A Conversation with Don de Savigny on October 22, 2013

Participants:

- Don de Savigny – Professor of Health Systems at the Swiss Tropical and Public Health Institute, former Chair of the Roll Back Malaria Vector Control Working Group, and member of the Against Malaria Foundation, Malaria Advisory Group
- Elie Hassenfeld – Co-Executive Director, GiveWell

Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Dr. de Savigny on the call and in follow-up correspondence.

Summary

We spoke with Dr. de Savigny in his capacity as a member of the Against Malaria Foundation's Malaria Advisory Group about AMF's struggles to finalize distributions in 2012 and 2013.

Dr. de Savigny's perspective on AMF's inability to finalize net distributions in 2012 and 2013

Mr. Mather updated the Malaria Advisory Group approximately one month ago on an agreement for AMF to fund nets in Sierra Leone not being finalized. Dr. de Savigny became aware at that time of the continued challenges AMF faces in finalizing distributions at the scale of a million nets or more. Until that point, the updates from AMF had shown positive progress with two potential distributions in Sierra Leone and in Senegal. Dr. de Savigny was informed through the second half of 2012 that in Mali an offer of 500,000 nets had not progressed due to security and safety issues, and offers in Malawi (an offer of 600,000 to 1 million nets) and Togo (an offer of 500,000 nets) had not been accepted.

This led to a new appreciation of the situation by Dr. de Savigny as follows. Increasing revenues for AMF now allow it to participate in significantly larger distribution campaigns than it had before. AMF's initial model was successful in providing smaller numbers of nets (e.g., ~5,000 to 50,000) to local NGOs to work at the sub-national level in support of national programs. These distributions had relatively high oversight because of implementation by local on-the-ground NGOs. This allowed AMF to ask for a high degree of reporting detail from each partner. It was also successful at a moderate scale, funding a few hundred thousand nets with an NGO partner in Malawi.

At its current scale where it is now able to provide a few millions of nets per project, it can join negotiations with large-scale national malaria control programs and their national partners—UNICEF, the Global Fund, DFID, and others. This is not just a change in scale, but a change in partners from mainly non-governmental toward government programs, and a change in model in that AMF nets complement those of other donors in programs that are collectively planned over much longer time frames. As in any transition to a new "business

model," Dr. de Savigny says we should be prepared for some delays in meshing approaches and cultures.

These changes create challenges for AMF's model. The big distribution partners working at national level with NMCPs already have schedules and approaches to their work which are slower than can be achieved by AMF with more agile small NGOs. National-scale partners may not find it easy modify their plans or approaches, even though the extra nets provided by AMF could fill gaps. Large NGOs, as members of Task Forces that support NMCPs, and the NMCPs themselves, have a lot to say in any decisions.

AMF's model requests two types of information. First, it requests 'distribution verification' information. This allows reassurance, to donors and others, that nets are distributed as intended and not diverted. There are some concerns in the malaria control community regarding the level of distribution verification reporting and the public availability of this information.

Information gathered at the household level often forms the basis of the subsequent net distribution. Information that attests to a distribution actually being achieved should be collected, at least on a statistical sample basis, as a matter of course during large-scale distributions. Such information may or may not be adequately collected, and if collected, may or may not be made available to partners. AMF's preferred objective here is therefore persuading the NMCP/partners to generate and make that information available (while respecting household confidentiality) rather than requiring new information to be gathered. A question now being discussed in the malaria community is whether distribution verification information should be available 'as standard' to all distribution partners/funders.

The second type of information concerns the continuing use and condition of nets information. Continuing net use is a particular issue for large-scale distributions. How to address it is also an important issue for the malaria community as low or only moderate levels of net use can compromise the impact of nets.

There is no best practice methodology currently agreed on by the malaria community for either of these two information needs. AMF is right to focus on this as an important issue. AMF has had success in Malawi, at the 250,000 net level, collecting six-monthly post-distribution net use and check-up information, sampling 5% of households receiving nets. The results are impressive. Additional funding for these post-distribution data-related non-net costs, if required, could come from partners or from AMF.

In Dr. de Savigny's opinion, the AMF reporting requirements (i.e., collecting household data at six-monthly intervals and aiming for a sample of 5% of households covered), although valuable, may not be seen as feasible in national-scale distributions by some partners. They are certainly not normally done and the practical ability of a health system to respond to six-monthly local net use data is an important consideration.

NMCPs and their larger partners, with established ways of working, may be reticent to embrace additional monitoring requirements due to actual or perceived redundancy, cost, and/or ability for the information to be gathered by fragile health systems.

AMF has a challenge in gaining support from individual NMCPs/Task Forces for distribution verification and post-distribution data. It is possible that within the next twelve months guidance from the WHO Roll Back Malaria Partnership regarding greater accountability in reporting, including distribution verification information, may mean that this challenge diminishes.

AMF's contribution in this area has been to place the issue of what information should be reported to donors, of all types, on the agenda for the malaria control community.

Dr. de Savigny's opinion on steps AMF could take to meet these challenges

Dr. de Savigny focused on three factors that he believes may be issues in working in this new larger scale model.

- **AMF Data Needs**. Dr. de Savigny believes that high-quality monitoring and evaluation data is valuable and essential. Broadly, AMF is asking for the right data, but the frequency, scale, and type of data AMF needs may be too burdensome for some national distributions. In addition, the malaria case rate data AMF asks for is, in most locations, not particularly interpretable as solely a net impact because of other changes in malaria rates due to seasonality, health system change, data quality issues, and impact attribution issues. Finding common ground on minimum essential distribution and post-distribution data would be beneficial for all national malaria net programs and AMF should be commended for raising the visibility of this issue.
- **Data Funding.** AMF should continue to make it clear that it is flexible and ready to consider contributing to the costs of extra data collection if necessary to meet its accountability obligations in its new funding model. It did this in Sierra Leone with a contribution, in effect, of $1.3m of funding for data-related costs.
- **Data Guidelines.** AMF is in a good position with its small-scale data monitoring experience coupled with its larger volume of funding to step onto the international stage to influence guidance for national norms for program monitoring and evaluation. Mr. Mather, having illuminated this problem, could increase his visibility and voice in the Roll Back Malaria Partnership, which garners consensus on strategies and technical guidelines for the WHO. Attending the annual joint meetings (of Roll Back Malaria Vector Control Working Group (RBM VCWG) and Alliance for Malaria Prevention (AMP)) to meet with other malaria-community members and participate in discussions and debates could allow Mr. Mather to form direct relationships with those he now needs to work with, which might ease future negotiations and extend his influence. Most importantly, this effort could result in

establishing the necessary guidelines that all programs could be expected to adopt and all partners expected to fund.

Next steps

Dr. de Savigny and Dr. Robert Snow are both planning to be more active in assisting AMF to help it find distributions. Dr. de Savigny believes that AMF plays an important role in the net community and is ready to provide the support it needs to help it succeed.

Dr. de Savigny is now working with the RBM VCWG and others to put the topic of harmonized guidelines for monitoring and evaluation following distributions on the agenda for the Roll Back Malaria VCWG annual meeting in February.

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