, if contracted during a pregnancy, malaria can seriously affect the size and development of a newborn. Later on, malaria keeps children from attending school and adults from working. Sadly, the impact of the disease costs Africa some \$10 billion to \$12 billion every year in lost gross domestic product, thereby slowing the continent's economic growth and development and perpetuating the vicious cycle of poverty. Malaria is truly a disease of poverty — afflicting primarily the poor who tend to live in malaria-prone rural areas in poorly-constructed dwellings that offer few, if any, barriers against mosquitoes.

Strategy

Malaria is both preventable and treatable, and effective preventive and curative tools have been developed. Sleeping under insecticide treated nets (ITN) can reduce overall child mortality by 20 percent. There is evidence that ITNs, when consistently and correctly used, can save six child lives per year for every one thousand children sleeping under them. Prompt access to effective treatment can further reduce deaths.

UNICEF is an active player in the global efforts to mobilize international support and resources, and build effective partnerships to reduce the global malaria burden. One of UNICEF's major contributions to the efforts is the sourcing and provision of malaria-related commodities, principally insecticide-treated nets and anti-malarial medicines. UNICEF will continue to pursue all options to expand access to insecticide-treated nets and effective anti-malarials as part of its global commitment to stemming the malaria pandemic.

UNICEF's comprehensive strategy against malaria in sub-Saharan Africa includes:

- Overseeing large-scale distribution campaigns of long-lasting insecticidal nets (LLINs) in high risk areas;
- Ensuring adequate and sustained financing to meet the malaria control gaps in nets, treatments, and diagnostics;
- Strengthening prevention and case management of malaria in health facilities and communities;

- Providing much-needed training to health workers to ensure they can effectively teach families how to prevent malaria transmission while emphasizing the effectiveness and importance of using LLINs at home; and
- Improving monitoring and evaluation systems.

Funding Gap – \$21,446,837