

The Center for High Impact Philanthropy

School of Social Policy & Practice | University of Pennsylvania

Lifting the Burden of Malaria

An Investment Guide for Impact-Driven Philanthropy

Carol McLaughlin, Jennifer Levy, Kathleen Noonan, and Katherina Rosqueta

EXECUTIVE SUMMARY

Every thirty seconds a young child dies of malaria.¹ Each of those deaths is avoidable.

There now exists a window of opportunity for you, as an individual philanthropist, to help lift the burden of malaria due to the emergence of three pivotal developments. First, effective, low-cost tools now exist for malaria’s prevention and treatment. Second, a consensus is emerging on a global strategy to combat the disease and overcome delivery obstacles to reaching affected communities. Third, this global strategy is receiving increasing attention from an array of global players and donors. Your challenge is to figure out how you can best leverage the current momentum to make the biggest difference.

To help determine your strategy, the Center for High Impact Philanthropy has produced, as its first guide in global health, **Lifting the Burden of Malaria: An Investment Guide for Impact-Driven Philanthropy**. This guide was written for individuals who seek to go beyond charity by searching for opportunities to maximize the impact of their philanthropic dollars. Our multidisciplinary team synthesized data on effective malaria control strategies, considered funding trends and nonprofit performance data, and interviewed malaria specialists and public health practitioners to help you get to smarter decisions faster.

About The Center for High Impact Philanthropy

The nonprofit Center for High Impact Philanthropy was founded in 2006 by Wharton alumni and is housed at the University of Pennsylvania’s School of Social Policy & Practice. Our aim is to provide information and tools to help philanthropists determine where their funds can have the greatest impact in improving the lives of others. With expertise in business, medicine, the law, and public and social policy, our team brings a multidisciplinary approach, in-depth knowledge of research methods, and seasoned judgment to the analysis of high impact philanthropic opportunities.

Questions this guide will help you answer include:

- Why invest in malaria control now?
- What are the strategic dimensions, or entry points, available for individual philanthropists to support the current global malaria effort (e.g., the Global Malaria Action Plan²)?
- What are examples of projects and programs that have demonstrated success in addressing critical unmet needs?
- How can you determine the results philanthropic funding can achieve?
- How do you choose, from among good and needed options, which opportunity is best aligned with your personal philanthropic goals?

At the end of this guide, we provide practical advice on how to get started, including how to evaluate potential investments, assess post-donation results, and use best practices for maximum impact.

What follows is a snapshot of the analysis and advice contained in the full guide.

Why invest in malaria now?

More impact for your dollar

Recent increases in malaria funding from sources such as the Global Fund and the Gates Foundation enable your dollars to achieve more. Increased investment today could save twice as many lives for every dollar spent by building on the current funding momentum and taking advantage of the community health effects of rapid scale-up.³ Because malaria is a mosquito-borne infectious disease, as more people are protected by the effective tools, their neighbor's risk of contracting malaria decreases.

Your ability to fill unmet needs

There remain many unmet challenges that individual philanthropists are uniquely positioned to address. For example, your ability to provide fast, flexible funding for humanitarian crisis situations and catalyze new ideas with innovation capital can fill critical gaps overlooked by big international donors.

Malaria: The basics

Malaria is an infectious disease commonly found in tropical and subtropical regions. Four species of blood parasites cause malaria. *Anopheles* mosquitoes carry and spread the most deadly form, *P. falciparum*. The disease is both an underlying cause and consequence of poverty, creating a vicious cycle of poor health and underdevelopment.

There are four cost-effective tools that are critical to malaria control:

1. Case management (prompt diagnosis and effective treatment including Artemisinin Combination Therapy - ACT)
2. Long-lasting insecticide-treated bednets (LLITNs)
3. Prevention in pregnancy with medications (Intermittent Preventive Therapy - IPT) and bednets
4. Indoor spraying with insecticides (Indoor Residual Spraying - IRS)

How philanthropists can help: Three entry points and recommended strategies

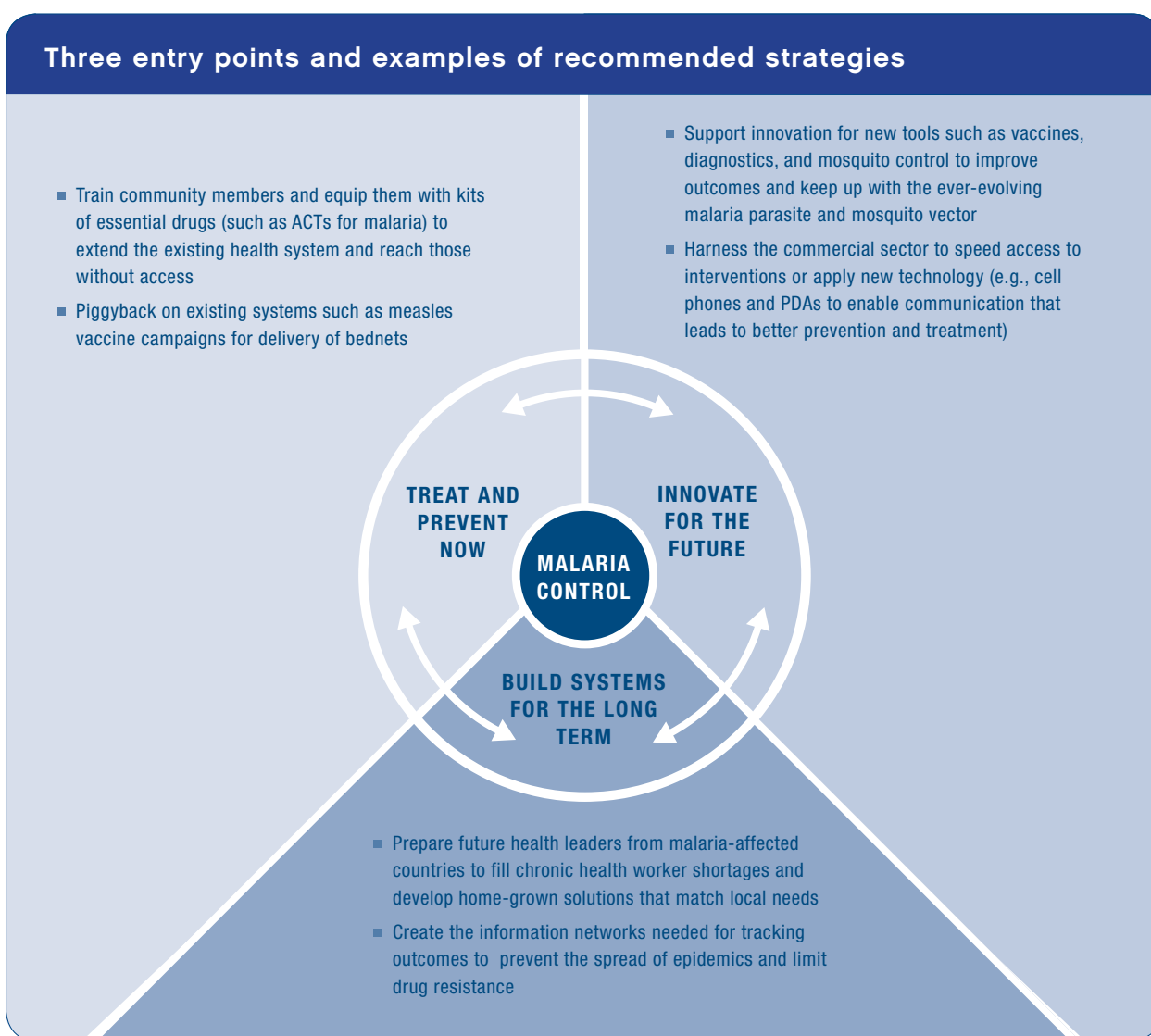
In the guide, we describe multiple, specific models a philanthropist can support in each of three entry points: treat and prevent now, build systems for the long term, and innovate for the future.

1. **Treat and prevent now** – Effective tools exist but are not getting to all the people who need them most. On average, life-saving interventions such as insecticide-treated bednets (LLITNs) and artemisinin combination medications (ACTs) are used by less than a quarter of affected populations, a level far below what is needed for effective malaria control.⁴ The main reasons are limited access to health services, insufficient financing, shortages of health workers, and lack of community knowledge about proper use. Your funding can help eliminate the barriers that interfere with the immediate delivery of these cost-effective treatment and prevention tools to communities not yet reached by current efforts.
2. **Build systems for the long term** – Without the essential components of health systems, the impact of malaria tools is not sustainable. You can invest in the development of human and health

system capacities (e.g., health workforce, leadership and management, data collection, and supply chain and logistics) that are necessary for the long-term sustainability and management of not only malaria control, but also efforts to address other health problems, including malnutrition and HIV/AIDS.

3. **Innovate for the future** – There are opportunities for game-changing investments to support innovation in practice or research. New discoveries are

critical if we are to stay ahead of increasing resistance to current drugs and insecticides. You can help researchers develop new technologies (e.g., vaccines) or delivery models (e.g., private sector drug vendors) in pilots or demonstration projects that can later be scaled up by larger institutional donors and governments. Such innovations can move the global community closer to the goal of eliminating malaria as a public health problem.



**Integrating impact and cost:
Case examples**

For recommended strategies, we provide in-depth case examples to illustrate how nonprofits produce results in a specific location. We then go a step further by assessing how much it cost to achieve those results.

A traditional way to look at nonprofit costs has been to compute overhead ratios or aggregate costs per beneficiary. However, such approaches focus only on inputs. They do not link the cost of inputs (e.g., bednets) with the impact achieved (e.g., lives saved or sickness averted).

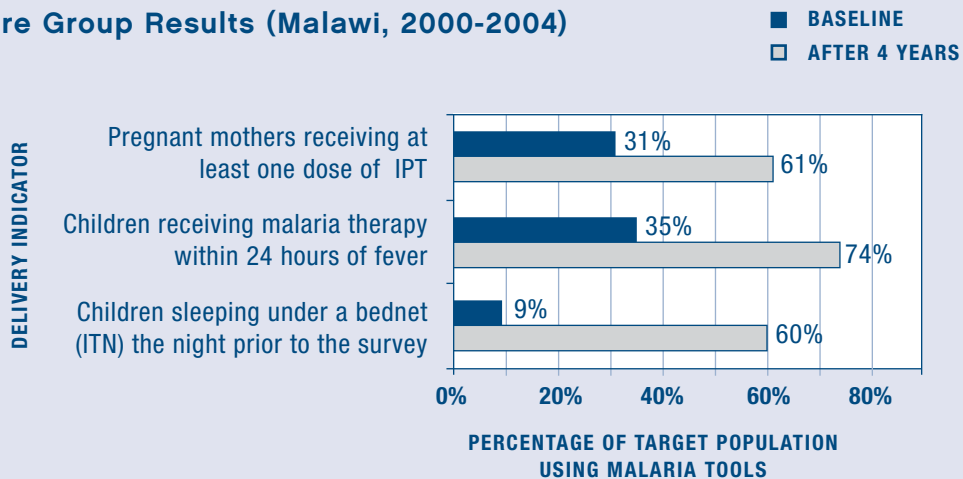
Case snapshot: The Care Group model *(by World Relief in Malawi, 2000-2004)*⁶

PROBLEM: When community members do not understand the importance of malaria tools, do not trust their health providers, or lack the skill to use malaria tools correctly, they often underuse or misuse the tools.

SOLUTION: Use Care Groups - a system of mothers, community volunteers, and locally-tailored health messaging - to educate and empower the community to take appropriate actions to prevent malaria and seek treatment within 24 hours of symptom onset.

- **Impact sought:** Decrease childhood deaths and illness from malaria, diarrhea, and other common conditions
- **Change achieved:** Additional percentage of target population using malaria tools: +51% (bednet use), + 39% (prompt malaria therapy), and + 30% (IPT pregnancy)
- **Average annual program cost per child under the age of five:** about \$8 to \$10 (as reported by the nonprofit)⁷
- **Estimated cost per impact:** Roughly \$1200 per additional child life saved, plus many additional benefits, including reduced sickness and empowerment of women

Care Group Results (Malawi, 2000-2004)



To help philanthropists link cost with health impact, we calculated back of the envelope *cost-per-impact* ratios for promising models that overcome delivery constraints. The math is simple: we aggregated the program's costs and divided them by the estimated number of children's lives saved. To estimate health impact, we used a special child 'Lives Saved' calculator which takes into account tool effectiveness, coverage rates, and the local malaria burden.⁵ These calculations allow us to provide philanthropists with rough estimates of what change costs. They also helped us develop insight into how the tools and the implementing nonprofit work in specific local contexts.

All of the in-depth case examples that we describe in the guide have similar cost-impact profiles (~ \$1000 per child life saved or less). Such ballpark estimates can be useful starting points from which to understand what you can realistically achieve with the money you give. Keep in mind, however, that the actual impact of any philanthropic investment will depend in large part on local considerations such as the level of existing health system infrastructure, local costs, human resources, and the amount of malaria disease at baseline.

In addition, program benefits go far beyond lives saved. For example, Care Groups (SEE P. 4 CASE SNAPSHOT) also decrease sickness and disability in both children and adults and can serve as platforms for community microcredit and literacy programs. In addition, the model keeps costs low by partnering for cost-sharing and addressing multiple common childhood diseases in addition to malaria.




Matching a philanthropic entry point to your giving profile

All three entry points – treat and prevent, build systems, and innovate – are critical to the long term success of the global malaria control strategy, and are interdependent. In fact, some of the most effective program models we discuss in our guide use all three approaches at once. How then might you choose among good options, all of which are needed?

In our research and conversations with philanthropists, we have found that individuals often differ with regard to their comfort with investment risk, patience for results, desire to touch and feel projects, and their need to attribute measurable results directly to their donation.⁸ Individual preferences – your *giving profile* – will direct you to different opportunities. The chart on the next page summarizes the different options, taking these factors into account.

Selecting a philanthropic focus will invariably involve tradeoffs. For example, increasing a remote region's access to medications will result in immediate and directly measurable outcomes (i.e., decreased suffering and death). However, this impact may not be sustainable over the long term without parallel investments in key systems such as local management and health information. Other donors may want to invest in these critical health system building blocks instead. Health system investments require a longer time horizon to come to fruition, and their results are more difficult to track. However, they address root causes of problems and will likely have a broad and lasting impact across many different health problems.

SELECTING AN ENTRY POINT – KEY CONSIDERATIONS

ENTRY POINT	GIVING PROFILE			EXAMPLE OPPORTUNITY DISCUSSED IN FULL GUIDE
	TIMEFRAME	RISK/REWARD	ABILITY TO SEE RESULTS	
 <p>Treat and Prevent Now</p> <ul style="list-style-type: none"> ■ Fund tools ■ Fund delivery models 	3-5 years	Lower investment risk/saves lives now, but may not address underlying capacity issues	Impact directly attributable to donor's investment; results observable in specific communities	<p>Support community health workers with drug kits (e.g., Community Case Management – <i>Save the Children</i>)</p> <p>Overcome delivery roadblocks (e.g., Malaria Control Associates – <i>PSI</i>)</p>
 <p>Build Systems for the Long Term</p> <ul style="list-style-type: none"> ■ Build capacity ■ Strengthen health systems 	5+ years	Higher investment risk depending on the country/potential for broader and more sustainable impact	More difficult to measure impact directly; harder to attribute impact to individual investors	<p>Train African researchers (e.g., <i>Malaria Research and Training Center, Mali</i>)</p> <p>Build information networks to prevent spread of resistance (e.g., <i>WorldWide Antimalarial Resistance Network</i>)</p>
 <p>Innovate for the Future</p> <ul style="list-style-type: none"> ■ Support research into new delivery models ■ Fund new tools (e.g., vaccine development) 	5-10+ years	High investment risk/breakthrough could lead to widespread impact; could save the most lives over the long term	Donor must be comfortable with the possibility that the end result may only improve knowledge of what does not work	<p>Evaluate franchised private sector drug sellers (e.g., <i>Child and Family Wellness Shops</i>)</p> <p>Invest in vaccine development (e.g., <i>Malaria Vaccine Initiative</i>)</p>

Malaria's moment: A time for action

Recent successes in Rwanda and Zanzibar have provided evidence that malaria is a solvable problem.⁹ While comprehensive malaria control may be beyond the capability of any individual philanthropist, much can be achieved through smart partnerships. When well coordinated with global efforts, even a

relatively modest donation can bring lifesaving changes to individuals and communities. With an arsenal of cost-effective tools, political will, and global partners from all sectors, we now have an opening to make a sustained impact that can save millions of lives and help raise some of the world's neediest communities out of poverty.

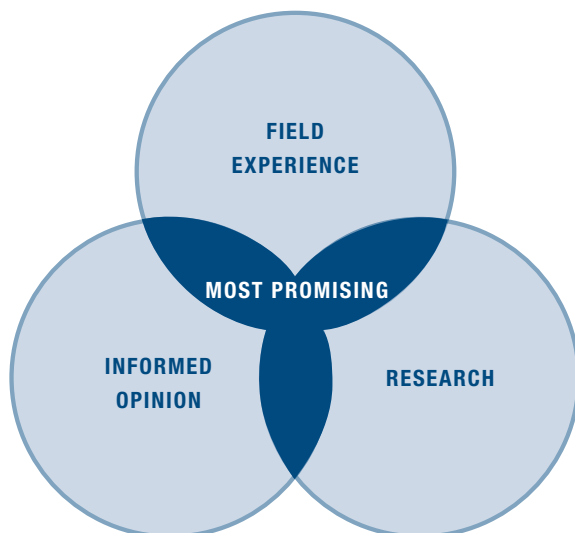
For a free electronic copy of the full guide, please visit our website, www.impact.upenn.edu, or call us at (215) 573 -7266.

THE CENTER FOR HIGH IMPACT PHILANTHROPY

A multi-perspective, evidence-informed approach

To meet our goal of providing smart, practical guidance to individual philanthropists, we synthesize the best available information from three domains: research, informed opinion, and field experience. By considering evidence from these three sources, we seek to leverage the strengths while minimizing the limitations of each. We believe the most promising opportunities exist where the recommendations of these three domains overlap.

SOURCES OF INFORMATION



FIELD EXPERIENCE

- Practitioner insights
- Performance assessments
- In-depth case studies

INFORMED OPINION

- Expert opinion
- Stakeholder input
- Policy analyses

RESEARCH

- Randomized controlled trials and quasi-experimental studies
- Modeled analyses (e.g., cost effectiveness)

ENDNOTES

¹ World Health Organization. *Fact sheet #94*. May 2007. <http://www.who.int/mediacentre/factsheets/fs094/en/>. Accessed December 9, 2008.

² Roll Back Malaria Partnership. *Global Malaria Action Plan*. September 2008. <http://www.rbm.who.int/gmap/index.html>. Accessed October 1, 2008.

³ Malaria No More and McKinsey & Company. *We Can't Afford To Wait: The Business Case for Rapid Scale-up of Malaria Control in Africa*. January 2008. <http://www.malarianomore.org/businesscase/>. Accessed August 12, 2008.

⁴ UNICEF. *Malaria & Children: Progress in Intervention Coverage*. 2007. http://www.unicef.org/health/files/MalariaOct6forweb_final.pdf. Accessed September 23, 2008.

⁵ Lives Saved Calculator developed by the Child Health Epidemiology Reference Group (CHERG) and adapted by USAID Child Survival and Health Grants Program can be accessed at http://www.childsurvival.com/tools/mon_eval.cfm.

⁶ Care Group data from World Relief (2000-04 Malawi program evaluation) and United States Agency for International Development (USAID). *Progress Towards Results: A Report for the Child Survival and Health Grants Program*. December 2005. <http://www.childsurvival.com/documents/csts/programreview2005.pdf>. Accessed September 29, 2008.

⁷ Figures do not include the cost of medications and bednets, as the Ministry of Health or other partners typically provide these.

⁸ Center for High Impact Philanthropy. "I'm Not Rockefeller": 33 High Net Worth Philanthropists Discuss Their Approach to Giving. September 2008. http://www.impact.upenn.edu/documents/UPenn_CHIP_HNWP_Study.pdf.

⁹ World Health Organization. *World Malaria Report 2008*. <http://www.who.int/malaria/>. Accessed November 8, 2008.

About the Guide's Authors

Carol A. McLaughlin, MD, MPH, is the research director for global public health at the Center for High Impact Philanthropy. She is an infectious disease and public health specialist with experience in research, community engagement, and program implementation in the developing world.

Jennifer Levy, MPH, is a research assistant for global public health at the Center for High Impact Philanthropy.

Kathleen Noonan, JD, is the managing director of PolicyLab at the Children's Hospital of Philadelphia and a senior fellow at the Center for High Impact Philanthropy. She was the founding associate director of the Center. Prior to that, she was a senior associate and engagement manager with Casey Strategic Consulting, the consulting arm of the Annie E. Casey Foundation.

Katherina M. Rosqueta, MBA, is the founding executive director of the Center for High Impact Philanthropy. Previously, she was a consultant at McKinsey & Company. Prior to joining McKinsey, she worked in community development, nonprofit management, and corporate and venture philanthropy.

The Center for High Impact Philanthropy

School of Social Policy & Practice | University of Pennsylvania

3815 Walnut Street
Philadelphia, PA 19104

WEBSITE www.impact.upenn.edu
EMAIL impact@sp2.upenn.edu
PHONE (215) 573-7266

