

A conversation with Ellen Agler and Sarah Marchal Murray, July 30, 2015

Participants

- Ellen Agler – Chief Executive Officer, END Fund
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Ellen Agler and Ms. Sarah Marchal Murray.

Summary

GiveWell spoke with Ms. Agler and Ms. Marchal Murray of the END (Ending Neglected Diseases) Fund as part of the process of reviewing the END Fund as a potential top charity. Conversation topics included the END Fund's programs in several countries, as well as its fundraising and networking activities.

END Fund programs

Democratic Republic of the Congo (DRC)

The African Programme for Onchocerciasis Control's DRC office is closing this year, and the END Fund is working on a plan to fill the potential gap in onchocerciasis and lymphatic filariasis treatment.

Idjwi is an island in the eastern DRC with over 90% prevalence of soil-transmitted helminth (STH) infections, often causing very severe symptoms. 50% of hospital visits in Idjwi presented with intestinal worms.

The END Fund is working with Amani Global Works and Dr. Jacques Sebisaho, a local doctor who built the first hospital on the island and has strong connections within the community, to implement a mass deworming campaign. The END Fund first met Dr. Sebisaho at a poverty reduction conference. The END Fund has introduced the head of the Idjwi program to an official from the DRC Ministry of Health (MoH), who intends to put in a deworming medication donation request for Idjwi to the World Health Organization.

The END Fund estimates that greater "last mile" delivery costs for Idjwi, and similar locations where remote access and smaller population densities influence program logistics, make treatment about four times more expensive than in a typical program, where some of the costs may be absorbed from infrastructure already in place.

Reasons for working in Idjwi

Although the population of Idjwi is smaller (250,000 plus) than the unit size of programs that the END Fund typically funds, the END Fund believes there are several compelling reasons to work in Idjwi:

- The disease burden and severity of symptoms are unusually extreme.
- It is very unlikely that deworming would happen there otherwise.
- Because there has never been a mass deworming effort in Idjwi, it could serve as a particularly useful case study. (Most regions that the END Fund works in have previously had some mass deworming.) For this reason, the END Fund is funding a more detailed prevalence and intensity study than usual, as well as including a water, sanitation and hygiene component in the program.

Nigeria

In Nigeria, the END Fund aims to partner with organizations operating at the state level. The END Fund is in discussions with local non-governmental organizations (NGOs) including:

- MITOSATH, to which it has provided operational support (e.g., advice on management and on hiring additional staff).
- Helen Keller International, in two states

The END Fund has also previously funded Sightsavers in northern Nigeria.

The END Fund has some unrestricted funds available for use in Nigeria but will need more funding to cover the next few years.

Zimbabwe

The END Fund is planning to scale up its partnership in Zimbabwe. The END Fund is funding Zimbabwe's MoH directly and providing technical assistance.

Both Zimbabwe and Ethiopia provide opportunities for the END Fund to test different funding strategies and partnerships.

Across its target countries, the END Fund has a varied portfolio that includes, e.g., funding Ministries of Health directly, funding NGOs with various levels of neglected tropical disease experience, and funding community-based organizations.

Other projects

The END Fund is working with Merck and the Mectizan Donation Program on a program to test whether onchocerciasis has been eliminated in seven sub-Saharan African countries.

Preserving community responsibility for deworming

It is important to ensure that mass deworming campaigns do not weaken norms of community responsibility for getting children dewormed. The END Fund has heard anecdotally of times and regions where deworming of children was treated as the

responsibility of parents, who typically did not wait for mass deworming campaigns to have children dewormed.

Fundraising and managing relationships

The END Fund receives most of its funding from a core group of significant donors, with whom the END Fund maintains close and involved relationships. The END Fund does not do direct mail marketing but has grown and continues to grow the number of commitments from individuals. It currently has over 700 unique commitments from donors to the organization in 2015.

Funding, for instance from Legatum and other strategic investors for work in sub-Saharan Africa, has given the END Fund greater flexibility in forming relationships with program partners, as well as the ability to incentivize other donors to become involved.

The END Fund recently received a matching challenge grant of \$5 million from the Children's Investment Fund Foundation (CIFF) to encourage funding for the MoH in Ethiopia's deworming program. The END Fund and CIFF will work to help encourage other funders to join them in support of the MoH's deworming program to treat 20 million children annually.

Gates Foundation funding

The Bill & Melinda Gates Foundation was one of the first five funders of the END Fund and offered matching funds to help bring other donors into the space. The Bill & Melinda Gates Foundation increased its funding in order to meet mapping needs in Ethiopia and the DRC that would not have been covered by funding currently in the space from the Department for International Development.

Last year, the END Fund signed a three-year agreement for increased funding from the Bill & Melinda Gates Foundation with another offer to match funds for other donors coming to the Fund.

Finding program opportunities and engaging other funders

The END Fund discovers many of its program opportunities through networking and relationships (e.g., finding the Idjwi program through Dr. Sebisaho) and listening to the NTD community at large. Having more funding available might allow the END Fund to pursue more opportunities, but it can also use newly discovered opportunities to engage additional funders. One of the END Fund's primary challenges is managing its relationships with both funders and potential program partners (e.g., governments, implementation organizations), in terms of being able to present clear, well-developed program opportunities to funders, while also being careful to manage the expectations of program partners until funding is finalized and available for the entire life of a relationship with the implementing partner. The END Fund may only have access to one year's worth of funding commitment from a donor.

The END Fund's \$1 million commitment last year to Ethiopia's MoH for one year of deworming was somewhat of a risk, as it was made prior to other organizations (e.g., Evidence Action, CIFF) becoming involved in Ethiopia. CIFF claims that this initial investment by the END Fund helped to catalyze CIFF's later involvement.

The Bill & Melinda Gates Foundation has proposed creating an overlapping map that shows baseline prevalence data, treatment data, and existing fundable opportunities as a tool to show funders the potential for impact in different areas and encourage them to make commitments, something the END Fund would be willing to undertake if funding were made available to create. Other suggestions from the deworming community include that the END Fund focus on "orphan" countries (i.e., countries that no other funders are targeting, such as Angola), but this is often difficult due to a lack of potential implementation partners in those countries.

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