Phone Conversation between GiveWell and Malaria Consortium, May 31, 2012

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GiveWell: My impression is that Malaria Consortium primarily works on malaria, and in some cases on other diseases as well, including neglected tropical diseases and diarrhea. In many cases Malaria Consortium seems to be advising/providing technical assistance (often to Ministries of Health) on many malaria-related efforts from helping with bed net distributions to training/retention of health workers to research/promotion of the most effective treatment/prevention strategies to monitoring and evaluation. Is this how you'd describe Malaria Consortium's work or would you describe it differently?

Malaria Consortium: That's more or less right. We also deal with pneumonia, through integrated community case management (ICCM). We work on malaria, diarrhea and pneumonia, the 3 major killers of children under 5.

GiveWell: Do you ever implement activities on your own or do you always work with other groups?

Malaria Consortium: In some cases, for instance in one of our projects in Uganda, we do not work with other international organizations but we are working with local CBOs and the Ministry of Health through district level government health facilities. In this particular case we are also connecting the project with other Malaria Consortium funded projects to deliver greater impact. But generally we do always try to work in partnership, especially with the national government.

GiveWell: What's your value-added as an organization?

Malaria Consortium: We have two areas of value-added. First, we partner with the government or local actors where possible to ensure that there's a transfer of knowledge and ownership towards the end of the project.

Second, we are rigorous in our use of monitoring and evaluation and research. We are not afraid of analyzing, reviewing, or establishing whether our interventions work, or how they could have been done better. We aim to establish best practices.

As an organization we aim to try innovative approaches in things like mass net distribution. We ask questions such as: "Have people received the nets? Have they used the nets? If not, what stopped them? Do they not have the tools to hang them? Which tools are they lacking?" We drill down as much as we can.

GiveWell: What percent of resources goes to malaria versus other things, and what percent of malaria funding goes to net distribution?

Malaria Consortium: Almost all our funding goes toward projects. We get very little non-project funding. A majority of our projects are connected to malaria.

Net distribution isn't our only focus. Recently, we've done some mass net distribution projects, but we've also focused on other things like diagnosis, training and building up private sector engagement. Another focus is on looking at how nets are being used.

GiveWell: How do you decide which projects to implement?

Malaria Consortium: It works in various ways. We're well tapped into existing malaria funders. When there are funding rounds (i.e., requests from big malaria donors), we may decide to join a consortium of groups for funding. We are also connected in other ways, but we often get funding from the same sources.

GiveWell: There was a lot of information on the project called inSCALE, which the Gates Foundation funds. Can you tell us more about that?

Malaria Consortium: ICCM (integrated community case management) is our program working with health workers across 4 countries, and it's funded by the Canadian International Development Agency (CIDA). If a young child with a fever comes to volunteer health workers providing malaria services in the community, the presumption has been that the child has malaria. However, the two diseases which are also highly prevalent in many countries are diarrhea and pneumonia, and they have fever as the primary symptom. It can be hard to know which disease they have, and timing for treatment is critical. The process in many cases is to assume malaria and treat for malaria; only if that doesn't work do health workers start looking at other potential causes.

ICCM focuses on building the training and capacity of those frontline health workers to determine which of the 3 diseases the child has. We train and equip them with a fairly simple kit that includes rapid diagnostic tests which require a simple drop of blood to test them for severe malaria and gives results in 15 minutes. If that proves negative, there are respiratory timers to check the breathing speed to test for pneumonia, and ideally the community health workers are equipped with some antibiotics to treat pneumonia. If it isn't either of those, then the presumption is that it's diarrhea; in those cases, they'd have zinc/ORS to treat the symptoms and then refer onward to a health facility.

This is a really important life-saving process at the community level. Most of the countries we work in have a policy in place for increasing outreach through community health workers. Where the inSCALE project comes in is by looking at the attrition rate of trained health workers and looking at what could be done to keep them in post. What motivates or demotivates them? What support do they want/need? The project then pilots a range of solutions to see what works and once the evidence is in place that certain solutions are proving successful, we look at how that can be rolled out and scaled up with government support.

GiveWell: I saw some academic papers on malaria that were from Malaria Consortium researchers. Can you tell me about the researchers i.e., do they work for Malaria Consortium, or are they academic researchers?

Malaria Consortium: Mostly they're our staff working on projects.

GiveWell: How is Malaria Consortium unique among organizations working on malaria?

Malaria Consortium: Our technical expertise is our strength. We like to understand how things work rather than just going for the delivery of the intervention. My understanding of why donors come to us is that we're trusted as an organization that takes a fairly self-critical approach to finding out what works or doesn't work and applying that knowledge to improve the effectiveness of our initiatives.

GiveWell: How should we learn about what you have found (i.e., about what works/what doesn't)?

Malaria Consortium: The resource area on the website is extremely out of date but we are planning to re-develop and update this part of the site imminently. Organisationally, we have not developed a sustained process in terms of pulling data together that can be shared internally and externally. However, this is something we are working on changing. We are currently developing a series of learning papers as part of a concerted effort to find more varied ways of sharing our knowledge.