

A conversation with Rob Mather on August 15, 2013

Participants

- Rob Mather – Founder and CEO, Against Malaria Foundation
- Eliza Scheffler – Research Analyst, GiveWell
- Timothy Telleen-Lawton – Research Analyst, GiveWell

Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Rob Mather.

Summary

Rob Mather is the founder and CEO of the Against Malaria Foundation (AMF), GiveWell's top-ranked charity at the time of this conversation. GiveWell spoke with him as part of its regular update process for recommended charities. The main subjects of discussion were updates on AMF's planned distributions in Senegal, Malawi and Sierra Leone and past distributions in Malawi.

Future distributions – Senegal and Sierra Leone

AMF has not yet reached a final agreement to distribute nets in Senegal and Sierra Leone.

Planned distributions – Balaka and Dedza, Malawi

Balaka, Malawi

There has been a delay of six months in the Balaka distribution, which was initially scheduled to be completed by April 2013 (see <http://www.givewell.org/international/top-charities/amf/updates/February-2013>) and is now scheduled to be completed by mid-October.

Dedza, Malawi

There has been a similar delay in the Dedza distribution, which was initially scheduled to be completed by June 2013 (see <http://www.givewell.org/international/top-charities/amf/updates/February-2013>) and is now scheduled to be completed by mid-December.

AMF is partnering with Concern Universal (CU) in Balaka and Dedza. Robin Todd, the former head of CU in Malawi, moved on from Malawi, and these staffing changes contributed to the delays.

Past distributions – Ntcheu, Malawi

Concern Universal conducted an audit of the malaria case rate data measuring malaria rates in the regions served by AMF's distribution there (more on this data at <http://www.givewell.org/international/top-charities/amf/updates/February-2013#Additionalmalariacaseratedata>).

The audit found that the numbers from some of the health centers are less reliable than previously thought due to staff absences, lack of qualified testing personnel, or equipment stock outs, each of which could have led to under-reporting of malaria cases. Also, at times, local health staff reported “people receiving anti-malaria treatment” as opposed to “people diagnosed with malaria by a rapid diagnostic test.” Health staff may have given anti-malaria treatment to patients presenting with a fever without testing them, which would have led to over-reporting of malaria cases.

AMF has requested additional data from local health centers and is in the process of reviewing it. It is planning to publish the results of this audit by the end of September.

At this point, it still believes that the corrected data will show a substantial (~50%+) reduction in malaria cases in Ntcheu after its distribution there but is still assessing the level of accuracy and therefore reliability of the malaria case rate data from Ntcheu.

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