

A conversation with Oumer Shafi on November 4, 2014

Participants

- Oumer Shafi – Neglected Tropical Diseases Program Manager, Ethiopia Federal Ministry of Health
- Natalie Crispin – Research Analyst, GiveWell

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

Summary

GiveWell spoke with Oumer Shafi to learn about his work on neglected tropical diseases (NTDs) in Ethiopia and Ethiopia's partnership with the Schistosomiasis Control Initiative (SCI) in particular. Conversation topics included Ethiopia's increased attention on NTDs in recent years, SCI's role in the program, and how Ethiopia would use additional funding for the schistosomiasis program.

Ethiopia NTD program

As Program Manager for Ethiopia's NTD program, Mr. Shafi oversees programs for eight NTDs, include trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthes (STHs), guinea worm, and leishmaniasis. There are eight people on the NTD team. Mr. Shafi's role is to coordinate all of the programs, including doing advocacy and reviewing reports and funding proposals.

Previously Mr. Shafi was the only member of the NTD team. Ethiopia is a large country with many health needs and for a long time the government focused on diseases that are major killers: HIV, TB, and malaria. In recent years, the health infrastructure (health centers, health extension program) has improved, economic conditions have improved, and the burden of HIV, TB, and malaria has decreased significantly. The government is now able to put more attention into NTDs. At the same time, the global community is putting more emphasis on NTDs.

Disease mapping in the country found less *S. haematobium* than expected, but fairly high levels of *S. mansoni*. The prevalence of STHs was very high and has convinced the Federal Ministry of Health (FMOH) to put more attention on STHs. The government is actively seeking funders for STH treatment and expects to have more success with these appeals once it completes its five-year action plan.

Under Ethiopia's NTD Master Plan, it aims to eliminate schistosomiasis as a public health problem by 2020.

Schistosomiasis mass drug administrations (MDAs) have gone well so far. The program has started small and has been able to rely on strong health systems that have been built up over the past two decades. Mr. Shafi gets reports of coverage levels and reports from supervision teams that visit communities after MDAs to check the accuracy of coverage reports.

Ethiopia's work with SCI

FMOH began working with SCI about 2.5 years ago. Mr. Shafi's predecessor began speaking to SCI about the possibility of working together on a schistosomiasis program. SCI was the only organization that the government spoke to about this, as it wasn't aware of any other organizations working on schistosomiasis. SCI already had a strong academic relationship with Ethiopian universities and research centers.

In June 2013, SCI co-sponsored a large symposium on NTDs. SCI funded treatments based on older disease prevalence data and supported nationwide mapping. SCI has brought technicians from other African countries to advise Ethiopia's field technicians.

Without SCI's involvement, the program would likely not have gone forward. With the exception of filling small funding gaps on an ad hoc basis, the government has not been able to allocate funding to NTDs. It was interested in doing disease mapping but did not have the funding to do so, and it likely would not have received drug donations without the mapping data.

Mike French, SCI's program manager for Ethiopia, works in the same office as the government NTD program. His main role is assisting with preparing the five-year action plan. He will also be involved in the implementation of the plan.

Mr. Shafi has found SCI to be easy to work with. SCI's model of funding the government, providing technical assistance, and closely monitoring expenses works well and is not overly bureaucratic.

The monitoring and evaluation data that SCI requires is based on a global standard. It is generally not used to adjust the program at the national level because any problems it identifies are dealt with at a local level.

SCI is the only partner currently working with the government on schistosomiasis. The NTD team has been in conversations with Evidence Action to provide technical assistance as Ethiopia scales up its deworming program. Evidence Action has relevant experience from its work in Kenya. Mr. Shafi does not believe that Evidence Action has funding available for STH treatment scale-up in Ethiopia.

Funding

The biggest costs of the schistosomiasis program are transport and per diems for district-level training meetings prior to an MDA and review meetings held after MDAs for teachers and health workers to report coverage. As a starting point, it is generally assumed that it costs about \$0.25 per child to treat for schistosomiasis. It is not yet known what the cost per treatment will be in Ethiopia. Given the large size of the country, transportation from the central level to the local level is expensive.

The ideal budget for the schistosomiasis program next year would be at least \$2 million to treat all 9.9 million children who need treatment in the country. There is some uncertainty about how much this will cost, and it is possible that more (perhaps \$3 million) will be needed. Additional funding could be used to advocate for the program through mass media (TV, radio). If Ethiopia received full funding for the program next year, it would spend the funding in that year and not hold any in reserve. Mr. Shafi does not expect any non-monetary bottlenecks to scaling up in the next year.

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