Global Health Group

October 2016 – October 2017

Annual Report
Contents

1. About the UCSF Global Health Group

2. Reports of Activities
   a. Malaria Elimination Initiative
   b. Evidence to Policy Initiative
   c. *Ignite* Accelerator
   d. Fundraising

3. Financial Overview

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About the UCSF Global Health Group

The Global Health Group is an “action tank,” dedicated to translating bold new ideas in global health into large-scale action to impact the lives of millions of people. The Global Health Group conducts original research and analysis, supports translation of evidence into new policy, convenes high-level stakeholders and experts to build consensus on improved strategies and higher ambition, and works with funders and implementers to achieve measurable impact. Leveraging the expertise of its team based in San Francisco, New York, Laos, Namibia, Singapore and Swaziland, the Global Health Group works with a wide network of partners to forge broad consensus, catalyze action, and implement solutions. The Global Health Group is part of the Institute of Global Health Sciences at the University of California San Francisco.

The Global Health Group focuses on a small number of critical initiatives in order to maximize its impact. Current areas of concentration are:

- **The Malaria Elimination Initiative**, which conducts research and evidence-based advocacy, and provides practical policy guidance and technical support to countries and institutions, to accelerate progress toward malaria elimination in 34 countries around the world.

- **The Evidence to Policy Initiative**, which conducts evidence syntheses and policy analyses to inform key debates, decision-making and policy formulation at global and country levels, to address critical strategic questions in global health.

In 2017, the Global Health Group launched several efforts to improve its long-term sustainability. One of these initiatives, *Ignite* serves as an incubator for innovative but as-yet funded efforts. It has proven to be enormously helpful in providing modest resources in a timely fashion and has led to promising results that could be supported by more traditional funding sources.

The enclosed documents summarize the key activities and milestones of the Global Health Group's two initiatives and *Ignite* over the course of 2017.

For more information about our strategy and initiatives, please review our website at: [http://tiny.ucsf.edu/ghg](http://tiny.ucsf.edu/ghg)
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Malaria Elimination Initiative (MEI)  
Updates for October 2016 - October 2017

Background

The Global Health Group’s Malaria Elimination Initiative (MEI) at the University of California San Francisco (UCSF) believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, documents and disseminates elimination experiences, and builds consensus to shrink the malaria map. With support from the MEI’s highly skilled team, countries around the world are actively working to eliminate malaria—a goal that nearly 30 countries will achieve by 2020. For more information about our impact, visit www.shrinkingthemalariamap.org.

Major Highlights

1. The MEI’s new four-year, $29M grant from the Bill & Melinda Gates Foundation (January 2017-December 2020) will accelerate malaria elimination in the Asia Pacific and Southern Africa and advance malaria eradication globally. The team is working hard to get projects off the ground.

2. The MEI’s Operational Research team produced groundbreaking preliminary findings from a two-year trial in Namibia’s Zambezi Region. Comparing the effectiveness of four malaria elimination response strategies show that the combination of reactive, focal mass drug administration and reactive, focal household spraying was found to be 60% effective, and the two interventions individually were found to be 40% effective.

3. The MEI’s Economics and Financing team completed a comprehensive body of work to estimate the costs of elimination and increase sustainable malaria financing for the Asia Pacific region.

4. The Antiparasite Roll Out Group, convened by the MEI in London, developed a stakeholder roadmap that included development and dissemination of cost effectiveness evidence to support national decision-making and global guidance and improve access to malaria commodities, such as drugs, diagnostics, and insecticide-treated mosquito nets.

5. The MEI submitted several funding proposals to diversify its funding base and expand its support to malaria-eliminating countries.

Launch of New $29M Bill & Melinda Gates Foundation Grant

The MEI was awarded a four-year grant of $29 million by the Bill & Melinda Gates Foundation to accelerate malaria elimination in Asia Pacific and Southern Africa and advance malaria eradication globally. Since the call by Bill and Melinda Gates in 2007 for malaria eradication, their Foundation has invested $64 million in the
MEI to push the boundaries in malaria elimination. Over the next four years, the MEI will bolster efforts to shrink the malaria map in Asia Pacific and Southern Africa. Through partnership with national malaria programs, the MEI will develop and test new tools for diagnosis, surveillance and vector control, and build the financial and political commitment required to achieve and sustain zero malaria. Given the progress in reducing the malaria burden globally in the last 15 years, the MEI will also focus on the goal of malaria eradication, and will do this by strengthening the evidence base – addressing gaps in the research agenda, drawing on evolutionary biology, other disease eradication efforts, land use patterns and economics, among other fields – and building consensus on the key scientific, operational and financial requirements to achieve global malaria eradication – a goal that is within reach but will require focus, additional resources, and decisive action.

**Targeted Parasite Elimination (TPE) Study in Namibia**

The Novartis Foundation, with co-funding from the Bill & Melinda Gates Foundation, supported the MEI to conduct research on reactive, focal mass drug administration (MDA) (or Targeted Parasite Elimination, TPE), including a new way to conduct household spraying for malaria prevention in Namibia. The MEI is running a similar study in Swaziland with funding from the Bill & Melinda Gates Foundation. The Namibian study is led by the MEI in collaboration with the University of Namibia, the Ministry of Health and Social Services (MoHSS), University of Witwatersrand, RSA, London School of Hygiene and Tropical Medicine, and the Clinton Health Access Initiative (CHAI). Phase I of the study built knowledge of local malaria transmission and strengthened the surveillance system to ensure that reporting of malaria cases was timely, accurate, and complete. Phase 2 of the study tested reactive, focal interventions: high-risk individuals in targeted areas received antimalarial drugs and/or a new spraying method, irrespective of whether they had malaria. This reactive, focal approach was compared to the existing approach, reactive case detection, to identify whether it was more cost effective and efficient in reducing transmission.

In 2016, the study area in Zambezi Region faced a major and unexpected malaria outbreak that led to severe challenges for study implementation. In 2017, the MEI scaled up study operations and successfully implemented the trial, which proved to be another season of high malaria transmission. Preliminary analysis of the 2017 field trial showed that the combination of reactive, focal MDA and reactive, focal household spraying was found to be 60% effective, safe and well-accepted by the community. The two interventions individually were found to be 40% effective.
As part of the study, the team provided integral support to the MoHSS by developing an outbreak risk mitigation plan, improving the provision and quality of pre-season household spraying, and working with health clinics to improve case reporting. The study has played an important role in producing the evidence that will inform Namibia’s approach to eliminating malaria, as well as how other countries in the region and the world will accomplish this goal. The MEI is seeking funds to measure the long-term impact of reactive, focal MDA and reactive, focal household spraying, along with support for dissemination and policy implementation, to ensure that findings result in impact and uptake of new intervention strategies.

**Economic Evidence for Increasing Malaria Funding in Asia Pacific**

In support of the goal of achieving a malaria-free Asia Pacific by 2030, the MEI was funded by the Asian Development Bank to generate the evidence to increase sustainable funding for malaria elimination in the region. Products included national, sub-regional, and regional investment cases to highlight the costs and benefits of malaria elimination; a tool to improve the efficient utilization of existing malaria financing; national and regional recommendations for resource mobilization and an innovative regional health security financing mechanism; and business cases to increase private sector investment in malaria. The investment cases incorporated data from a mathematical malaria transmission model that the MEI developed with Mahidol Oxford Tropical Diseases Research Unit, Thailand, and the University of Cape Town, South Africa. By seconding the MEI’s Lead for Economics and Financing to the Asia Pacific Leaders Malaria Alliance in Singapore, a robust partnership in the region will further support the integration and uptake of these findings. This work was co-funded by the Bill & Melinda Gates Foundation.

**Fundraising Efforts**

With the objective of diversifying the MEI’s funding base, the MEI submitted several proposals to donors including: the USAID President’s Malaria Initiative (PMI), the Global Fund to Fight AIDS, TB and Malaria (Global Fund), UNITAID, and the US Navy Department of Defense. Additional funding was also sought from the MEI’s existing donors: the Bill & Melinda Gates Foundation, the Parker Foundation, and the Novartis Foundation.
Additional Highlights

- On December 6-9, 2016, the MEI hosted the last Malaria Elimination Group meeting in Chennai, India, before it transitioned to the Malaria Eradication Group (MEG 2.0) Despite the passing of the Chief Minister of Tamil Nadu, demonetization, and two cyclones in the Bay of Bengal, Richard Feachem noted in his wrap up of the meeting, that it was by far the largest, most colorful, and liveliest in our series of MEG meetings.

- In March 2017, the MEI hosted the first Antiparasite Rollout Group meeting in London. National malaria program representatives, researchers, and funders met to discuss gaps, challenges, and potential pathways to promote the efficient use of antiparasite strategies, namely screen and treat, test and treat, and mass drug administration. A roadmap for the next three years was developed to improve coordination among a diverse group of stakeholders.

- The MEI supported the Elimination Eight (E8) Secretariat to secure its first grant from the Bill & Melinda Gates Foundation, a significant milestone for the E8 and its Secretariat as it enters into its first direct investment with the Foundation. The grant complements recent commitments made by the Angola Minister of Health to revitalize malaria control activities, including spraying of households with insecticide and distribution of insecticide-treated mosquito nets in Angola’s southern provinces.

- The MEI’s vector control team launched a new entomological surveillance project that aims to build capacity for, and expand surveillance of, malaria vectors through regional networks and partners in Guatemala, Laos, Mozambique, and Namibia. To help malaria programs make data-driven decisions on vector control strategy and implementation, the MEI is developing a programmatic decision-making framework for entomological surveillance. The MEI also formed and convened an Entomological Surveillance Working Group (ESWG) with membership from the WHO, PMI, and other global, regional, and country stakeholders to advise on the development of this framework.

- Disease Surveillance and Risk Monitoring (DiSARM), a spatial intelligence and planning tool, is now being implemented in 4 Southern African countries to support planning, execution and monitoring of IRS campaigns. The expansion from an initial focus on Swaziland and Zimbabwe to Botswana and Namibia has been supported by an award from CHAI, who are advocating for its use throughout a number of other malaria elimination countries. The DiSARM team is also working to expand the platform’s functionality to support other malaria activities, such as foci management and active surveillance.

The MEI was commissioned by the Global Fund to develop a tool that supports countries in assessing their readiness for transitioning malaria program funding from Global Fund support to domestic financing support. The MEI partnered with the Evidence to Policy Initiative (E2Pi) and piloted the tool in Sri Lanka and the Philippines.
MEI Publications October 2016 – October 2017

Peer-reviewed publications


Non peer-reviewed publications


The potential role of aerial insecticide spraying in malaria elimination (Brief). MEI, December 2016.

A case study series of vector control approaches across diverse settings (Brief). MEI, December 2016.

Using mathematical models to optimize vector control (Brief). MEI, December 2016.

A systematic review of vector control tools (Brief). MEI, December 2016.

Identifying the drivers and distribution of residual transmission in Africa using geospatial modeling (Brief). MEI, December 2016.
Evidence to Policy Initiative (E2Pi)
Updates for October 2016 - October 2017

Background

The Global Health Group’s Evidence to Policy Initiative (E2Pi) at the University of California, San Francisco, conducts policy analyses, research, and agenda-setting activities to help policymakers from donor agencies and low- and middle-income countries (LMIC) create and implement high-impact, evidence-based policies to improve the health of people around the world.

Major Highlights

1. Launched a new project on international collective action in health, building off past work with the Lancet Commission on Investing in Health. Conducted analyses on costing and financing critical but under-resourced global public goods in health, such as product development for poverty-related and neglected diseases.

2. Conducted case studies on six intermediary organizations in LMIC that facilitate financial partnerships between local governments and private sector health care providers. Identified key features of these models to inform implementing similar models in other settings.

3. Developed, in collaboration with MEI, a new tool to assess country readiness to transition from Global Fund financing of national malaria programs. Partnered with national malaria programs in the Philippines and Sri Lanka to assess transition needs and support transition planning.

4. Completed nine-month scoping activity to identify potential opportunities for applying the power of the health sector to achieve transformative action on climate change and started to build Phase II focus on holding a high-level international convening in 2018 and technical assistance to LMIC.

International collective action for health: quantifying and closing the financing gaps

In December 2016, E2Pi launched a new project on international collective action for health (ICAH), focused on costing and financing global public goods in health. Led by the Duke Center for Policy Impact in Global Health, this work is in partnership with researchers at SEEK Development and supported by the Bill & Melinda Gates Foundation.

In the report, Global Health 2035: A world converging within a generation, the Commission on Investing in Health put forward an ambitious health policy agenda to achieve dramatic gains in global health by 2035. Among their recommendations were new priorities for development assistance for health (DAH), including renewed commitments to critical global public goods, such as research and development (R&D) for poverty-
related and neglected diseases. Yet, analysis of donor financing by E2Pi and colleagues finds that only one-fifth of all DAH goes towards global functions, suggesting that global public goods are dramatically under-funded.¹ To inform health financing and investments by donor agencies and countries, the ICAH project is conducting research to identify funding needs and gaps for key global functions, explore resource mobilization strategies to close funding gaps, and propose policy recommendations for donors and national governments on ensuring global functions are adequately financed and achieved.

Over the past year, the Duke-E2Pi-SEEK team has completed a series of analytical activities to achieve the above objectives:

- Develop a “price tag” for the development of vaccines, diagnostics and therapeutics needed for epidemic and pandemic preparedness. The results of this work were validated during a high level workshop hosted at the National Academies of Medicine in collaboration with the Coalition for Epidemic Preparedness Innovation. This workshop culminated in a commentary in the Lancet Global Health advocating for the strengthening of public health capacity to improve first line pandemic response and for investments in R&D to improve global and regional outbreak preparedness and response efforts.

- Prepare a summary brief on the potential for UC-Mexico collaboration to address the risks of pandemics. This brief was presented and discussed at the first Binational Health Forum, hosted in Mexico City in March 2017.

- Develop an updated price tag on how much should be spent on global public goods in health, using product development for poverty-related and neglected diseases as a case study. The team has created a model to cost how much money is needed to fund the vaccines, drugs, and diagnostics currently in the PRND pipeline, and to estimate how many of these products will successfully result in new tools. This analysis will help identify where there are financing and product gaps in the pipeline.

- Complete a qualitative policy analysis on resource mobilization strategies for closing the financing gap for global functions. This work explored two priority strategies for improving resource mobilization and efficient allocation:

  1. the development of coordination platforms to support and inform donor decision-making through priority-setting and information sharing functions;

  2. the mobilization of additional contributions from middle-income countries, including enhanced engagement of middle-income countries in shaping global health R&D priorities, participation of middle-income countries in R&D activities, and contributions from middle-income countries to R&D finance at both the national and global level.

- Host a high-level workshop in Washington, DC on the costs and financing of public goods for health. Workshop participants from the WHO, World Bank, National Institutes for Health, Wellcome Trust, and other development and research institutions worked to

1. develop a practical definition and typology for public good for health,
2. provide feedback on the WHO’s new proposed program of work on public goods for health,
3. examine the financing gap for global public goods, and
4. explore mechanisms to mobilize additional finance.

The ICAH project is advised by a Working Group on International Collective Action in Health, chaired by Lawrence Summers. The Working Group met in Doha, Qatar in conjunction with the World Innovation Summit for Health, and provides feedback on the research agenda.

Case studies on intermediary purchasing platforms

In January 2017, E2Pi kicked off a new series of case studies to understand potential mechanisms for improving coordination between country governments and private health sector providers, with a focus on the role of intermediary organizations in facilitating financial relationships that introduce new coordination and stewardship mechanisms for public-private collaboration. This project is supported by the Center for Health Market Innovation, an initiative of Results for Development.

In many LMICs, private providers deliver a large proportion of all health services, but are often unregulated and not well integrated into the public health system. Health policymakers are increasingly calling for national governments to take a more active role in stewarding the private sector, but this can be difficult given the fragmentation in the private sector. Intermediary organizations can help address this problem by linking networks of private providers and facilitating formal partnerships and financial arrangements between private providers and local governments. These models have potential to improve access and quality of health services, but little is known about how these intermediaries function.

E2Pi examined six intermediary organizations in Africa, Asia, and Latin America to understand the history, funding structure, and lessons learned from existing intermediary-government partnerships. Case study programs include: Christian Health Association of Malawi, Churches Health Association of Zambia, Tinh Chi Em in Vietnam, Karuna Trust in India, Possible Health in Nepal, and the State of Hidalgo-MediAccess PPP.

E2Pi conducted over 90 interviews with intermediary staff responsible for negotiating and managing partnerships and financial contracts with the public sector, representatives from government offices that work with the intermediary at both the national and local level, staff at member clinics in the intermediary networks, and experts in the field of private sector health care and health systems. The final report profiles each organization and identifies key lessons to advise practitioners looking to establish or expand similar models in other settings.
Supporting country transitions from donor support

Over the past year, E2Pi and MEI built a new portfolio of work collaborating with national malaria programs to support their transitions from external financing to domestic financing and management. This work is supported by the Global Fund to Fight AIDS, TB, and Malaria and the Bill & Melinda Gates Foundation.

E2Pi and MEI developed a Transition Readiness Assessment Tool for Malaria, which is used to help national malaria programs prepare for the end of external financing. The tool identifies malaria program strengths and weaknesses, areas where support is needed, as well as potential strategies and mitigating actions to support an effective financial and management transition. The assessment process aims to support the beginning stages of transition planning to ensure that national governments are prepared to meet financial and management responsibilities to achieve their malaria goals.

To develop the tool, E2Pi and MEI reviewed literature on transition and existing frameworks for transition, including for other health areas, and consulted with malaria and financing experts. The team piloted the tool in the Philippines and Sri Lanka, in partnership with the national malaria programs. In both countries, E2Pi gathered country-specific data on the malaria program’s financing and management, and conducted dozens of interviews with malaria program directors and staff, as well as stakeholders in other health departments, government agencies, research institutions, and partner organizations. Key areas of program strength and vulnerability were pulled out in country assessment reports. In Sri Lanka, this process included a full-day Transition Workshop with the Sri Lanka Anti-Malaria Campaign and its partners to develop a shared understanding of transition needs moving forward and an action plan to prepare for transition.

Climate Change and Health

This initiative, started in collaboration and with the support of the Glaser Progress Foundation in 2016, is focused on leveraging the health impacts of climate change and the voice of the health sector to generate more impactful action to mitigate climate change and its health impacts. In 2016, the Global Health Group (GHG) carried out a nine-month scoping activity to identify potential opportunities for applying the power of the health sector to achieve transformative action on climate change. Over the past year, we have continued our work to build this initiative through the following activities:

- Convening a Steering Committee to support the development and implementation of project ideas. The Steering Committee includes representatives from the World Bank, WHO, leading climate and health academics, leaders in the field of climate and health communications, and representatives from advocacy and implementing agencies including the Global Climate and Health Alliance.
- Engaging with the Lancet Commission on Climate Change and Health on their work to develop a climate and health indicators tracking project.
- Engaging with a climate and health funders roundtable.
- Collaborating with leaders from the California Governor’s Office, US Climate and Health Alliance, Global Climate and Health Alliance, and Health Care Without Harm, to support the development of climate and health panels and side events at the 2018 Governor’s Climate Summit, to be held in San Francisco.
E2Pi Publications October 2016 - October 2017

Journal Articles


Policy Papers and Briefings


Ignite
January 2017 – October 2017

Background

With a generous gift of $150,000 from the Horace W. Goldsmith Foundation in December 2016, the Global Health Group (GHG) established Ignite, an engine to create, accelerate, and pilot game-changing ideas in global health. Ignite is a process within GHG for initiative identification, generation, and incubation, as well as for adopting a more strategic and inclusive approach to fundraising. Ideas in the Ignite pipeline must meet rigorous criteria of being financially viable in both the short- and long-term, within an external ecosystem conducive to rapid progress.

In its inaugural year, Ignite has already identified and cultivated several initiatives that are at critical inflection points. These topics, ranging from training the next generation of global health leaders to expanding existing tools to tackle infectious diseases, are ripe for transformation in the coming year.

Major Highlights

1. Piloted and designed the Summer Researchers in Global Health internship program to train and empower the global health leaders of the future. By providing high school students with hands-on exposure to global health research, mentorship, and challenges, the program promotes critical early-career interest.

2. Developed a feasibility study to leverage key elements of the successful models of Aravind Eye Care in India and Kaiser Permanente in the U.S. to improve primary care for all income levels throughout India.

3. Applied the novel University of California San Francisco Mapping Tool to analyze the healthcare system of India in a proposed two-phase project. This proposal aims to derive ways India can reconfigure its health system to deliver better, more accessible care.

4. Proposed expansion of DiSARM’s capabilities to new localities, areas of impact, and infectious diseases. Possible diseases that can benefit from DiSARM’s spatial intelligence technology are Zika, chikungunya, dengue, and leprosy, in countries outside of Southern Africa (where the technology currently is being piloted).

In addition to these projects, several other initiatives are in the pipeline for Ignite funding in 2018, including:

- a new initiative that will drive innovation in the health sector’s response to climate change;
- expansion of elimination efforts to other diseases like hepatitis C and leprosy, informed by our success in malaria elimination;
- and the strengthening of healthcare delivery to achieve Universal Health Coverage, particularly in South Asia and Southeast Asia.
Fundraising
January 2017 – October 2017

Background

For the Global Health Group to fulfill its vision for impact over the next decade, philanthropic support beyond the Group’s institutional support is needed. With a modest investment of Ignite funds, the Group completed initial strategic and communications work to launch two vehicles through which philanthropists and supporters can contribute to GHG’s innovative portfolio of work: the Global Health Impact Fund and Endowed Distinguished Professorship in Global Health Impact. Announced at the 10th Anniversary Symposium in October 2017, both initiatives aim to strengthen philanthropic commitments to maximize the impact of the GHG and ensure organizational sustainability in the upcoming decade.

Global Health Impact Fund

The Global Health Impact Fund will provide much needed support for a variety of activities that are not readily supported by formal donor funding. Such unrestricted/flexible funding allows the Group to deliver quick responses to global health challenges and underwrite specific tools and processes for demonstrable impact, including:

- **Communications**: GHG will use the Impact Fund to strengthen its ability to communicate the importance and impact of its work to a wide audience, to engage more effectively with the media, and to improve and update its website.
- **Strategy and Incubation**: The Impact Fund will enable GHG to invest in strategic thinking on the selection and development of future work streams, and to have funds to incubate new and exciting ideas.
- **Bridging**: GHG will gain a source of flexible funding to provide bridge finance for important projects that may experience a gap between one round of donor funding and the next.
- **Leadership and Administration**: There is a core fabric to GHG that allows it to function effectively. These costs are typically not covered by formal grants but will be supported by the Impact Fund.

While geared to unrestricted uses, the Global Health Impact Fund will accept gifts for designated purposes, such as special projects within the malaria or financing and policy spaces. As a critical engine that serves as the platform for development of high potential initiatives, Ignite sits within the Impact Fund. Ignite is, in many ways, Global Health Group’s “R&D” mechanism. We will encourage donors to continue to grow this valuable resource.
The Global Health Impact Fund has already reached half of its ambitious fundraising goal of $500,000 for 2017, and we are working diligently to cultivate new donors for even more ambitious goals in 2018 and 2019.

Endowed Distinguished Professorship in Global Health Impact

The Endowed Distinguished Professorship in Global Health Impact will help sustain GHG’s preeminent work and pave the way to recruit a global leader as Sir Richard’s successor as the “[Name] Endowed Distinguished Professorship in Global Health Impact.” This will be the first Chair with this title and focus at any university worldwide. This endowment will provide the financial security and prestige to attract a preeminent leader in a highly competitive global market and ensure strong ongoing leadership of GHG with its continuing impact on global health. GHG is seeking an endowment in the range of $5 million to $10 million to establish this Distinguished Professorship and is working closely with the University Development and Alumni Relations office to identify prospective donors.
Financial Overview

Global Health Group: Annual Budget by Initiative
Global Health Group: Cumulative Funding Received by Initiative – FY 2007-08 to Present