

# **A conversation with Diego Moroso and Maddy Marasciulo, January 18, 2017**

## **Participants**

- Diego Moroso – Regional Project Director, ACCESS-SMC, Malaria Consortium
- Maddy Marasciulo – Head U.S. Business Development and Global Case Management Specialist, Malaria Consortium
- Josh Rosenberg – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Diego Moroso and Maddy Marasciulo.

## **Summary**

GiveWell spoke with Diego Moroso and Maddy Marasciulo of Malaria Consortium for an update on Malaria Consortium's seasonal malaria chemoprevention (SMC) programs. Conversation topics included the timeline for sharing data from past SMC programs, planned SMC programs for 2017-2018, and current thinking on program monitoring and evaluation (M&E).

## **Sharing data from past SMC programs**

### **ACCESS-SMC coverage, impact, and cost**

Malaria Consortium has scheduled a joint consultation in Burkina Faso for mid-February and plans to expedite making some 2016 ACCESS-SMC program data available for this meeting. Specifically, it plans to share 2016 impact data for children under five in the Gambia, Burkina Faso, and possibly Mali, and to compare this to 2013-2015 data on all age groups.

By April, full coverage data, impact data for most countries, and updated cost data should be ready to be shared.

### **Drug resistance**

Malaria Consortium has recently received final approval from UNITAID to continue its study of drug resistance through late 2017 and early 2018. Some data on ACCESS-SMC's previous drug resistance research should be available in May 2017.

## **Planned SMC programs in 2017-2018**

The below represents Malaria Consortium's tentative plans as of January 2017; these plans are subject to change. A rough preliminary draft spreadsheet that summarizes the below is here:

[https://docs.google.com/spreadsheets/d/1iTIjYOG5NeM\\_mc04QuK2mUJ-L1PMzhMqdWffj4tgNQ/edit#gid=1545437937](https://docs.google.com/spreadsheets/d/1iTIjYOG5NeM_mc04QuK2mUJ-L1PMzhMqdWffj4tgNQ/edit#gid=1545437937).

**2017**

With the funding that it expects to receive from being a 2016 GiveWell top charity, Malaria Consortium hopes to fund SMC in some additional districts in Burkina Faso and Nigeria in 2017. These two countries appear to have room to absorb more funding and drugs on short notice. Malaria Consortium plans to focus on four districts in Burkina Faso and four local government areas (LGAs) in Nigeria.

#### *Drug availability and procurement*

Drug availability may limit the scope of what Malaria Consortium is able to accomplish in 2017. Drugs will need to be procured on a relatively short timeline in order to be administered this year, and there is some concern that because it is almost the end of January, time is running out to place drug orders.

- **Burkina Faso** – Malaria Consortium may be able to use drugs that are already available in the country for its SMC program work this year. This would allow Malaria Consortium to focus solely on program implementation and avoid the time-intensive drug procurement process. Malaria Consortium has asked its in-country team to catalog stock-outs from last year to determine if there are sufficient drugs available. Alternatively, Malaria Consortium will plan for ad-hoc procurement for these potential additional districts.
- **Nigeria** – There are not enough drugs in Nigeria, so additional drug procurement will be needed for SMC work in this country.

Malaria Consortium has regular correspondence with Guilin Pharmaceutical (Guilin) to stay updated on Guilin's order backlog. Approximately 1.6 million treatments will need to be ordered, in case additional drugs are needed in Burkina Faso as well as Nigeria. Guilin is able to produce about 6 million treatments per month for all of its clients. Malaria Consortium estimates that if the order is placed soon, the drugs will be ready to be shipped by late April or early May.

#### *Scope and cost of SMC programs in Burkina Faso and Nigeria*

- **Scope of coverage** – Malaria Consortium plans to treat 47,000 children per district in Burkina Faso and 45,000 children per LGA in Nigeria. If Malaria Consortium is able to secure drugs in time, a total of approximately 370,000 children should be treated across the four administrative areas of each country.
- **Cost** – Malaria Consortium estimates an average cost of \$65,000 per district in Burkina Faso and \$67,000 per LGA in Nigeria. The total cost – including drugs, operations, and M&E – should be approximately \$1.2 million of the \$5 that GiveWell recommended that Good Ventures donate to support Malaria Consortium's SMC work.

## **2018**

In 2018, Malaria Consortium expects significant reductions in funding for SMC work from UNITAID:

- **Chad** – a 50% reduction from the current population coverage targets.
- **Burkina Faso** – a 25% reduction from the current population coverage targets.
- **Nigeria** – Malaria Consortium plans to work to ensure that the government commits to buying half of the drugs needed for SMC programs. Malaria Consortium intends to continue covering operational costs in areas of the country where it is currently operating.

Malaria Consortium is considering using the remainder of the GiveWell-influenced funds to fill gaps in funding for these programs in 2018. Because it will have more time for planning and executing program scale-up, Malaria Consortium also estimates that it could triple the size of its programs in Burkina Faso and Nigeria in 2018 if it received sufficient funding.

## **Program M&E**

### **Coverage evaluation**

- **Coverage surveys** – ACCESS-SMC on-the-ground program staff have observed differences in the quality of health information recalled by community members in different countries. This is likely due to cultural differences in retaining health-related information. Recall of health data tends to be higher in Burkina Faso, where parents are incentivized to register the birthdates of their children in order to enroll them in primary school. In areas where school enrollment laws are less binding – e.g., Chad – there is less accurate data on the exact age of children, and it is more difficult to ascertain treatment details months after an SMC treatment. Malaria Consortium believes that administering coverage surveys within a week after each treatment cycle should provide more accurate estimates of drug coverage.
- **Examining blister packs** – Malaria Consortium has used this method and found it to be effective in some areas of Nigeria and Burkina Faso. It was less effective in Chad, despite information on blister pack retention being provided to caregivers. In Chad, retention of any medical records, including immunization cards, is also an issue, due to illiteracy.

### **Evaluating benefits of SMC relative to cost**

Malaria Consortium has encountered some misunderstanding of the health and economic benefits of its interventions relative to their cost. To counter this misunderstanding, Malaria Consortium is interested in performing more sophisticated analyses of the benefits of SMC treatments, including the potential savings to health systems, the cost-effectiveness of the treatments, etc. These data would be used to inform policymakers, rather than medical doctors. This type of analysis has helped increase support for interventions targeting nutrition and neglected tropical diseases, and Malaria Consortium believes it should help build a better case for SMC as well.

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