

A conversation with Dr. Scott Filler, October 19, 2016

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Scott Filler.

Summary

GiveWell spoke with Dr. Filler of the Global Fund as part of GiveWell's research into funding the Against Malaria Foundation (AMF). Conversation topics included how malaria programs are funded in countries receiving Global Fund allocations, the possible impact of a substantial increase in AMF's funding of long-lasting insecticide-treated nets (LLINs), and the Global Fund's model for determining per-country malaria allocations.

Funding for malaria in countries supported by the Global Fund

The Global Fund is one of the largest investors in global malaria control programs. However, significant gaps in funding remain for these programs. The Global Fund concentrates its efforts on the highest burden countries that are least able to pay for programs, but the largest gaps in funding continue to occur there. In the countries it supports, the Global Fund provides substantial amounts of funding, but relies on other donors to help fill the gaps.

Cases where malaria funding need is met or exceeded

If a country's strategic plan for malaria control is fully funded or overfunded, the country could reallocate its Global Fund malaria funding to tuberculosis or HIV/AIDS. Dr. Filler does not know of any countries receiving Global Fund allocations that have a fully funded national plan for malaria – i.e., LLINs, systems to support case management, etc.

Global Fund allocations to different malaria programs

Countries work together with the Global Fund to decide what programs to fund with their allocations for malaria. Difficult tradeoffs must be made and not all programs can be funded, given the limited resources.

In general, programs tend to be prioritized in the following order:

1. **Vector control** – Distributing LLINs and establishing recurring distribution campaigns are typically the first areas that receive funding in a national malaria control plan. LLINs are a top priority because they are recognized as a cost-effective way to improve public health.

2. **Supporting public sector malaria case management** – Depending on the percentage of the population in a given country that has access to medical care, this could mean funding rapid diagnostic tests, artemisinin-based combination therapies, or training and supervision for administering care.

After these programs are fully funded, there is more variation in what countries fund next. Depending on the needs of the countries, additional programs could include:

- **Expanding access to care** – e.g., through community case management or private sector co-pay mechanisms if there is a concern that the public sector is not treating an adequate number of cases.
- **Seasonal malaria chemoprevention** – could also be funded in countries where this is appropriate.

While programs are generally funded in this order, The Global Fund does not specify which of these programs countries should fund or in what order they should fund them.

“Unfunded quality demand” programs

After the last round of Global Fund allocations, the Global Fund’s technical panel worked with countries to identify “unfunded quality demand” programs – e.g., unfunded programs that both the countries and the Global Fund recommended investing in if additional resources were made available. The Global Fund then invited other donors who were looking to assist in malaria control to help fund these programs.

Other donors’ impact on per-country Global Fund malaria allocations

Other funders may impact the Global Fund’s investment in malaria if their contributions to malaria programs are substantial. For example, The U.S. President’s Malaria Initiative (PMI) is a major funder, and its contribution is accounted for in the Global Fund’s per-country allocation models for malaria.

Other funders do not typically contribute to malaria programs at the same scale as PMI, so their contributions are unlikely to impact the Global Fund’s per-country malaria allocations or displace funding from malaria to tuberculosis or AIDS.

Impact of AMF increasing funding for LLINs

Increased funding for LLIN distribution campaigns

If AMF were to increase funding to LLIN distribution campaigns in a given country, the Global Fund’s allocation there would likely shift to funding the highest priority “unfunded quality demand” malaria programs. It is unlikely that this would cause a reallocation from malaria to another disease or country, unless the national malaria program was fully funded.

Fully funding a country’s LLINs

If AMF were to determine in the next month that it is able to fund the entirety of a country's LLIN need – not including distribution costs – this could potentially impact the Global Fund's allocation to that country in the upcoming funding cycle. It is possible that the country's malaria allocation would be reallocated to different diseases or countries, to ensure that countries receive a balanced share of funding.

Dr. Filler is not aware of any cases in the past where a funder from the public or private sector made a contribution of this scale to a country's malaria programs. However, the Global Fund would be open to exploring this scenario if it is likely to occur.

Determining per-country malaria allocations

Nearly \$4 billion will be allocated over the course of three years in the next Global Fund funding cycle, and significant operational effort is involved in deciding this allocation.

The Global Fund uses a complex formula to determine per-country allocations for malaria. The formula is based on the following considerations:

1. **Disease burden** – For malaria, this includes both number of cases and number of deaths, as well as the absolute and relative burden – i.e., high malaria prevalence relative to the size of a country's population.
2. **Efficiency** – The goal is to maximize the number of cases and deaths averted in the most resource-efficient way possible.
3. **Domestic and international funding commitments** – i.e., funding from The U.S. President's Emergency Plan for AIDS Relief or PMI.

The Global Fund does not yet have a process for calculating a country's allocation in a situation where another donor is providing the foundational support for malaria.

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