

## **Conversation with Steve Cochi and Elesha Kingshott, January 12, 2016**

### **Participants**

- Dr. Steve Cochi – Senior Advisor, Global Immunization Division, Centers for Disease Control and Prevention (CDC)
- Elesha Kingshott – Global Health Officer, United Nations Foundation (UNF)
- Sophie Monahan – Research Analyst, GiveWell
- Josh Rosenberg – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Cochi and Ms. Kingshott.

### **Summary**

GiveWell spoke with Dr. Steve Cochi of the CDC and Elesha Kingshott of UNF about room for more funding at the Measles and Rubella Initiative (M&RI). Conversation topics included funding for M&RI's work, M&RI's response to campaign funding gaps, and M&RI's current and projected funding gaps.

### **Funding for M&RI's work**

#### **Funding for vaccination activities**

M&RI provides 77 priority countries with co-financing and support for measles vaccination campaigns. The national government's portion of co-financing typically covers 50% of a measles campaign's operational costs, which is typically approximately one third of the total campaign cost. Its availability is dependent on external funders covering the remaining two thirds of the total campaign cost. Historically, M&RI was able to access sufficient funding to complete all of its planned vaccination campaigns for children under five years old, though it has never had enough funding to provide the optimal amount of support activities to these campaigns (details on support activities below). In recent years, available funding has decreased, and the field has had to grapple with a new shift in the disease burden towards older children. In 2015 M&RI did not have sufficient funds to vaccinate children over five in Ethiopia despite the fact that about half the measles cases were occurring in children ages 5-14 years.

#### **Funding for support activities**

Because M&RI prioritizes immunization activities, funding shortfalls have often led to lack of funding for support activities, which include technical support for mass vaccination campaigns and routine vaccination programs, disease surveillance including support for the global measles-rubella laboratory network, outbreak response, research, and communications and community engagement (for example, efforts to educate the public on the importance of vaccinations and to mobilize communities for mass vaccination campaigns).

## **Funding from the Global Alliance for Vaccines and Immunization (Gavi)**

In December 2015, Gavi announced an additional, substantial funding commitment to measles and rubella control. Most funds will be distributed directly to campaign countries, with a smaller amount earmarked for outbreak response. The Gavi funds will not cover M&RI's work in the following areas:

1. Campaigns for children aged 5 and up: Gavi restricts its measles campaign funding for measles follow-up vaccination campaigns to children under 5. Dr. Cochi explains that this is because Gavi currently has established a funding ceiling and prioritizes younger children as this age group has a higher likelihood of dying of measles.
2. Campaigns in countries not eligible for Gavi funding: Gavi funding is restricted to campaigns in 54 low and lower-middle income countries. M&RI supports vaccination activities in 77 countries, and its support system which includes surveillance and immunization policy development encompasses the entire world.
3. Many of M&RI's support activities such as surveillance and coordination with Ministries of Health in 77 priority countries.

## **Unrestricted funding**

M&RI receives a very small amount (on average under \$10 million per year) of unrestricted funding. Most of the funding it receives is earmarked for a specific country or activity.

## **M&RI's response to campaign funding gaps**

A country can completely eliminate measles through adequately funded, high quality mass measles vaccination campaigns. In response to a campaign funding gap, M&RI will first prioritize its vaccination activities over other activities, then consider reducing the campaign's scale, and finally consider delaying the campaign. All of these responses have a negative impact on the campaign's quality.

## **Cutting back support activities**

To free up resources for vaccination activities, M&RI might first have to consider scaling back its support activities.

## **Reducing campaign scale**

Next, M&RI and its partner country might consider reducing a campaign's scale. For example, in 2015, a campaign had been planned to vaccinate children under age 10 in Nigeria, but funding was only secured for children under 5. Unable to obtain funding for the older age group, Nigeria proceeded with the under-5 campaign, with concerns that the exclusion of older children would reduce the campaign's effectiveness.

*Note – deciding the age range of campaign target population is based on examining the epidemiology of measles in a given country, including the age distribution of cases.*

*This is an activity that is under the purview of the M&RI and countries Ministries of Health, to determine the target age group required to conduct an effective mass vaccination campaign with the desired impact.*

In many low income countries, significant progress has been made towards interrupting measles transmission and reducing the disease burden among younger children. However, this tends to shift the disease burden to older children, such as school-aged children who might transmit the disease to their infant siblings. The reason for this shift in age is that enough chains of measles transmission have been broken through intensified measles vaccination that the average age of first exposure to the measles virus occurs at an older age. Country ministries of health (MoH) decide campaign target populations in collaboration with the World Health Organization (WHO) or other partners. They consider epidemiological data, such as the locations of outbreaks and the age range of those affected.

### **Delaying a campaign**

Finally, M&RI and a partner country might consider delaying an underfunded campaign until it can obtain the necessary funding to vaccinate the whole target population. For example, a large campaign in Ethiopia scheduled for 2015 has been delayed until 2016. There have been several recent outbreaks in the country, and in 2015, 44% of the approximately 19,000 cases occurred in children over 5. Based on this data, plans were made to vaccinate 40 million children between the ages of 9 months and 14 years. The budget for this campaign was \$44 million, excluding government co-financing. Gavi committed approximately \$13 million to cover the 12 million children under age 5. M&RI was unable to secure the approximately \$31 million needed to vaccinate the remaining 28 million children, so the campaign has been delayed until 2016 while M&RI seeks to fill the funding gap.

Delaying a campaign is a last resort decision, as outbreaks might occur during the waiting period—indeed, in Ethiopia thousands of measles cases have occurred during the past year.

### **Funding gaps**

#### **2015-2020 funding gap**

M&RI's 2015-2020 funding gap was approximately \$430 million. It is in the process of preparing an updated 2016-2020 budget taking into account the new Gavi funding, which will close the gap by approximately \$130 million. This leaves M&RI with a fundraising target of approximately \$300 million for this 5-year period. This funding would support M&RI's work in two country groups:

1. Countries eligible for Gavi funding (for vaccination of children over 5 and support activities not covered by Gavi funds).
2. Approximately 20 countries on M&RI's priority country list that are ineligible for Gavi funding, such as lower middle income countries. These might be countries that fund their own campaigns but rely on M&RI for

technical support, or lower-middle income countries that request co-financing from M&RI.

3. Support disease surveillance, a global measles and rubella laboratory network to detect measles and rubella cases, and respond to outbreaks.
4. Support activities such as communications to generate demand for immunizations in countries.

### **2015 funding gap**

In 2015, M&RI had a funding gap of approximately \$47.5 million out of a total budget of \$369 million. The Ethiopia campaign represented a large portion (\$31 million) of that gap.

This funding gap does not include the approximately \$10 million that M&RI was seeking to include children aged 5-9 in the Nigeria vaccination campaign.

### **2016 funding gaps**

M&RI is currently working to determine the total funding gap for 2016, but as of January 2016 it estimates it is approximately \$36 million for 2016, consisting of:

- \$5 million for a variety of activities (including immunization campaigns and support activities)
- \$31 million to immunize 5-14 year-olds in Ethiopia

#### *\$5 million funding gap*

M&RI projects a funding gap of approximately \$5 million in 2016. Funds closing this gap would be allocated to the following areas:

1. Campaigns in three smaller countries: South Sudan, Swaziland, and Somalia. M&RI has already raised some funds for these campaigns.
2. M&RI's technical and operational support costs.

The vaccination campaigns would be prioritized over support activities.

Ms. Kingshott noted that this gap is among UNF's fundraising priorities for 2016. Since M&RI's inception in 2001, UNF grants approximately \$50 million/year on average in funding to M&RI, with most major donations coming from government development agencies. Unfortunately, M&RI has seen declining funding over the past years, and at present secured donor commitments to M&RI are below the average.

#### *\$31 million funding gap for Ethiopia campaign*

Additionally, M&RI is seeking major funders to fill the \$31 million Ethiopia campaign gap that rolled over from 2015. It has made efforts with government and private donors, but has not yet received any commitments. If the funds are not raised in 2016, the measles campaign in Ethiopia will move forward with vaccinating under-5 year olds and will not vaccinate the 28 million children in the 5-14 age group.

M&RI is also examining how it might adjust the campaign's age range if it is only able to raise funds for part of its gap (for example, what age range it could reach with \$10 million in additional funds, as opposed to \$31 million). It would take a substantial amount of funding to raise the target age range from under 5 to under 10.

### **2017 funding gap**

M&RI's 2017 funding gap was initially \$47 million. It is in the process of updating this figure to account for the new Gavi funding. M&RI does not anticipate that any 2016 campaigns will roll over to 2017, as the Ethiopia campaign, which represents M&RI's largest funding gap in 2016, is planned to proceed in 2016 whether or not funding for the older age group is obtained.

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