Conversation between the Global Health Group at UCSF (Richard Feachem and Allison Phillips), Good Ventures (Cari Tuna), and GiveWell (Holden Karnofsky)

The subjects of the conversation were global health, good giving opportunities in global health, and UCSF's Global Health Group (GHG).

Routine Delivery of Care Versus Innovative Approaches: Prof. Feachem made the following case: *There is a distinction between funding the routine delivery of care and funding the development of innovative approaches to delivering healthcare. Of these two types of activities, it is often better for philanthropists to fund the development of innovative approaches to delivering healthcare. Philanthropists can leverage their money more by supporting the development of proofs-of-concept for innovative technologies and approaches to delivery, and leaving large-scale funding of these to governments and bilaterals such as USAID, the Global Fund and DfID.*

UCSF's Global Health Group (GHG): Prof. Feachem and Ms. Phillips characterized the GHG: The *GHG engages in evidence generation, analysis, policy formulation, consensus-building, and large-scale catalysis of action. The GHG's "action tank model" is uncommon among university departments in promoting consensus building and large-scale action to bring new insights in global health into practice. By way of contrast, most university departments and think tanks are focused on research and policy analysis. The GHG has three main lines of work: the Malaria Elimination Initiative, the Evidence-to-Policy Initiative, and the Health Systems Initiative.*

GHG's Health Systems Initiative: Prof. Feachem described the GHG's Health Systems Initiative: *The initiative is focused on the role of the private sector in healthcare delivery: the potential of non-state actors such as faith-based organizations, NGOs and for-profit companies to contribute to the delivery of healthcare through partnerships with governments. The GHG has encouraged a focus on the prevalence and success of existing private healthcare delivery and in documenting, evaluating and doing case*

studies on two particular private sector platforms:" clinical social franchising" and "public-private integrated partnerships(PPIPs)".

Giving Opportunities in Global Health: Holden and Cari asked Prof. Feachem and Ms. Phillips about outstanding funding opportunities in the area of development of innovative approaches.

Ms. Phillips said that, while there is already a lot of research on novel ideas in healthcare, there is a funding gap in the area of providing practical support to countries to implement the new tools and novel care practices, and then to rigorously evaluate them.

Prof. Feachem said that, despite the fact that there are major funders supporting activities in HIV and malaria, there are also a lot of uncovered opportunities in these areas.

On HIV, Prof. Feachem made the following case: *There are currently 7 million people worldwide who are on antiretroviral therapy and there are 15-25 million people who should be on it. There's much to be done around providing the therapy more effectively, getting compliance rates higher, bringing in people who aren't on therapy but should be, and scaling up these activities. Antiretroviral therapy greatly prolongs the lives of HIV infected recipients, and is also massively preventative: the best treatment available reduces the chance of an infected recipient transmitting HIV to his or her sexual partners by ~ 95%. Mass screening and treatment of HIV could begin to reduce the number of new HIV infections each year and put the global HIV pandemic into reverse. There is a need for a number of smaller-scale, proof-of-concept type demonstration projects having to do with how to do mass screening and treatment and how to ensure compliance. The world's leading schools of public health and medical schools are heavily engaged in this kind of work and could be funded by a funder who is interested in this cause. UCSF and the London School of Hygiene and Tropical Medicine are among the leading institution in this field, followed closely by Harvard and Hopkins.*

On GHG's Malaria Elimination Initiative, Prof. Feachem made the following case: *there are 100 malaria endemic countries in the world, 36 of which are in the process of eliminating malaria. The GHG chose to focus on helping countries that are eliminating malaria, rather than countries that are controlling malaria, because the GHG believes that the former were relatively neglected.*

The benefits of eliminating malaria in a country include that it:

(i) Reduces the need for the country to spend money to treat malaria cases
(ii) Potentially increases tourism and inward investment
(iii) Makes it easier for bordering countries to eliminate malaria because they don't have to control cases coming from populations across the border
(iv) Reduces the danger of drug resistant malaria emerging
(v) Provides a positive example to other countries that are still struggling with malaria.

The GHG and partners have analyzed the cost-effectiveness of malaria elimination, and the financial benefits of funding malaria in two papers titled "Sustaining the Gain" and "Costs and financial feasibility of malaria elimination."

The GHG's work in malaria elimination falls under four headings:

- ***Global**: The GHG convenes and runs a group called the Malaria Elimination Group (MEG). It consists of a diverse collection of people who work on malaria: program managers, scientists, people with a finance focus, and others with a policy focus. This diversity has been at the heart of MEG's success. The GHG and MEG produce publications of global interest, such as the Alas of Malaria Eliminating Countries, a document that gives the distribution of the malaria parasites and vectors and historical malaria case rates in each malaria eliminating country.*

- ***Regional****: The GHG worked to create two regional entities for countries working to eliminate malaria. One is the Elimination Eight (E8), which is a group of the eight most southerly countries in Africa* The E8 helps facilitate malaria control efforts on the borders of countries that are within the group, to foster elimination in the low endemic countries. *The other regional entity is the Asia Pacific Malaria Elimination Network (APMEN) which is a group of 12 eliminating countries. APMEN facilitates sharing of information, capacity building, learning across countries, and mutual encouragement towards eliminating malaria.*

- ***Country****: The GHG works with a number of individual countries that are eliminating malaria. With partners, the GHG helps them get funding, helps them solve operational challenges, and connects them with worldwide expertise. Two of the countries that the GHG works with are Swaziland and Sri Lanka. These countries are expected to eliminate malaria by 2015.*

- ***Operational research****: The GHG works to push forward an operational research agenda which is based on very practical problems that have come up in the process of implementing elimination programs.*

The GHG discussed several opportunities for which it would be pleased to accept funding for malaria elimination :

(i) Strengthening the capacity of one of the countries that is close to eliminating malaria so that it can reach malaria-free status and document the process for other countries' benefit. Outstanding candidates for such support would include Namibia, Swaziland, the Solomon Islands and Vanuatu.
(ii) Strengthening malaria elimination activities on the borders of the African countries in the Elimination Eight (E8),
(iii) Researching novel approaches to surveillance and response connected with malaria elimination.

(iv) Researching new ways to use the existing tools for malaria elimination, such as new uses of the malaria drug Primaquine .