

AGAINST MALARIA FOUNDATION (AUSTRALIA) LTD

**PUBLIC BENEFIT INSTITUTION
APPLICATION**

SCHEDULE

Section A – Institution

1. Describe your organisation’s size, history and its structure

The Against Malaria Foundation (Australia) Ltd (“AMFA”) is an Australian charity.
Australian Company Number (ACN) 120 213 701.
Australian Business Number (ABN) 72 120 213 701.

Chairman

Mark Arundell

Chief Executive Officer

Rob Mather

Contact Officers:

Mark Arundell

Email: marundell@againstmalaria.com

Rob Mather

Email: rmather@againstmalaria.com

Website: www.againstmalaria.com

AMFA relies on the voluntary work of its directors, volunteers who organise events and pro bono corporate supporters. AMFA’s operation is very straightforward. Pro bono support received from organisations such as PricewaterhouseCoopers, Citibank and Speedo, AMFA does not need to employ any staff. AMFA is also able to use the technology and website designed and paid for by AMF (UK) without charge.

The directors of AMFA are:

Mark Arundell – Company director

Robert Mather – Company director

Peter Sherratt – Company director

Piers Arundell – Company director

Shane Gould – Olympic Gold Medallist and Former World Record Holder.

As well as being a charity, the legal form of AMFA is a company limited by guarantee, and as such the formal ‘members’ of the company are relatively few: Mark Arundell, Robert Mather and Peter Sherratt are the current members.

AMFA has thousands of supporters who are given a very high level of access to what happens in the AMF organisation. Although not formally ‘members’ of AMFA, the transparency combined with direct communication ensure that these supporters feel part of the fight against malaria and are able to interact with management in an informed way.

AMFA has attracted these supporters by word-of-mouth, personal recommendation and by subjecting itself to detailed scrutiny by ratings organisations. To date AMFA has received 7,600 donations from 3,100 different donors in Australia (and a significant number of these each represent a community of donors), totalling AUD\$1,100,000.

Many swimming clubs and associations have supported AMFA. These include ‘Swimming Australia’ and AUSSI Masters. AMFA has used, and will continue to use, swimming ‘celebrities’ to encourage participation in fundraising activities by swimming clubs, schools and other individuals and organisations. For example, Grant Hackett and Shane Gould support and endorse AMFA.

Cash donations received from the general public are the sole asset and this is used to buy long-lasting insecticidal bednets to contribute to the partnerships with in-country organisations. The directors approve the use of all donations received. All donations from Australian donors are flagged as originating from Australia on the website.

AMFA began in 2006. It was registered as a public company, limited by guarantee in Western Australia under the Corporations Act 2001 on 15 June 2006. AMFA was endorsed by the Australian Taxation Office to access charity tax concessions on 7th September 2007.

It was also registered in each state on the following dates:

Tasmania – 18 September 2006

Victoria – 18 October 2006

Western Australia – 27 March 2007

New South Wales – 28 October 2008

South Australia – 14 November 2008

Queensland – 25 November 2008

2. Does your organisation conduct any of its activities through other organisations or people?

Yes. AMFA was founded as a charity to fight malaria as part of the international network of Against Malaria Foundations. It works closely with AMF UK, which acts on behalf of the other foundations to ensure economies of scale in purchasing nets and distributing them.

Other sister foundations, all acting with the same purpose, have been established in the USA, Belgium, Canada, Germany, Ireland, Italy, Japan, The Netherlands, New Zealand and South Africa. Tax deductibility status has been granted by the governments in each country where an application has been made (UK, USA, Canada, Germany, Ireland, Italy, Netherlands and New Zealand).

A list of the registration details and tax deductibility status is attached as Appendix 1.

Full details and registration documentation: www.againstmalaria.com/CharityStatus.aspx

Partnerships are also important to delivering the work funded by AMFA.

AMFA’s objective is to reduce malaria term in the most efficient way possible. The chosen interventions are the provision of nets, education and follow up work, because they are the tools needed by the local population to reduce malaria and therefore boost economic activity. The most efficient way to do this is for the AMF organisation to fund the purchase of the nets as part of a partnership with others who will carry out the necessary in-country work. This means that the partners benefit from AMFA funding the largest component of the project and can bring and develop their own skills in-country.

Partnerships are entered with local and indigenous organisations who know the local population's needs, and can develop local distribution and educational expertise.

The AMF organisations contribute by i) taking responsibility for the cost of the bed nets since this is the primary cost of the development effort and ii) sharing best practice with local partners who design the anti-malaria strategies. Partner organisations generally pay for non-net costs, although in some circumstances the AMF organisations also pay for these. An integral part of these distribution programmes is the education of recipients in the proper use of bednets and how sleeping under them dramatically reduces the risk of contracting malaria.

The AMF organisations partner with a number of country-specific NGOs to carry-out net distribution programmes. The website shows the current list of partners:

https://www.againstmalaria.com/Distribution_Partners.aspx

Our largest current projects are in DRC and Malawi. In DRC we work with local health workers and the project is co-ordinated by IMA World Health, with additional funding provided by DFID DRC. In Malawi the role of IMA is taken by Concern Universal, with whom we have had a long term partnership.

A common characteristic of the NGOs with whom AMFA partners is that they have significant experience of working in the country or region in which the malaria-control programme is to take place.

In some cases this means we have partnered with less well-known organisations, such as SurfAid for a net distribution in the Mentawai Islands, and Health in Harmony concentrating on West Kalimantan, both specific regions within Indonesia. Distributions in Papua New Guinea were coordinated by Australian Rotarians.

More frequently, we partner with more well-known organisations, such as IMA World Health or the Red Cross who assisted with distributions in Cambodia, India and Nepal.

Distribution partners use a combination of their own local resources to manage the net distribution programmes and funding either from third parties or from other parts of the AMF network. These resources are especially important in the education process where local knowledge, language and dialect are imperative for building the local skill base.

Before any net distribution can occur, partners must make a case for the distributions to take place.

All distribution partners are obliged to sign agreements binding them to the feedback that AMFA requires and with all such feedback being featured on the website.

Distribution partners are then obliged to provide detailed information about individual distribution programmes including but not limited to:

- photographs of the distribution taking place
- optionally video footage
- and a Distribution Report

This allows us to show all donors and supporters, on the publicly available website, that the distributions have occurred as promised. AMFA considers this a vital element in the feedback provided to all supporters.

SECTION B – WHO YOUR ORGANISATION BENEFITS

3. Who is your organisation set up to help or benefit and why do these people need help?

AMFA helps and benefits those who live in poor, malaria-affected countries. It works to break the cycle of sickness where the population cannot afford the basic tools to do this. They need bed nets to protect them from malaria.

4. How many people does (or will) your organisation benefit?

AMFA has so far raised \$1.1m. This is enough to purchase approximately 260,000 bed nets which protect approximately 470,000 people.

5. Where Do They Live?

Our work takes place in regions where the population is currently too poor to prevent the disease themselves. Major recent distributions have taken place in the Democratic Republic of Congo and Malawi. Previously beneficiaries have been located in countries such as Cambodia, India, Indonesia, Nepal, Papua New Guinea and a significant number of malaria-affected countries in Africa.

A full list of all distributions can be found here:

<https://www.againstmalaria.com/Distributions.aspx>

All of the countries where the AMF organisations provide assistance fall within the list declared as ‘developing’ by the Minister for Foreign Affairs.

6. How Does Your Organisation Help Those in Need?

Malaria is the target because it causes immense suffering and immense damage to the economy. The method used, globally accepted as the most cost efficient mechanism to prevent malaria, is by providing bed nets, education and follow up work on how to prevent and eradicate the disease. This gives the local population the tools and the skills they need.

The programmes have been significantly enhanced over the years since the AMF organisations were established, to capture lessons learned and ensure strong outcomes i.e. beneficiaries receive nets as intended and they continue to be used over the three year lifetime.

Projects are identified through discussion with National Malaria Committee heads in the countries most affected by malaria. If a co-funding partner is needed they are contacted and the project details are discussed with them. Distribution partners are then identified and asked to deliver proposals.

Each project is then initiated by local partners who submit formal distribution proposals for review. The proposal is assessed as to whether the distribution merits support. If necessary, further clarification is sought. Guidance is typically provided to the partners on the essential elements of the structure, with operational details only if desired and needed by the partners. The distribution proposal process is designed to ensure the programmes are specific and correctly targeted.

This is often a complex and important stage in each programme, since careful design at this point is key to achieving all the developmental outcomes.

A fundamental component of each net distribution programme is the involvement of the indigenous population in identifying needs, project management, education, distribution and follow-up.

A typical distribution starts with the District Executive Committee being convened to develop logistical plans for carrying out the pre-distribution, education, distribution, and post-distribution activities.

Pre-distribution activity at village level in malaria-affected regions is used to assess the number of bednets needed by a local population and to provide mosquito/malaria/bednet education.

1. Health Centre leaders and the Malaria Coordinator develop a resource plan, for example deciding how many and which Health Centre staff to involve in the different stages of the distribution. This develops their project management skills.
2. A subset of the district health team develops a malaria education plan around ubiquitous themes: how you contract malaria, how you recognise malaria, what you do if you suspect it, how you treat malaria and correct use of and care for bednet as a preventative measure*; and locally appropriate themes: dealing with areas of stagnant water that are breeding sites for mosquitoes.
3. Local leaders (village and community leaders and health leaders) are in charge of delivering the malaria education messages. For example a play involving community participation is a powerful way of delivering important malaria education messages.

Part of the distribution proposal received from distribution partners describes the malaria education component of the distribution. Nets are never simply handed out. Education and instructions on how to minimise malaria are critically important and all our distributions must have them.

The education, typically delivered prior to nets being distributed in front of the majority of the community present together, involves:

- Explaining how malaria is transmitted by the Anopheles mosquito which typically bites between 10pm and 2am when seeking a blood-meal from a human.
- Signs of malaria (including fever, headaches, lethargy, loss of appetite, profuse sweating, nausea, vomiting, diarrhoea)
- What to do if malaria is suspected (including immediately calling a health worker or doctor or taking the patient to the nearest health centre)

- Correct treatment of malaria (including taking for the full three days a course of ACT, artemisinin combination therapy)
- Proper use and care of the net, which are key to their effectiveness and long life (including tucking the net under the matt or mattress and repairing holes if they occur).
- The importance of all members of the community sleeping every night under a net
- A bednet hanging demonstration.



Net hanging demonstration in Ntcheu district, Malawi.

This helps people understand why sleeping under a net at night can protect from malaria-carrying mosquitoes.

A simple play or ‘skit’, acted out, is often part of explaining why it is important to sleep under a net.

Several villagers lie down, not under a net, and two or three others dressed with wings, buzz around them and pretend to bite them. The two wake up and feel ill and moan and groan. There is much amusement amongst the villagers who watch this, seeing their fellow villagers acting. Then the two villagers pretend to be asleep under a net and the dressed-up mosquitoes come back and try and bite them, touch the net, and the mosquitoes then roll over onto their backs with arms and legs waving in the air to much hilarity by the crowd.

This humorous approach to explaining how nets protect people and kill mosquitoes, led by members of their own community, is highly effective at building the necessary skills. Additional comments and endorsement are often provided by the village chiefs and community leaders about how these nets are to be used properly.

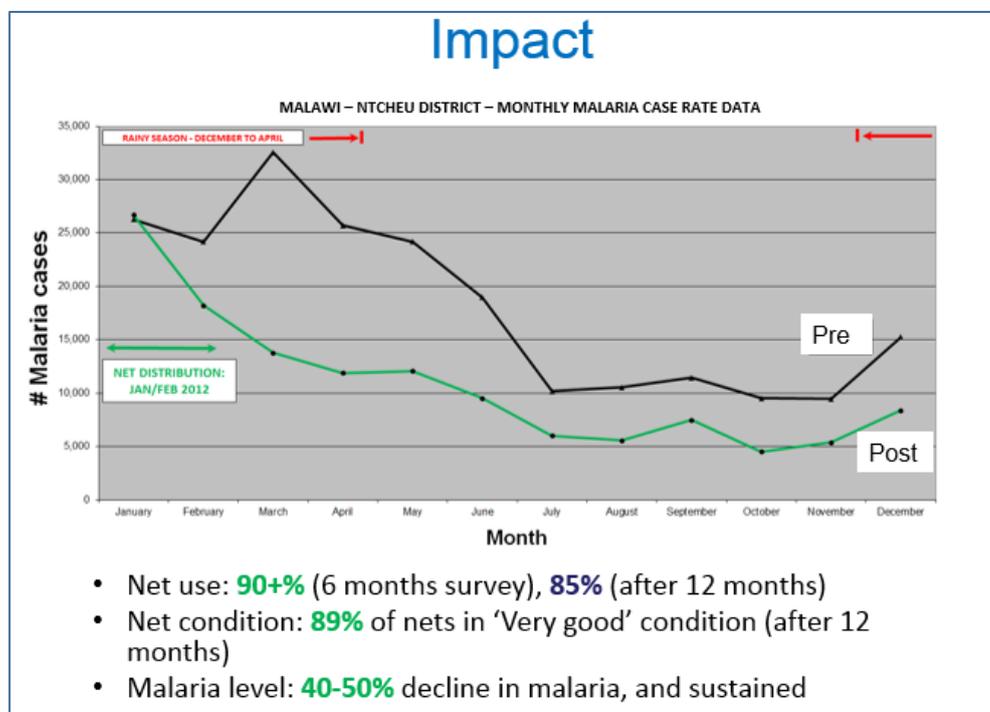
4. Local or district data entry teams are responsible for entering data, building health information systems skills and capacity.

AMFA acts with distribution partners, local governments and local communities to educate indigenous populations about the value of ensuring proper protection against the mosquito and how the bednet remains the single most effective means of offering this protection.

After the education has taken place, distribution activities then often also include more bednet hanging demonstrations and assisting recipients in their own homes with hanging their bednets.

Post-distribution activity involves assessment of net hang-up levels. Post-distribution activity, especially where the community knows it will take place at the outset, is very valuable in ensuring long term sustainability of the intervention. The immediate hang-up rate can rise from as low as 20% to as much as 90-98%.

The impact of all of this work is demonstrated in the following example, which shows results from the Ntcheu distribution in Malawi.



As well as these post-distribution reports, the website pages also include links to videos and photos providing further detail and evidence of the project.

The AMF organisation has considerable experience of assessing its work, built around guidance provided by professional advice and support from a group of world-renowned malaria experts. This Malaria Advisory Group has extensive experience both in the strategies used to combat malaria and in the implementation of malaria programmes. They all have relevant, current field experience and so are well placed to provide guidance on the very specific programmes for which we fund nets.

Malaria Advisory Group members

	Professor Bob Snow	Head of Public Health Group, Kenya Medical Research Institute/Wellcome Trust Programme, Kenya; Fellow, Wellcome Trust
	Dr Don de Savigny	Swiss Tropical Institute, Basle & Head of Research & development Centre, Tanzania; Chair, Roll Back Malaria Insecticide Treated Nets (ITN) Working Group
	Dr Sylvia Meek	Technical Director, Malaria Consortium
	Professor Nick White	Professor of Tropical Medicine at the University of Oxford and at Mahidol University, Thailand; Fellow, Wellcome Trust
	Dr Abdisalan Mohamed Noor	Research Training Fellow at the Malaria Public Health & Epidemiology Group in Kenya
	Professor Steve Lindsay	Professor in the School of Biological and Biomedical Sciences, Durham University and a Fellow of the Wolfson Research Institute
	Professor Hilary Ranson	Professor in Medical Entomology and the Head of the Department of Vector Biology, Liverpool School of Tropical Medicine (LSTM)

Full biographies: <https://www.againstmalaria.com/MAG.aspx>

7. How does your organisation choose who will receive its services?

We look for areas with a malaria problem where there is also a need for nets. Distribution partners are then identified who will carry out the work effectively.

There is reliable information showing where malaria is a problem. We liaise with a variety of groups, including national malaria control programmes (NMCPs), part of a country's Ministry of Health, and other organisations funding nets, to establish where there is a net gap. This helps us identify areas we then investigate further. 90% of the deaths from malaria occur in sub-Saharan Africa. Malaria is also present in parts of Asia and other countries within the tropics and we do work there too.

There are four operational elements to a distribution we consider. We discuss these elements with potential distribution partners and if they share our approach to a distribution, we are keen to work with them:

1. Accurate household-level net need data;
2. Independent supervision at the 'moment of net distribution';
3. Post-distribution monitoring of net use and condition;
4. Monthly malaria case rate data;

We would be happy to provide more detail if needed.

As one recent example, prior to the 2014 distribution in DRC, it was a factor that smartphones would be used for household level data collection for the first time in such a challenging environment. If used successfully as part of an effective distribution to collect and manage data, it would demonstrate to the wider development community they were a viable method of managing and tracking programmes in any country.

SECTION C – ACTIVITIES

Details of our activities can be found above, particularly under Section B. We would be happy to provide any further detail needed. 100% of our time and funds goes on these activities.

As a general note, our projects have a number of similarities with health and development projects funded by AusAID and The Global Fund which is supported by grants from DFAT.

As examples, our investments in health aim to:

- be context-specific, targeted to meet country and regional need
- support partner country efforts to address health systems bottlenecks
- focus on sustained health improvements for all people, supported through monitoring and evaluation
- support the development of sustainable and resilient health systems, essential for disease prevention and maintaining services and interventions at scale
- help the poorest and most vulnerable people, particularly women and children

The activities of the AMF organisations have been subjected to extensive analysis by charity ratings organisations and have had extensive media coverage. We would be happy to provide more detail. A summary of the ratings analysis follows. Relevant links:

GiveWell: www.givewell.org/international/top-charities;

Giving What We Can: www.givingwhatwecan.org/resources/recommended-charities.php

The Life You Can Save: www.thelifeyoucansave.com/organizations

Some recent media coverage: www.againstmalaria.com/InTheMedia.aspx

The Life You Can Save

- Australia-based, global following
- **AMF top-ranked four years in a row (2012, 2013, 2014, 2015)**

The screenshot shows the website's header with a navigation menu: Read About Us, The Pledge, Where to Donate (highlighted), Get Involved, Stay Informed, and Contact Us. Below the menu, the 'Organizations to Give To' section is visible, featuring a list of charities and a 'Donate here' button. A red heart icon with a hand inside is part of the site's branding.

Giving What We Can

- UK-based, global membership
- **AMF top-ranked four years in a row (2012, 2013, 2014, 2015)**

The screenshot displays the 'RECOMMENDED CHARITIES' section of the Giving What We Can website. It lists several charities with 'DONATE' buttons and input fields for donation amounts. The charities listed include Against Malaria Foundation (AMF), Schistosomiasis Control Initiative (SCI), Deworm the World, and Project Healthy Children. The page also features a navigation menu with options like 'About Us', 'Why Give', and 'Where to Give'.

GiveWell

- US-based, considered by many as world's leading charity evaluator
- **AMF rated the leading global charity (of all charities in any sector) by GiveWell in 2012, 2013 and 2015**

The screenshot shows the GiveWell website's research page. It features a section titled 'In-depth charity research' with a pie chart comparing 'Charities reviewed' to 'Our top charities'. Below this, the '#1 Against Malaria Foundation (AMF)' is highlighted as the top charity. The page includes detailed text about AMF's impact on preventing deaths from malaria in sub-Saharan Africa and a 'Donate' button. The GiveWell logo and navigation menu are also visible at the top.

AMFA uses 100% of funds raised for development, without deduction of administration costs primarily because of pro bono support received from organisations such as PwC, Citibank, UHY Haines Norton and Speedo. The remaining overhead costs, for a technology officer, are paid for by AMF UK, from individual donors who specifically earmark their donations for this purpose. The involvement of organisations and individual donors such as these ensures that no administrative overhead is deducted from public donations.

The operation and finances of the AMF organisations are highly transparent and described in detail on the website: www.againstmalaria.com. We are happy to provide any further details that may be needed.

Appendix 1 - Sister Organisations of AMFA

UK – The Against Malaria Foundation is a company registered in the UK (05175899) and also registered with the Charity Commission, no 1105319. The Foundation has tax deductible status. It is also tax exempt on its own income and, via the UK Gift Aid scheme, is entitled to recover tax from the UK government on the donations received.

USA – The Against Malaria Foundation (US) is registered as exempt from federal income tax under S501(c)(3) of the Internal Revenue Code. EIN 20-3069841. The Foundation is also registered, where appropriate, at state level. Donors are entitled to recover tax on donations made.

Canada – The Against Malaria Foundation (Canada) is a registered charity and has qualified for donee status – charity business number 834775967RC0001.

Ireland – The Against Malaria Foundation (Ireland) Limited is a company registered in Ireland (424597) and also formally recognised as a charity, no CHY 17455 with applicable tax exemptions.

Italy – Fondazione Against Malaria ONLUS is a registered charity and entitled to the tax advantages provided by Italian law.

Netherlands – Against Malaria is a registered ‘Stichting’ (34236793) and entitled to the tax advantages provided under Dutch law.

New Zealand – The Against Malaria Foundation (New Zealand) is a tax exempt organisation under section CW34 of the 2004 Income Tax Act, IRD number 94-357-039. The Foundation is also included in section KC 5(1) of same Act which lists the charities that qualify for donee status. The Foundation is registered with the Charities Commission – no CC 10808.

South Africa – The Against Malaria Foundation is registered as a Public Benefit Organisation number 930 018 615 and both the Foundation and donors qualify for tax relief on donations received/made.

Germany – The Against Malaria Foundation Germany is a registered charity, registration number 333/5913/1072 VST with tax deductible status for donors.

Belgium – Against Malaria (Belgium) ASBL is a registered non-profit association, number 894.651.190.