A conversation with Joey Savoie, January 26, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Joey Savoie.

Summary

GiveWell spoke with Mr. Savoie of Charity Science: Health (CS:H) as part of GiveWell's Incubation Grants work to support the creation of future top charities. Conversation topics included updates on CS:H's plans for testing and scaling up its text message (SMS) vaccine reminder program, the timeline for seeking additional funding, and cost-effectiveness analysis of the program.

Pilot phase

CS:H plans to continue exploring two different major operational strategies, as well as experimenting with other approaches:

1. Work through partner non-government organizations (NGOs) to collect phone numbers and send reminders.
2. Work directly with hospitals – i.e., hire staff to recruit program participants in hospitals, contact as many hospitals in target regions as possible and sign them up to participate in the program.
3. Experiment with other options, such as: running another round of requests for proposals, approaching health associations, and using a current grant from Google.

Partnership model

CS:H is currently evaluating two NGOs for partnership: vRemind and QRF.

Immunize India

CS:H will not be moving forward with this organization.

vRemind

CS:H has granted vRemind an initial $10,000 for a trial program implementation and is continuing to explore this partnership.

- **Trial reminder program** – vRemind will carry out a trial of the SMS program designed by CS:H and is currently getting permission from hospitals to recruit participants. For the trial, vRemind will gather data on vaccination rates for those hospital patients who sign up for a vaccination reminder program soon after being due for a vaccination visit compared to those who

sign up just prior to being due for a vaccination visit to see what impact the reminder program has. vRemind is working with eight public hospitals in Hyderabad. It collects phone numbers of mothers who give birth in these hospitals, as well as people who bring children under age five to the hospital for treatment. This is an effective targeting methodology because public hospital patients in India tend to have low vaccination rates. The trial should be relatively inexpensive and simple because it will not require working with sensitive medical data, but the results may be mixed, due to a variety of factors. Some results should be available in approximately two months and may show whether the program is delivering the desired impact on vaccination rates.

- **Targeting** – Hyderabad has higher vaccination rates than other areas of India that CS:H would be more interested in targeting. The vaccination rate in Hyderabad is about 75%, and CS:H estimates that vaccination rates range from about 50-85% in different regions of India. It may be possible for CS:H to persuade vRemind to work outside of Hyderabad. However, both founders of the organization live there and prefer to work close to home. CS:H is interested in looking at more specific district-level data on vaccination rates, because it is possible that there are areas close to Hyderabad that may have lower vaccination rates than inside the city. However, if vRemind were located in a city like Delhi, virtually all the surrounding areas would have low vaccination rates.

- **Potential scaled-up partnership –** If this partnership continues, CS:H could potentially provide vRemind with an additional $50,000 expansion grant. vRemind would focus on acquiring more program participants and CS:H would focus on testing, monitoring and evaluation to strengthen the program. However, CS:H will need to analyze vRemind's cost-effectiveness and expansion plan. The initial hospitals vRemind is targeting are part of a single hospital chain, and vRemind has tended not to work outside of this chain. However, CS:H does not anticipate that it would be difficult for vRemind to expand beyond its current network of hospitals, given CS:H's positive experience reaching out to hospitals about the vaccination program.

QRF

QRF is a new potential partner identified through a Request for Proposals (RfP) that CS:H ran at the suggestion of its new India program manager. The RfP was designed to find additional eligible partnership candidates, since many NGOs in India are small and do not have a web presence. Approximately 25 applications were submitted through the RfP, and CS:H has interviewed eight potential candidates.

CS:H plans to grant $10,000 to QRF for an initial trial.

- **Targeting** – QRF operates in Gujarat, which has lower baseline vaccination rates than Hyderabad. QRF has already established a connection with many hospitals in the area.

- **Activities and cost of trial** – The projected cost of the trial appears to be low and fits with CS:H's budget. However, QRF does not have experience working with text messaging. In the past, it has primarily collected survey data. For the trial, it will collect phone numbers of potential program participants and hand them off to CS:H. This would shift the cost of sending SMS reminders to CS:H but would offer CS:H more control over the content of the messages.

Benefits offered by each partner

vRemind has experience working with SMS campaigns and would send the messages in addition to collecting phone numbers. However, CS:H believes vRemind would be more focused on scaling up quickly than testing and refining message content. CS:H sees having more control over messaging as a potential benefit of partnering with QRF, since CS:H would be interested in testing, e.g., messages in multiple languages. Having more flexibility to test messaging for effectiveness could help the program move more quickly.

Direct implementation model

CS:H has researched different approaches to recruiting participants for this type of program and has experimented with reaching out to public hospitals. Due to the success of these experiments, CS:H is more seriously considering the direct implementation strategy. This strategy could be more cost-effective and would allow CS:H to have more control over targeting.

Approaching hospitals

Approaching hospitals directly was more effective than CS:H expected. Of the eight public hospitals that CS:H approached, four expressed interest in the program after several meetings and a final approval discussion with the hospital director. This process took about two to three weeks, and CS:H believes it could reduce this timeframe as it gains more experience working in this area.

- **Benefits** – These are large hospitals that deliver 12,000-20,000 children a year. If CS:H were able to sign agreements with 5-10 hospitals of this size, it could potentially reach as many patients or more as vRemind or QRF, which tend to target hospitals more opportunistically. CS:H would target hospitals in areas with lower vaccination rates. The first few hospitals it has approached are in Delhi because this is where CS:H staff are located, but it is also interested in expanding to Uttar Pradesh and Rajasthan.
- **Drawbacks** – The process of working with hospitals is time-intensive, requiring many meetings and the approval of the hospital director. The total time required for reaching out and bringing a hospital onboard the program is approximately 30-40 hours over a span of about four months. This may mean a longer timeline for establishing the SMS program and collecting data.

Establishing the program

Ideally, CS:H would like to establish the program in areas with low vaccination rates, such as Rajasthan. CS:H would first gather data on the number of mothers who gave birth in the hospital and returned after three, four, and 16 weeks to vaccinate their children. This baseline data collection phase would add about a month to the total program timeline. The SMS reminders would then be launched, and data from the program would be compared to the pre-SMS baseline.

CS:H staff have not yet attempted to recruit program participants in hospitals, but the partners that CS:H is working with are reporting a high enrollment rate, with approximately 90% of those approached enrolling in the program.

Program costs

About 75% of the cost of the SMS reminders program will come from recruiting program participants. If CS:H chooses the direct implementation model, it will need to hire staff to travel from hospital to hospital, or to embed staff in some hospitals to recruit and record data. Other program costs – e.g., cost of the messaging platform, SMS transfers, laptops, etc. – are low relative to staff costs.

Recruiting participants outside of hospitals

CS:H does not believe it is missing a significant under-vaccinated population by recruiting only inside hospitals. India offers a cash incentive for mothers to give birth in hospitals, and the national rate of hospital births is over 95%, significantly higher than the vaccination rate.

Monitoring and evaluations

Baseline vaccination data during pilot

In hospitals where baseline vaccination data are not available, CS:H has been asking its NGO and hospital partners to administer short telephone vaccination surveys to patients. This is a cost-effective way to gather data on vaccination rates.

Collecting data during the program

CS:H is considering two approaches:

- **Enlisting hospital staff to collect data –** CS:H has been using the survey approach for baseline vaccination data collection because it found that most hospitals tend not to collect sufficiently robust vaccination data. Some hospitals would be willing to collect these data and send them to CS:H. This would lower the cost of gathering program data, but the quality of the data would likely not be ideal, based on what CS:H has observed.
- **Hiring staff to collect data in hospitals –** Some hospitals do not have record-keeping capacity and are interested in CS:H providing staff to collect program data in addition to recruiting participants. Hiring staff for this purpose would be more costly but would likely provide higher-quality data on baseline vaccination rates and changes in vaccination rates during and after the program.

Potential CS:H staff data collection method

Most of the hospitals CS:H has approached are divided into different departments, including a birth department and a vaccinations department. CS:H could embed staff in each department to enroll and collect baseline data from people in the birth department waiting area, as well as those who are bringing a child in for early vaccinations. CS:H staff could also work with hospital staff in each department to gather administrative data.

To collect both birth and vaccination data, it is possible that more than one staff member will be needed per hospital. The birth department would likely be the highest value area for CS:H staff.

Randomized controlled trial

After the initial pilot phase, CS:H is interested in performing a randomized controlled trial (RCT) on the program. CS:H plans to compare the results from its program to RCT data on similar programs in other countries.

If CS:H is able to complete the pilot phase in August, it would aim to launch the RCT in November or December 2017.

Attitudes toward RCT data

- **Hospitals** – The hospitals CS:H has spoken to about the RCT have been supportive of the idea and are also interested in using this method to measure the impact of the program. This should facilitate the process of setting up an RCT.
- **Government** – CS:H has sought input on how to facilitate government scale-up of this program. It has been told that the Indian government prefers programs to be backed by a relevant study in India before being scaled up – ideally, in the same province as where the proposed scale-up would take place. An RCT could help facilitate province-level scale-up. Provincial governments have expressed interest in the program, and if the RCT demonstrates positive impact, they could potentially be willing to approve the program in all hospitals in their provinces.

Timeline for seeking additional funding

CS:H will likely require additional funding in July or August 2017 to move from the pilot to the implementation phase.

In the past, it was helpful that GiveWell filled CS:H's entire funding gap, because this allowed CS:H to spend only a small amount of time on fundraising. CS:H mostly used this time to build connections with funders for the future. However, this was time-intensive for CS:H staff, and CS:H is unsure if the benefit was worth the cost.

Cost-effectiveness analysis

Determining the cost-effectiveness of the program will be more of a focus for CS:H as it gathers more data on the different strategies it could take. Over the next month, CS:H will be working to integrate data from volunteer researchers into its cost-effectiveness model. This finalized model will be shared with GiveWell.

Based on conversations with hospitals, CS:H believes the implementation cost—including staff per hospital, cost per text message, and messaging platform costs—should be reasonable and lower than it originally expected based on partner estimates. The total cost varies based on the different strategies that CS:H is exploring, but all of the strategies appear to be reasonably cost-effective.

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