

A conversation with Children Without Worms, March 18, 2015

Participants

- Dr. David Addiss – Director, Children Without Worms
- Dr. Akudo Anyanwu – Director of Partnerships, Children Without Worms
- Alex Jones – Deputy Director for Management and Operations, Children Without Worms
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Children Without Worms.

Summary

GiveWell spoke with Children Without Worms (CWW) to discuss the potential for CWW to apply to be considered as a top charity. The conversation included discussion of CWW's background distributing deworming medicines, as well as the organization's relatively recent shift towards a more integrated, coalition-based working model.

Background on Children Without Worms

Organizational structure

CWW is one of six projects within the Task Force for Global Health. The Task Force is a 501(c)(3) organization and a free-standing institute within Emory University.

Each project within the Task Force, including CWW, is funded separately, with separate budgeting and staff. Some donors do donate to multiple programs, and there is also collaboration between projects (for example, sharing staff or co-funding programs). The projects all contribute funding to a general support pool, which provides support for operations, human resources (HR), logistics, finance, and similar functions.

The Task Force does not fundraise independently and distribute funds to its programs.

History in drug distribution

CWW was founded as a partnership between Johnson & Johnson and the Task Force for Global Health in 2006. Until 3 years ago, CWW was essentially a drug distribution program for Johnson & Johnson. Deworming drugs were donated by Johnson & Johnson for distribution to school-aged children. It was CWW's responsibility to work with specific health ministries in developing countries to

ensure that they received drugs in the correct amounts and in a timely manner, and some technical assistance on supply chain management and drug distribution.

Over time, Johnson & Johnson scaled up their support, and GlaxoSmithKline (GSK) also began to support the program. Together, Johnson & Johnson and GSK provide 600 million doses each year via the World Health Organization (WHO), enough to cover all school-aged children at risk. As this scale-up took place, CWW transitioned from being responsible for Johnson & Johnson's drug donation, with oversight of donations to 14 countries, to playing a global role coordinating partnerships, managing key information on behalf of stakeholders, supporting national STH programs, and providing technical leadership. These efforts intend to advance meeting the WHO 2020 deworming targets.

Integrating deworming into other programs

The Soil Transmitted Helminth (STH) Coalition

A key transition point for CWW was a meeting in Paris in April 2014, where the Bill and Melinda Gates Foundation, CIFF, and other donors pledged more than \$120 million towards scale-up of global STH control efforts. The STH Coalition was launched at this meeting to coordinate these efforts. CWW is secretariat of the Coalition; its role is to bring partners together, facilitate collaboration and communication between them, and galvanize the field to move it forward. CWW used to have only 3-4 staff but has added 3 new staff in the past year and is currently hiring a communications manager.

About the STH Coalition

The Coalition has 7 workstreams: one each for school-aged children, preschool-aged children, women of childbearing age, water, sanitation & hygiene (WASH), advocacy, monitoring & evaluation, and operational research. Each workstream has defined objectives and terms of reference. The school-aged children, preschool-aged children, water, sanitation & hygiene workstreams undertake collaborative planning to create detailed workplans aimed at overcoming identified barriers to intervention delivery. Every workstream identifies objectives deliberately and plans out what it needs to do to achieve them. The Coalition is always interested in looking for ways to harmonize between workflows and is planning to host a meeting to bring together the leaders of the different workstreams.

CWW promotes integrated STH programs rather than programs only for school-aged children. It believes that donors want to see more being done and that STH control can become a broad global health priority, in a way that will energize donors and achieve sustainable public health impacts. One way to achieve this is to integrate STH treatment into existing delivery platforms, such as for vitamin A supplementation. Many ministries of health have traditionally considered deworming to be a side focus; CWW is working to help them understand the importance of deworming, while working with partners to assist the ministries in running national government-led programs.

To CWW, “integrated programs” combine STH treatment with programs like WASH initiatives and extend beyond school-based deworming. The boundaries around what counts as ‘integrated STH’ are not clear, however; for example, CWW sees the deworming done as part of treatment for lymphatic filariasis (LF) and schistosomiasis as integral to STH control.

A crucial challenge for the STH Coalition involves bringing together resources to deploy them in a coordinated way in a targeted country, moving beyond global coordination to actually get results in countries with high disease burdens. This includes creating a cohesive, integrated work plan for the different workstreams within the Coalition, so that programs can be delivered in large, complex countries with high STH burdens. Both funding and technical assistance are required to do this kind of work well.

For example, in each country situation analyses are needed, considering factors such as epidemiology and available resources to determine what the national level goals should be, and what the resource requirements for those goals are. It is also necessary to bring together partners who can provide those resources and fill the necessary gaps. In addition, technical assistance may be needed to set up monitoring and evaluation of the program. Situation analyses would be an important part of this process. Situation analyses would allow partners to collaboratively define needs, and respond accordingly. Currently, CWW is unable to respond to requests of this kind because of a lack of available funding.

CWW believes that as the secretariat of the STH Coalition, it represents an excellent partnership opportunity for GiveWell. The resources of its 38 member organizations provide a solid base that could be useful in individual countries. Also, partnering with CWW would mean contributing to the broad network of STH control, which CWW expects would allow GiveWell to play a role in scaling-up deworming.

Examples of success: India and Ethiopia

Deworming programs in India and Ethiopia are great examples of the sort of work that needs to be done to bring global resources together at a national level.

India

The Deworm the World Initiative is the main external organization providing technical assistance in India. Groundwork, in the form of advocacy and discussion with national and state governments, NGOs and other groups within India, has also been laid by other organizations (including the Global Network for NTDs) to enable the large expansion of deworming in India this year.

Ethiopia

Ethiopia provides a clear case of STH Coalition partners, including Deworm the World Initiative, visibly coming together to coordinate resources.

Currently, CWW itself is engaged at a number of levels in Ethiopia. As well as being a conduit for mebendazole (a deworming medication) from Johnson & Johnson, CWW

is working with CARE International on a WASH program funded by Johnson & Johnson, which brings the WASH community into the NTD arena. As such, CWW is part of the conversation in Ethiopia, and feels that Deworm the World Initiative, the Schistosomiasis Control Initiative (SCI), and CIFF are doing good work in bringing partners together and working with the Ministry of Health, providing an excellent example of what needs to happen elsewhere.

Dr. Addiss believes that a limiting factor in intervention scale-up has been slow uptake of this new vision for integrated STH programs. He sees many health ministries and NGOs thinking of STH programs as only providing temporary morbidity reduction within schools.

Potential uses of additional funding

Johnson & Johnson has provided CWW with fairly consistent funding. More recently, CWW has diversified its funding base: GSK now provides funding, and the Children's Investment Fund Foundation (CIFF) also provides some funding. CWW no longer receives direct donations of deworming medicine from Johnson & Johnson.

CWW is looking to diversify its funding sources further. If it had funding from a new source, CWW would likely apply it in 2 areas:

1. Resident technical advisers to catalyze programs in priority countries
2. Fostering national-level coalitions to leverage resources for comprehensive program coverage

Resident technical advisers in targeted countries

CWW's role is bringing partners together. In many countries, there's a disconnect between NGOs and governments, and sometimes also between ministries. The technical advisor would involve facilitating program expansion and helping health ministries to coordinate between different players, rather than directly carrying out deworming like SCI does, or displacing other existing organizations.

The types of players that could be involved in a national coalition include the following:

- Government agencies – this can include ministries of health (which may have an NTD department) and education; a department for pharmacovigilance, which monitors for adverse events; children's health programs; and WASH initiatives, which might be located within the ministry for finance, environment or agriculture. These government departments are diverse and often do not coordinate with each other.
- NGOs – international organizations like UNICEF, World Vision and Save the Children work alongside local NGOs and the WHO country office, in each of the areas mentioned in the previous bullet point.
- Donors – organizations like CIFF (in Ethiopia), the UK's Department for International Development (DFID), USAID, RTI International and their proxies are also involved on the ground in-country.

- Academics – academic researchers can be involved in monitoring and evaluation as part of their research.

Merely having all of these disparate parts present in a country does not make for an integrated STH program. A resident technical adviser could build capacity, support effective management, rally the various actors, build synergy between them, identify gaps, and coordinate efforts to fill those gaps. Sometimes an “external” person (even if they are citizen of that country) is necessary to pull things together in this way.

The resident technical advisor could also explore the potential for domestic resources which are currently not being used – for example, financial support from the private sector within the country where the programs are being run.

When determining where to place these resident technical advisers, CWW would work closely with WHO headquarters and regional offices, national governments, and other partners. This would allow the resident technical advisers to be placed in the areas of greatest need and greatest promise.

CWW does not currently have any resident technical advisers in the field – this is a forward-looking goal for what it might do with more funding.

Impact monitoring helps guide public health decisions, such as where to target programs and how frequently to run them. It also helps donors understand the impact they’re having. However, monitoring and evaluation are often not budgeted into programs, so very little is being done. CWW could provide assistance so that more monitoring and evaluation could be carried out.

Monitoring and evaluation of this kind is a more episodic activity than the coalition-building described in the previous section. This is sometimes done through university partners. CWW is currently supporting an impact study in Uganda and has been involved in impact evaluations in Togo, Cape Verde, Bangladesh, and elsewhere, alongside other partners.

These evaluations are often focused on prevalence and intensity surveys, but this can be used as an opportunity to gather additional information on some of the other components of STH control (for example, WASH infrastructure).

The STH Advisory Committee

CWW is also the secretariat for the STH Advisory Committee, a scientific and technical group which houses the monitoring & evaluation and operational research workstreams of the STH Coalition. CWW plays the role of facilitating the linkage between the STH Advisory Committee and the STH Coalition, as well as working closely with WHO to translate research results into policy, and keep track of research needs and trends.

Evidence and motivation for the coalition-based approach

As the STH control community has only recently moved towards a more integrated, coalition-based approach, strong evidence of effectiveness is not yet available. CWW

has not yet experienced an example of a resident technical adviser being crucial to a school-based deworming program; the approach is based on examples from other diseases. For example, the Carter Center's work to eradicate Guinea worm disease used the 'resident technical adviser' model in most or all of the countries that it has worked in, and the Centers for Disease Control and Prevention has used a similar model in other areas. Mr. Jones was previously a resident technical adviser on a Guinea worm control program.

CWW also commented that it finds the health arguments in favor of deworming programs that go beyond school-based deworming compelling; in particular, it believes the effects of deworming on preschool-aged children, as well as hookworm treatment on women of child-bearing age and their offspring, are likely to be significant (potentially more so than shown in current data). CWW is also concerned that the deworming benefits of programs targeting LF will be lost, as programs that have successfully eliminated LF are rolled back and replaced with only school-based deworming – or no deworming at all.

The approach that CWW is interested in does not require stopping transmission as an end goal. A resident technical adviser in the Democratic Republic of the Congo, for example, could facilitate the scaling up of school-based deworming, or expanding its linkage with child health days. The focus is on connecting people and getting resources to where they are needed, regardless of what stage of control each country is at. Often, the limitation is not the availability of drugs but having the relevant players communicate with each other.

Tradeoffs of focusing on integrated programs

CWW considers school-based deworming programs to be crucially important. However, Dr. Addiss believes that there is a growing desire among donors and country partners to go beyond this; he believes the added energy that is being brought towards STH is having beneficial effects not only on preschool-aged children but also on drug coverage of school-aged children, and that CWW's approach should be seen as building onto the benefits and success of school-based programs, rather than substituting for them.

Other CWW projects

CWW has other projects: for example, the monitoring work in Uganda, the WASH project with CARE International in Ethiopia (both mentioned above) and providing assistance to deworming scale-up in Peru. These projects are all funded by Johnson & Johnson. CWW thinks these projects are important. It believes that to be most effective, it should be working towards the new vision of a more integrated, comprehensive model described above.

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