

# Conversations with Rob Mather and Peter Sherratt, December 6 and 17, 2018

## Participants

- Rob Mather – CEO, Against Malaria Foundation
- Peter Sherratt – Executive Chairman, Against Malaria foundation
- Andrew Martin – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Rob Mather and Peter Sherratt.

## Summary

GiveWell spoke with Mr. Mather and Mr. Sherratt of the Against Malaria Foundation (AMF) to discuss AMF's planned activities for 2019 and 2020. Conversation topics included AMF's planned distributions in the Democratic Republic of the Congo (DRC) in 2019, funding gaps for malaria control work in 2020, and the relative importance of post-distribution monitoring.

## DRC 2019 distributions

### What AMF is funding

In February 2018, AMF committed to fund 11.8 million long-lasting insecticide-treated nets (LLINs) for DRC in 2019. AMF is paying for the LLINs, while the Global Fund to Fight AIDS, Tuberculosis, and Malaria (TGF) is funding all of the non-net costs.

In addition to providing nets, AMF is also planning to fund:

- 1) **Pre-distribution monitoring (preDM)** to monitor operational readiness. AMF funds an independent organization to have someone sit in on meetings of the national malaria control program (NMCP) and report to AMF on progress, meetings, plans, resources, and gaps. AMF later funds an independent organization to go into the field and observe the government's registration process. AMF randomly selects villages for the independent organization to visit, and the organization assesses to what extent registration is happening properly.
- 2) **Independent village registration (IVR)** to assess the quality of registration data.
- 3) **Post-distribution monitoring (PDMs)** to determine coverage rates after the distribution. Funding for the PDMs for the 11.8 million nets has been set aside and potential partners have been identified to carry them out. The planning for each province's PDM will start shortly after the distribution of nets in each of the five provinces is complete.

For more details on AMF's monitoring processes, see this link:  
<https://www.givewell.org/charities/against-malaria-foundation/supplementary-information#Monitoring>.

## **Structure of distributions**

AMF is structuring its support for the DRC 2019 distributions in two phases:

### *Phase 1*

AMF has agreed to fund 3.4 million nets, which will go out in two distributions:

1. **Équateur Province**, 1.5 million nets (already produced)
2. **Sud-Ubangi Region**, 1.9 million nets

The SANRU Rural Health Program (SANRU) will be the distribution partner for one of these distributions and IMA World Health (IMA) will be the partner for the other. AMF will therefore be working with several implementing partners in the first phase of 2019 and this may provide options for partners for subsequent distributions.

### *Phase 2*

AMF has signed an agreement with the government of DRC committing to distribute 8.4 million additional nets in the latter part of 2019, conditional on its partners performing satisfactorily in Phase 1. AMF will assess Phase 1 holistically, including quantitative performance targets as well as qualitative criteria such as:

- Timeliness
- Quality of feedback
- Receiving data as expected
- Quality of relationship

All parties are aware that if AMF is dissatisfied, then AMF is legally not committed to provide the 8.4 million nets, and \$16-20 million worth of support will be pulled. AMF thinks this outcome is unlikely and will work hard to ensure it does not happen. *May 2019 update: AMF has confirmed that it will distribute 8.4 million nets in a further three provinces in the second half of 2019.*

## **Partners**

### *IMA World Health*

Over the last two years AMF has worked with IMA on PDMs and has observed how IMA has developed as an organization in the areas of leadership, management structure, personnel, resources, and technology. What AMF has observed has been sufficiently promising that AMF has committed to work with IMA on a distribution in 2019.

### *Geographical constraints*

There are some provinces in which there is only one partner to work with, and some where multiple partners operate, including partners other than IMA or SANRU. The partner landscape is also developing – for example, Catholic Relief Services (CRS) is establishing a presence and has shown interest in working with AMF in certain areas.

## **DRC 2020 distributions**

### **List of provinces**

Mr. Mather has sent GiveWell a list of provinces where AMF might work in 2020. These provinces are scheduled to receive nets in 2020 because most of them received nets in 2017 and are thus due for the standard three-year renewal. There are several ways this list might change:

- The 2017 net distributions for some of these provinces were delayed into 2018, so upcoming distributions for those provinces might take place in early 2021. However, this would not affect the set of provinces where AMF will be working in the near future; it would only affect the precise timing of the distributions.
- Historically distributions in DRC have encountered significant delays, so some distributions scheduled for 2019 might get pushed back into 2020.
- If TGF has underestimated the net need for any of the provinces it is covering, it will not have the funding to buy additional nets. If this happens, AMF might need to cover those provinces instead (or in addition to the other provinces it plans to cover in 2020).

Despite these caveats, Mr. Mather’s list of provinces gives a fairly accurate picture of where DRC will need nets in 2020.

### *Possibility of reducing distributions in Kinshasa*

AMF has suggested that Kinshasa province might not need a universal coverage distribution, since the capital region of any country tends to have lower malaria rates than the rest of the country. TGF has noted that a number of areas within Kinshasa province, including the peri-urban areas, have very high malaria rates compared to other countries. Ultimately, the coverage in Kinshasa province will be determined by the malaria prevalence data.

## **Potential distribution of nets treated with piperonyl butoxide (PBO nets)**

The cost of the DRC 2020 distributions will depend in part on how many PBO nets AMF decides to provide, as opposed to normal LLINs. PBO is a synergist that inhibits insecticide resistance mechanisms within mosquitoes, so it is hoped that PBO nets will work even on insecticide-resistant mosquitoes. PBO nets are likely to be more expensive than normal LLINs.

### *PBO net trial*

AMF invested \$8.5 million in 2016 to fund the distribution of 6 million PBO nets and a randomized controlled trial (RCT) (\$6 million on the additional cost of the nets compared to non-PBO nets and \$2.5 million funding the RCT). The RCT results will be available in May or June of 2019. The results of the RCT will play a key role in determining how many PBO nets AMF decides to fund in the future, because it is currently unknown how effective PBO nets are, under what circumstances they are effective, or whether they are effective at all. The decision of how many PBO nets to use in each region will be made based on a combination of insecticide resistance data, malaria case rate data, pricing information, and information on resistance mechanisms.

### **Partners**

AMF has not yet decided what partners it might work with for the 2020 distributions in DRC.

### **Allocation decisions for 2020**

With AMF's current funds, it can only support either distributions in DRC in 2020, or in a few other countries it is considering supporting in 2020, but not both. Each requires approximately \$45 million in additional funding, which is approximately the amount of funding AMF has on hand.

### **DRC 2020 funding gap**

#### *Status of other funders*

TGF has communicated to AMF that it has insufficient money to fund all the distributions that need to take place in 2020. Since TGF allocates its money for three-year periods, it cannot use any of its 2021-2023 money for 2020 work. It is relatively easy to predict whether any other funding will become available because there are relatively few players in malaria control. These are:

- TGF,
- The President's Malaria Initiative (PMI),
- The UK Department for International Development (DFID), and
- AMF.

It is unlikely that DFID, PMI, or TGF will be able to contribute money to fill the DRC 2020 funding gap. Since no other source of funding is likely to appear, there's no reason for AMF to delay trying to fill the gap.

#### *Timing*

The later AMF secures funding, the more time and effort it will likely have to put into planning the distribution. However, AMF is still at the point where if it raised \$45 million by the end of February 2019, it would be able to plan the distribution more or less optimally.

### *Consequences of waiting*

The longer the gap goes unfilled, the more likely it is that AMF and other funders will have to cut back on planned activities for 2019 in order to free up money for 2020. This would most likely take the form of delaying some distributions, and/or targeting distributions to the areas of highest need.

### *AMF's fundraising strategy*

AMF cannot move forward on the DRC 2020 distribution until it has secured funds. Over the last few years AMF has raised ~\$50 million per year, so it can't reasonably expect to receive \$45 million before the end of February, meaning that it has to fundraise proactively. Ideally, AMF would like to obtain the \$45 million by getting contributions from four different funders, so that it can build a larger base of support over the long term. It hopes that an initial contribution from a funder such as Good Ventures would make the funding opportunity more appealing to other major donors.

### **Disadvantages of only funding activities in one country**

AMF's 2019 commitment of 11.8 million nets to DRC is the largest single commitment it has ever made. AMF believes this is a good use of funds because DRC has very high malaria prevalence and mortality rates. However, this does not necessarily mean that it is a good idea for AMF to commit all of its 2020 funding to DRC, because AMF would face many disadvantages if it put all of its funds into one country.

### *Diversification of risk*

AMF would be at heightened risk as an organization if it put all or nearly all of its funding into one country, because if there were to be any problems with distributions in that country it would affect AMF's entire portfolio and potentially damage AMF's reputation.

### *Embedding processes*

AMF is trying to bring best practices to net distributions in the countries where it works, including greater accountability and more efficient processes. AMF typically finds that the first time a country implements an intervention, there are many difficulties and a large amount of work is required. But the next time, because the infrastructure is in place and the partners have experience, the intervention is easier to implement and more effective. This makes it worthwhile to stay with a country while the processes become embedded.

In countries it has previously supported, AMF has significantly improved accountability, data collection, and monitoring. AMF believes that if it ended its involvement in countries it has previously worked in (in order to provide all of its available funding to distributions in DRC in 2020), those countries would be at risk of losing the accountability improvements that AMF achieved in previous distributions, even if the net gap were covered.

### *Dependability*

If AMF went in and out of countries, that would make it difficult for countries to plan for the long term, and it would diminish AMF's impact due to the factors mentioned above. In addition, stepping away from ongoing projects would be detrimental to AMF's reputation as a steadfast partner.

### *Comparative advantage*

AMF believes that it adds value through more detailed procedures and significantly more focus on data. This makes it more likely that more nets reach their intended destination, so further nets are available to cover the gaps.

Uganda and Guinea provide two examples:

- In Uganda, AMF proposed several accountability and operations requirements which it felt would lead to better governance of the distribution and better outcomes. These were adopted not only in the areas in which AMF funded nets, but in the rest of the country as well.
- In Guinea, AMF was able to reduce a \$14 million funding gap to \$8 million by reducing the size of the nets, eliminating unnecessary packaging, and not running distributions in areas where nets were not needed.

## **Advantages of early planning and commitment**

It is generally better to commit funds earlier rather than later, so that AMF can influence operations and be involved in the planning process

### **Typical timeline**

It is best to secure funding at least six months before ordering nets, so that there is time to plan the distribution. Obtaining nets then takes approximately eight months, including:

- 2 to 3 months between ordering nets and starting production
- 2 months for production
- 2 months for shipping
- 1+ month in-country to get nets pre-positioned

After nets have been obtained, it takes several months to put in place all the logistics and in-country planning that go into carrying out a multimillion-net campaign, including:

- Managing the health team
- Registering households
- Training
- Producing vouchers
- Deciding on database technology
- Preparing for electronic device data collection
- Running a small-scale pilot

Because all of these operational elements take time and encountering problems is inevitable, it is ideal to secure funding between 18 months and two years before a distribution is scheduled to take place. AMF has often brought in funds late in the process, six to nine months before distributions, but this causes delays because six months is not enough time to plan and execute a distribution.

### **Avoiding delays**

AMF feels that it can decrease the chance of delays by working systematically with partners in-country on operations. If AMF can commit early, it can do this work better because it will not have to work to catch up with in-country partners. It is also better to commit early because when the government begins to run out of time it may take shortcuts, which often causes problems later on.

### **Challenges associated with late commitment**

#### *Efficiency*

Figuring out the most efficient way of doing a distribution takes time, and if AMF comes in late in the process, it will not have time to figure out the optimal way of handling all the aspects of the distribution.

For example, for the DRC 2019 distribution, AMF is currently talking with SANRU about how to collect registration data on net need per house. The two options are either to employ technology at the point of collection, or to collect the data on paper and then transcribe them into AMF's data entry system (DES). There are many sub-issues of this question for which AMF and its partners will not have time to make optimal decisions before the system is deployed in Spring 2019, such as:

- **System** – The decision about which system will be used may not be optimal.
- **Cost** – The difference between the budgets for the two possible methods is on the order of hundreds of thousands of dollars.
- **Training** – AMF and SANRU have yet to decide what training is needed.
- **Technology reuse** – If AMF opts for electronic data collection, the technology will need to be reused, and AMF does not have a clear picture of what that will look like.
- **Mechanics of data collection** – If data are collected on paper, AMF and SANRU will need to figure out the logistics of shipping the papers to a data center.
- **Data center location** – It is complicated to decide whether the data center should be in Kinshasa or Équateur.

In addition to the question of electronic or paper-based collection, there are many further decisions to make for household registration alone, such as:

- Type of data to be collected
- Method of data quality assessment (DQA)
- Communication and behavior strategies

## *Cost*

As an example, for a 2016-17 distribution in Uganda, AMF initially bought 10 million nets, but ended up needing to buy 2 million additional nets due to inaccurate population estimates. This delayed the distribution significantly and had flow-through effects on the cost of the PBO RCT. If AMF had had more time, it would have been able to ensure that it had accurate population estimates, thus avoiding these problems.

## *Risk*

When working in any country there will always be unexpected complicating factors. For example, in some countries the roads are only passable at specific times, and AMF has to know this in advance so that it can plan transport and logistics accordingly. With more time to plan the distribution, AMF can better prepare to manage risks of this type.

## **Monitoring data**

### **Post-distribution monitoring (PDMs)**

#### *IDinsight recommendations*

IDinsight recently sent AMF a list of recommendations for conducting PDMs. By the time of the DRC 2020 work, AMF plans to implement some but not all of these recommendations to improve the quality of its monitoring. AMF feels that IDinsight's recommendations deserve close attention, but due to other organizational priorities it has so far not been able to discuss these recommendations with IDinsight as thoroughly as it would like to.

#### *Relative importance of registration and distribution data*

Over the past few years, the quantity of registration and distribution data that AMF collects, and the way it collects and analyzes data, has changed significantly. AMF now believes that comparing the household-level distribution data with the household-level registration data provides reliable information on the success, or otherwise, with which nets have been distributed. This is due to the new monitoring and checks that are carried out on the registration process and the data collected, and the ability to review registration and distribution data put in electronic form.

For AMF's recent distributions, registration data has been:

1. Collected with checks built into the collection process (data collectors are informed ahead of their work that 5% of the households will be re-visited as a mechanism to encourage accurate data collection; the data collected during re-visits is used to assess the accuracy of data collection);
2. Independently monitored by a third party organization during the collection process to provide AMF with an understanding of how registration is carried out and whether operational procedures are followed;

3. Sampled and checked by an independent organization that carries out a full re-registration of a number of randomly selected villages, typically 40 to 60; and
4. Put into electronic form so it can be analyzed for errors and anomalies (it is not practical to analyze household data on paper-based forms). Post-distribution monitoring provides further evidence of the outcome of a distribution. Initial and subsequent post-distribution monitoring interventions provide data on sleeping space coverage levels over time.

Mr. Mather believes that registration and distribution data can now be used more by GiveWell as part of assessing the success, or otherwise, with which nets have been distributed and allow a more reliable and more immediate assessment than only assessing PDM data.

### **AMF's data entry system (DES)**

In the most recent round of distributions it funded, AMF decided it was necessary to build its own database system into which raw household data collected on paper could be entered. This became an organizational priority because:

- Direct entry of household data collected on paper into an AMF-managed database via a data entry center funded by AMF and managed by a sub-contractor reporting directly to AMF ensured that AMF would receive as accurate as possible a record of the registration data collected.
- Accurate registration and distribution data, in electronic form, is key to both a) funding the right number of nets to ensure universal net coverage (without gaps and without wastage), and b) understanding the success, or otherwise, of a distribution.

The DES has taken significant effort over a period of more than a year, with cooperation between AMF's technical, program, and operations teams and the in-country National Malaria Control Programs (NMCPs) and other partners with whom AMF has worked, including AMF porting all of its previously collected PDM information from its "admin suite" (the forerunner to the DES) into the DES.

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