

## **A conversation with Rob Mather, June 14, 2018**

### **Participants**

- Rob Mather – CEO, Against Malaria Foundation (AMF)
- James Snowden – Research Consultant, GiveWell

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

### **Summary**

GiveWell spoke with Mr. Mather of AMF to learn more about how AMF prioritizes distributions to fund, its efforts to improve monitoring and evaluation by its distribution partners, and the rationale for AMF's work in Papua New Guinea.

### **How AMF decides where to work**

#### **Identifying funding gaps**

Among countries with a medium- to high-level malaria burden, AMF aims to identify countries with a funding gap for nets. Some countries might be removed from consideration if their funding gaps are very small. AMF prefers to fill larger funding gaps (on the order of millions of nets) rather than smaller ones (e.g. 100,000 nets), as this is how AMF believes it can best contribute in the fight against malaria – a small number of larger distributions rather than a large number of smaller distributions. AMF believes that it has a better chance of having its accountability mechanisms adopted if it offers to fund a meaningful percentage of a country's universal coverage goal. (The quantity of nets that constitutes a "meaningful" proportion will vary by country; e.g. in Nigeria, even a million nets represent a relatively small portion of the total need).

At this stage, AMF's goal is to put together a portfolio of potential funding opportunities rather than to make final decisions. This portfolio typically adds up across countries to a greater total funding gap than AMF is able to fill; AMF tries to ensure that it will still have plenty of potential funding opportunities even if some countries end up dropping out of consideration.

AMF currently has about \$50 million available to allocate. It has confirmed requests from countries for \$130 million and nearly confirmed requests for another \$70 million.

#### **Discussion with in-country actors**

Once AMF has identified funding gaps, it begins discussions with in-country partners, typically starting with the country's National Malaria Control Program (NMCP), to learn about the country's needs, when it is doing distribution, and how it plans to approach distribution (mass distribution, rolling distribution, etc.). AMF then drafts an agreement for the NMCP, which typically includes the specifics of AMF's approach to operations, data collection, and accountability. AMF then moves

forward based on which countries move quickly and are able to agree to AMF's requirements (see below).

### **Improving operations and accountability**

AMF shares its experiences and learning in other countries to advocate for improvements in net distribution operations, data collection, and accountability. AMF has had success over the last five years in this area with registration, data collection, and data analysis methodologies being employed not just in the areas in which AMF funds nets but countrywide. AMF is well-positioned to advocate for these changes in part because it has no political allegiance, which is not the case for other funding organizations, and because it is bringing significant funds to bear. For instance, recently several large funding organizations asked AMF to work in one country specifically because distribution operations there had been very poor, and the co-funders believed AMF could push for improvements in a way that the co-funders, because of their semi-political nature, could not.

AMF's requirements are quite specific in some respects, with the intention of enabling countries to deliver what AMF needs based on what AMF has learned about best practices. For example, AMF requires household registration data that is collected on paper to be converted to electronic form at a data entry center. Previously, AMF had let each country decide how to handle data entry, but found that this resulted in countries using a wide range of different numbers of data entry centers, which sometimes created issues with inconsistent data entry practices, lack of internet access, bureaucratic complexity, etc. AMF learned that it is more effective for it to require that countries use a single data entry center.

While AMF aims to be flexible to accommodate differences between countries, some of AMF's requirements are effectively non-negotiable, and AMF might withdraw funding consideration if a country is unable to meet them (though this has not happened recently).

AMF's reporting requirements are more stringent than those of many other funders. All else equal, country governments may prefer working with funders with fewer requirements, although the large gap in funding for nets has meant that AMF continues to have requests for funding far in excess of available funds.

### **Allowing time to plan effectively**

AMF aims to ensure that countries it works with have a good operational plan that is properly resourced and scheduled to enable effective delivery. To accomplish that, AMF ideally begins planning for distributions 12 to 24 months out, which gives it more time to set up good distribution practices. AMF considers 18 months the comfortable minimum amount of time in which to plan a net distribution.

AMF might deprioritize a country if it needs distribution too soon for a good operational plan to be put together (e.g. six to nine months out), or if AMF fails to receive timely responses from the country because of e.g. bureaucratic slowdowns.

## **Unreliability of malaria data**

Mr. Mather believes that malaria mortality data from countries across Africa is generally highly unreliable, in part because ultimate causes of death are often not accurately documented. Malaria case rate data is arguably even less reliable, in part because it is often not recorded with sufficient accuracy, e.g. whether a given malaria diagnosis was made via clinical observation (which is about 50% accurate) or a blood test (which is about 99% accurate).

## **Nigeria**

Nigeria has so far been a particularly challenging country in which to reach a distribution agreement with sufficient accountability. AMF has made three attempts to fund distributions in Nigeria but none have come to fruition. AMF has had conversations with individual Nigerian organizations, states, and the NMCP, and has offered to fund nets, but has been unable to reach a basic level of agreement on accountability and data collection. Before funding nets in Nigeria, AMF would need to be confident that nets would be delivered accountably, reaching the target population as intended.

## **Papua New Guinea**

In addition to the immediate benefits of protecting people with bed nets, AMF considers the longer-term benefits of slowing or stopping malaria resurgence and of ultimately moving toward eradication where possible. If an area stops receiving good coverage, malaria can resurge quickly (i.e. within 3 to 4 months).

Papua New Guinea is particularly susceptible to potential malaria resurgence due to its geography and climate. The primary rationale for AMF's relatively modest investment in Papua New Guinea (AMF will have contributed about \$7 million over 4 years, with this representing 21% of the cost of the universal coverage program for the period 2017-2020) is that: a) malaria is prevalent in almost all of Papua New Guinea and is resurging in some areas, and b) Papua New Guinea is an island and therefore has the potential to achieve malaria elimination sooner than some other countries if covered properly. AMF believes that its contribution to Papua New Guinea has brought greater accountability to the universal coverage distributions in the country.

While AMF is a relatively small funder in Papua New Guinea compared with the Global Fund (which has contributed \$28 million over 2017-2020), AMF funds most of Papua New Guinea's net costs. Because Papua New Guinea does rolling distribution and has a relatively small funding gap, AMF can commit to providing \$6 million over the next three years while being confident that this will not significantly affect how much it is able to allocate to other countries over that period.

## **Coordination with other funders**

It is increasingly necessary for AMF and other funders to align their planning periods and decision making with the Global Fund's three-year funding cycle in order to coordinate effectively. Other funders would prefer to be able to make decisions based on AMF's plans for two or three years out. AMF now attempts to project how much funding it will be able to commit to a country over a three-year period.

Global Fund teams frequently approach AMF to fill net funding gaps (e.g. in Guinea, which has a gap of about \$10 million).

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

In the DRC, there is currently an unfunded gap of about \$80 million to cover 23 million nets (out of a total countrywide need of 70 million nets). The Global Fund and DFID have allocated as much funding to the DRC as they are able. The Global Fund asked AMF to fill that gap in August 2017; however, AMF was unable to make a final funding decision at that time because the exact amount of the gap was not yet known (since AMF has committed to using GiveWell-directed funding only to fill gaps).

### *Zambia and Togo*

AMF was able to fully fund gaps in Zambia and Togo because it entered relatively late in the process, after other funders had made decisions, and knew exactly what the remaining gaps were. A downside to entering to fill final funding gaps after other planning has taken place is that it makes discussions about implementing accountable operations practices more challenging.

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