

A conversation with Dr. Wendy Harrison, Najwa Al Abdallah, and Dr. Lynsey Blair, April 6, 2016

Participants

- Dr. Wendy Harrison – Managing Director, Schistosomiasis Control Initiative
- Najwa Al Abdallah – Finance & Operations Senior Manager, Schistosomiasis Control Initiative
- Dr. Lynsey Blair – Senior Project Manager, Schistosomiasis Control Initiative
- Natalie Crispin – Senior Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Wendy Harrison, Najwa Al Abdallah, and Dr. Lynsey Blair.

Summary

GiveWell spoke with Dr. Wendy Harrison, Najwa Al Abdallah, and Dr. Lynsey Blair of the Schistosomiasis Control Initiative (SCI). Conversation topics included changes in SCI's room for more funding for the 2016-17 budget year, factors limiting the delivery of more deworming treatments in different countries, and updates to target deworming treatment numbers from the World Health Organization (WHO).

DFID funding

In October 2015, SCI shared estimates for its April 2016-March 2017 budget year with GiveWell on target treatment numbers by country, amounts of funding available from DFID and other large donors, and the amounts of additional funding required to deliver the targeted number of treatments in each country and cover SCI's central expenditures ([http://www.givewell.org/files/DWDA%202009/SCI/SCI_planned_SCH_treatment_numbers_by_country_by_year_\(October_2015\).xlsx](http://www.givewell.org/files/DWDA%202009/SCI/SCI_planned_SCH_treatment_numbers_by_country_by_year_(October_2015).xlsx)). GiveWell interpreted the estimates for SCI's projected central expenditures in the document as part of SCI's funding gap for its 2016-2017 budget year.

Documents SCI sent GiveWell in March 2016 indicate that around \$1.5 million more in funding from DFID is available to allocate for SCI's 2016-2017 budget year than GiveWell had previously expected. This is because the document from October 2015 included funding available from DFID that could be allocated to in-country programmatic expenditures, but did not include the funding from DFID that SCI planned to allocate to central expenditures (included in the March 2016 documents).

Factors limiting the delivery of additional deworming treatments

In different countries with SCI-supported deworming (schistosomiasis and STH) programs, different factors can limit the number of deworming treatments that can be delivered. In some countries, the availability of praziquantel (the drug used to treat schistosomiasis) is

the primary limiting factor. The Democratic Republic of the Congo (DRC), on the other hand, may have access to enough praziquantel tablets for national-scale deworming, but SCI and its partners in DRC do not believe that there is currently sufficient in-country capacity to deliver deworming treatments on this scale. Funding may be a limiting factor for delivering deworming treatments in Madagascar, but SCI does not believe it would have allocated additional funding to Madagascar for its 2016-2017 budget year even if it had had additional resources available, since updated disease prevalence mapping data that could be used to more accurately estimate target treatment numbers is not currently available.

If SCI had had additional funding for its 2016-2017 budget year, it would likely have allocated more funding for deworming in Sudan, since there is sufficient in-country capacity and enough praziquantel tablets to scale up target treatment numbers. Additional funding also might have enabled SCI to fund an NGO's proposal to attempt to increase treatment coverage in DRC and Cote d'Ivoire through mobile phone messaging.

Updates to WHO's target treatment numbers

SCI uses target treatment figures for schistosomiasis from WHO when making country treatment plans. There are gaps in the disease prevalence mapping data WHO currently uses to create these estimates, but updated estimates, which will incorporate mapping data collected over the past few years funded through a grant from the Bill and Melinda Gates Foundation as well as mapping data collected by SCI and other deworming organizations, will likely be available within a few months.

With the possible exception of Sudan, SCI does not believe that the updated treatment numbers from WHO will differ widely from the target treatment numbers in its current 2016-2017 plan, which are based on previously-available mapping data. However, the updated target treatment numbers from WHO may impact SCI's plans for its 2017-2018 budget year as it considers entering new countries.

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