Conversations with Schistosomiasis Control Initiative on April 9 and 14, 2014

Participants:

- Dr. Wendy Harrison – Managing Director, Schistosomiasis Control Initiative
- Dr. Sarah Knowles – Biostatistician, Schistosomiasis Control Initiative
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Summary

GiveWell spoke with the Schistosomiasis Control Initiative (SCI) about its recent progress and room for more funding, and to better understand how SCI allocates different funding streams to country programs, the availability of donated drugs, and the bottlenecks to making monitoring and evaluation results publicly available.

DFID grant

SCI applied for a grant from the UK Department for International Development (DFID) to continue and expand its mass drug administration programs in eight countries previously funded by DFID, and to fund programs in two additional countries: Ethiopia and DRC. DFID is in the final stages of approval and SCI expects to receive the first payment in the next few weeks. In total the new grant will total 25 million GBP through December 2018, including 16.6 million to SCI for implementation and the remainder to Crown Agents for purchasing drugs. (This is in addition to funds DFID granted to SCI in 2012, of which a portion remains.) SCI has given DFID a plan for how it expects to allocate funds by country, but will have discretion to alter these allocations in response new data and to the evolving situation in each country.

Ethiopia

To date, SCI has funded its work in Ethiopia with unrestricted funds. Under the new grant, DFID will not fully fund SCI's work in Ethiopia and unrestricted funds will continue to be allocated to the program. SCI is also in discussions with a large donor to provide additional funds to the program. Dr. Mike French, SCI's Senior Program Manager for Ethiopia, is moving to the country in September. SCI points to Ethiopia as one of its biggest success stories because individual donors provided the seed funding for a program that was largely taken over by DFID – this is appealing to many donors. SCI is also working with the Partnership for Child Development, which is also based at Imperial College, in Ethiopia to study the impact of water, sanitation, and hygiene interventions on schistosomiasis transmission.

DRC

The program in DRC is at an early stage. SCI's program manager for the country is currently in DRC having discussions with the government on establishing a national program. SCI hopes to integrate the program with other mass drug administration programs.

Sudan

SCI has identified a need for approximately 500,000 GBP for deworming in Sudan in 2014. There is no schistosomiasis program in the country currently. The government recently approached SCI about setting up a program. The 500,000 GBP would likely be used for disease mapping. Dr. Alan Fenwick, Director of SCI, will be going to Sudan for initial discussions with the government in the next few months. SCI is hoping to leverage existing unrestricted funds to raise further funds to support the programme in Sudan.

The World Health Organization (WHO) has provided Sudan with donated drugs, but Sudan does not have the funds to distribute the drugs. SCI does not know the expiration date of the drugs. Some of these drugs will be used during the mapping process to treat those who are found to be infected with the parasites.

Allocation of DFID and unrestricted funds

To determine how to allocate funding from DFID and unrestricted funding across the countries it works in, SCI considers:

- Cost per treatment in each country. Cost per treatment tends to be lower in larger countries that are treating at national scale, countries that are at a later stage of the program, and countries where funding is available from other sources (which increases opportunities for collaboration and cost sharing). SCI believes that allocating unrestricted funds to countries with lower cost per treatment helps to demonstrate that its program is a highly cost effective intervention. (SCI also appreciates that there are countries with great need that have no program in place, and which, therefore, may have higher costs.) For example, SCI has allocated unrestricted funds to Mozambique, a large country with a national scale program, because it has some USAID funding for other NTD programs, so there is a lower cost per treatment in the country.
- DFID's preferences. Each country that receives funds through SCI's grant from DFID submits an annual budget for the program and SCI discusses with DFID how to allocate funds against these budgets. DFID may ask SCI to allocate more funds to countries that are DFID priority countries.

Disease mapping

WHO publishes estimates of the total number of individuals requiring treatment for schistosomiasis by country; these figures may be refined as mapping data becomes available. SCI conducts disease mapping in the countries it works in to determine the number of treatments needed and the most appropriate mapping strategy. In Cote d'Ivoire, for example, WHO estimates that about 3.7 million individuals require treatment; based on its mapping results, SCI expects to treat 5.4 million individuals in 2014.

The Gates Foundation has funded the Task Force for Global Health to work with the WHO Regional Office for Africa to complete mapping for schistosomiasis and soil-transmitted helminths (STHs) in additional countries, and to compile and organize new and existing disease mapping data.

Donations of praziquantel

Merck is planning to ramp up its donations of praziquantel, the drug used to treat schistosomiasis, over the next few years. By 2016, it plans to donate 250 million treatments per year. The WHO estimated in 2011 (the most recent estimate) that 243 million individuals are at risk for schistosomiasis, and that current programs reach about 10% of them. SCI believes that the number of people requiring treatment annually may be higher than 243 million. In particular, additional drugs may be necessary to achieve elimination. In addition, the number of treatments needed annually may not be equal to the number of individuals at risk if a higher than annual frequency of treatment is required in some areas. Unlike for lymphatic filariasis and trachoma, the treatment protocol for schistosomiasis specifies that the prevalence level in an area should determine the frequency of treatment.

WHO hosts a mechanism to coordinate allocation of praziquantel donations to organizations and countries. WHO is also reviewing protocols for reporting adverse events. Merck wants to ensure that adverse events reported from drugs that it did not produce are clearly distinguished from those observed from Merck drugs.

Currently countries can apply to WHO for donated drugs without having distribution funding available. SCI is working with WHO to reform this system.

Monitoring and evaluation

Little recent monitoring and evaluation of SCI's programs is publicly available. There are a number of reasons for this:

- Data that will be used in academic papers is often withheld by the authors prior to publication, and preparing this data for publication can take a long time.
- In some cases, governments or WHO do not consent to sharing of the data.

- Data collection has increased under the DFID grant. For example, SCI is now conducting coverage validation surveys in most DFID-funded countries. It did not collect this information previously, so earlier data does not exist.
- SCI is working to transfer responsibility for cleaning and analyzing data to country programs. This process can delay SCI's access to the data (but is important for building capacity in countries).

An SCI staff member is preparing data collected in Burkina Faso and Niger under a grant from USAID (2006-2010) for publication. She expects to submit it for publication by July.

SCI has begun collecting parasites for storage at the SCAN Repository in the UK. These samples will be stored and may be analyzed in the future if evidence of drug resistance emerges.

Under the DFID grant, sentinel sites are placed only in areas with prevalence over 10%. This is for two reasons, (i) inclusion of areas with a lower starting level of infection would necessitate prohibitively large sample sizes to get sufficient power to detect target reductions in prevalence and intensity and (ii) it is in the areas where disease is most prevalent that demonstrating impact is most important for the disease control phase of a program.

Room for more funding

SCI is in the process of working with Accenture Development Partners to improve its financial systems, particularly its financial planning. It expects to complete this process in June or July. Due to this ongoing process, it does not have an update on what it would do with further funding.

All GiveWell conversations are available at http://www.givewell.org/conversations