

## **Conversations with Grace Hollister, September 21 and October 1, 2015**

### **Participants**

- Grace Hollister – Director, Deworm the World Initiative, led by Evidence Action
- Timothy Telleen-Lawton – 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 Grace Hollister.

### **Summary**

GiveWell spoke with Grace Hollister of the Deworm the World Initiative as part of staying up to date on the organization and to get updates on Deworm the World's room for more funding. Conversation topics included updates on country programs, major constraints, room for more funding, and uses of unrestricted funding.

### **India**

#### **National Deworming Day**

The Indian government announced in September that the second National Deworming Day will take place on February 10, 2016 and will target all 36 states and union territories. In the first National Deworming Day on February 10, 2015, only 12 states and union territories were targeted. More advance notice was given for the second National Deworming Day, and this should give states adequate time to prepare.

Deworm the World helped the national governments to write operational guidelines in preparation for the first National Deworming Day and worked with states in which it provides technical assistance to customize the guidelines to the specific state content. There is a planning meeting scheduled in about two weeks to review and update these guidelines based on lessons learned this year. Improvements include changes to the method of calculating coverage rates and greater inclusion of state-level lymphatic filariasis personnel in deworming steering committee meetings to ensure that lymphatic filariasis and deworming programs are collaborative and not redundant.

The government requested drugs from the World Health Organization (WHO) for soil-transmitted helminths (STH) and lymphatic filariasis for all states in August 2015; given the timing for fulfillment of requests by WHO, the donation will not be available in time for the February 2016 round. It will be filled later in 2016 and will be available for the third National Deworming Day in 2017. For 2016, WHO donations are available in those states which were included in the request from August 2014, the states in which Deworm the World was working at that time. The government will fund drugs for all other states, as well as drugs for preschool-age children (WHO donations are available only for school-age children). States should not have problems procuring albendazole, because it is on India's essential medicines list and is regularly procured by state governments.

#### **Deworm the World programs**

Deworm the World continues to support the four states it was working in previously (Rajasthan, Delhi, Bihar, and Madhya Pradesh) and has added programs in Chhattisgarh and Uttar Pradesh. Deworm the World provided limited support to Chhattisgarh on the first National Deworming Day, and will be able to provide more extensive support in 2016 because a memorandum of understanding (MOU) has now been signed. A prevalence survey will be launched in Chhattisgarh within 1-2 months.

An MOU has also been signed with Uttar Pradesh, the largest state in India, which has 90 million children. Uttar Pradesh has been proactive and committed to its work with Deworm the World. A prevalence survey has been completed in Uttar Pradesh and the data are being analyzed.

Deworm the World is in discussions with Telangana, India's newest state, which was created in 2014 when Andhra Pradesh was partitioned. As a result of the partition, Telangana's capacity is limited and it is eager to have Deworm the World's support. Deworm the World is preparing to conduct a prevalence survey in Telangana, and Ms. Hollister expects to have a MOU signed in the coming months.

Deworm the World has phased out its comprehensive technical assistance to Delhi, but the national office will continue to provide minimal support, including attending meetings and doing some policy advocacy work. Deworm the World no longer has dedicated staff for Delhi.

## **Funding sources**

### *Children's Investment Fund Foundation/Dubai Cares*

The Children's Investment Fund Foundation (CIFF) and Dubai Cares co-fund Deworm the World's work in Bihar and Uttar Pradesh, and funding is also available to expand to include comprehensive technical assistance in Telangana. CIFF/Dubai Cares also fund a large amount of Deworm the World's work at the national level.

### *USAID*

USAID funds Deworm the World's work in Madhya Pradesh and Chhattisgarh and some of its work at the national level.

### *The END Fund*

Deworm the World hopes to secure funding from The END Fund to support its program in Rajasthan, which was previously supported by the Michael and Susan Dell Foundation.

## **Use of unrestricted funding from Good Ventures**

Deworm the World plans to use unrestricted funding in India to support two special initiatives related to process and data improvements. Each will cost approximately \$60,000. If additional costs are incurred, they will be covered using donor funds.

### *SMS reporting system*

Deworm the World is developing a system that will allow school headmasters to provide coverage data via SMS. This will allow data to be communicated more quickly and will be

more efficient than the current paper-based system. During the next round of treatment, Deworm the World will pilot this SMS reporting system while simultaneously using the old paper-based system to ensure that there are no problems with SMS reporting. If this is successful, Deworm the World plans to scale up SMS reporting and phase out the old system.

#### *Logistics management information system*

Deworm the World's support of state-level work includes employing telecallers who work in the state office in that state to ensure that deworming programs run smoothly by verifying that trainings have occurred, drugs have arrived, and that information, education and communication (IEC) materials are available. This information is then seeded back to the government so that it can make real-time course corrections.

This work is currently done in Excel, which is relatively inefficient. Deworm the World is developing a logistics management information system, which will systematize the way Deworm the World captures data and provide a more automated feedback loop. It is becoming more important to systematize this process as Deworm the World expands its programs to new states.

#### *Alternate sources of funding for these projects*

Deworm the World will ensure that these projects are funded, with or without unrestricted funding from Good Ventures. It would likely be possible for Deworm the World to re-budget its existing grants from CIFF, USAID, and The END Fund to cover these costs. These grants are re-budgeted every year to account for updated assumptions about specific costs, how much governments will contribute, and how many rounds of treatment are required in a given year.

### **Prevalence surveys**

In India there are relatively short periods of time in which prevalence surveys can be completed, because they must be conducted while children are likely to be in school, which is limited by school holidays and weather.

## **Kenya**

### **Cancelled treatment**

A combined treatment for schistosomiasis and STH scheduled for September in some sub-counties has been cancelled due to a teacher strike. Deworm the World considered delaying the treatment until October, but the strike is ongoing and there will not be enough time to prepare for and administer the treatment before exams in mid-October, during which treatments cannot be administered. The next treatment is scheduled for February.

### **Lymphatic filariasis treatment program**

If funding permits, the Kenyan government may begin a lymphatic filariasis treatment program along its coast. If it does so, Deworm the World will provide process monitoring and coverage validation for the treatments. The government has expressed interest in

having this support from Deworm the World, and CIFF has given Deworm the World additional grant money for this purpose.

### **Sustainability strategy**

In collaboration with the government, donors, and other stakeholders, Deworm the World is planning a strategy to sustain and institutionalize the program after its current grants expire in June 2017. Deworm the World plans to begin transitioning some of its planning and supply chain work to the government.

### **Cost per treatment**

The cost per treatment in Kenya is higher than in India. This is in part because in Kenya Deworm the World is treating for schistosomiasis in addition to STH, and schistosomiasis treatments incur greater costs, including a higher drug cost and more extensive mapping. Other factors include the cost of additional supplies, higher operational costs, teacher allowances, and working on a smaller scale, which is less cost-effective. There are 6 million children in need of treatment in Kenya and the WHO estimates 241 million children at risk in India.

The monitoring and evaluation is also more extensive in Kenya than in India. In India, Deworm the World typically conducts an initial baseline prevalence survey followed by a survey after 3-5 rounds of treatment, while in Kenya annual surveys are conducted to monitor the impact of treatment on prevalence and intensity.

### **Ethiopia**

Deworm the World and the Schistosomiasis Control Initiative (SCI) have partnered together to provide national and regional support to the government of Ethiopia to ensure that the regional staff has the tools necessary to roll out the program. This technical support is funded by CIFF.

Deworm the World has retained a consultant in Addis Ababa to provide support to the Federal Ministry of Health at least until the end of 2015.

The first round of treatment in Ethiopia was planned for October but will be delayed until November due to delayed availability of praziquantel. Praziquantel for Ethiopia has been funded by the United Kingdom's Department for International Development (DFID) via Crown Agents, but the amount is not sufficient, and a drug donation from WHO may be needed to fill the gap. The annual global donation of praziquantel from Merck has been increasing by 25-50 million doses per year, but the supply is not currently meeting demand.

### **Funding**

A grant from CIFF using a pooled funding model has recently been finalized. CIFF funding for implementation is given directly to Ethiopia's Federal Ministry of Health, and funding for technical assistance is given to SCI and sub-granted to Deworm the World. Technical assistance is fully funded for 5 years.

*Funding gap*

There is a funding gap of several million dollars for implementation costs. This funding will not be needed for 2-3 years, and it is possible that the gap will be filled by fundraising efforts in this time. The END Fund has partnered with CIFF and committed to raise money to help fill this gap.

#### *Logistics of funding transfers*

Deworm the World is also willing to raise money to fill this gap, but Evidence Action does not have fiscal arrangements with the government of Ethiopia and currently is not able to transfer money to the government for implementation. SCI does have these arrangements because it has previously transferred unrestricted funding from private donors.

## **Vietnam**

### **Program status**

Deworm the World is working in partnership with Thrive Networks in Vietnam on an integrated program of both deworming and water, sanitation, and hygiene (WASH) education, and this includes an RCT to explore the impact of hygiene education in combination with deworming. This program is funded primarily by Dubai Cares, with Deworm the World slated to provide unrestricted funding for certain program components. This program is undergoing some redesign, and also awaiting government approval; as a result, no support for mass drug administration (MDA) in November will be possible and no other supported MDAs will be carried out in 2015.

Additional funding would not enable Deworm the World to move forward with supporting MDAs. Deworm the World is not in a position to hasten the process because it does not work directly with the government; all agreements with the ministry of health are made via its local partner non-governmental organization (NGO), East Meets West (the Vietnam branch of Thrive Networks).

However, even if it were possible to get government approval to carry out MDAs on schedule, there are other components of the program to consider. One goal of the integrated program design in Vietnam is to build evidence of the cost-effectiveness of a combined WASH and deworming program and to determine what specific WASH interventions are effective in reducing reinfection. Deworm the World is particularly interested in testing the effect of hygiene education. In the neglected tropical disease (NTD) sector in general and deworming in particular, there is growing interest in integrating WASH interventions into treatment programs, but there is not yet strong evidence for their effectiveness.

#### *Drug expiration*

It is unlikely that albendazole will be wasted due to delays, because it has a relatively long shelf life. There is greater concern about wasting praziquantel, which needs to be distributed within about a year of arriving in a target country. There is no schistosomiasis, and therefore no praziquantel required, in Vietnam.

### **Prevalence surveys**

Deworm the World is proceeding to fund prevalence surveys in some provinces that have not recently been surveyed for STH, many of which have stopped treatment for lymphatic filariasis. These surveys will help to inform overall treatment strategy in Vietnam. Deworm the World is able to proceed with this work because it is independent of the main program. It is funded by unrestricted funding from Good Ventures and conducted by the National Institute of Malaria, Parasitology, and Entomology, a parastatal organization with which Deworm the World has a separate sub-contract.

### **Potential expansion**

Deworm the World has been in discussions with both GiveWell and The END Fund about the possibility of raising additional funds to enable Deworm the World to expand its program into other provinces. These discussions are on hold while the program is being redesigned and approval is pending.

## **Nigeria**

### **Cross River**

Through discussions with potential partners and state governments, the highest potential area in Nigeria for Deworm the World currently is Cross River State, a relatively small state with a target population of about 550,000. 9 of Cross River's 18 local government areas (LGAs), or districts, require treatment for STH, with an estimated target population of 550,000 school-age children. Approximately 425,000 school-age children need treatment for schistosomiasis, in 11 of 18 LGAs. Due to potential challenges, Deworm the World plans to initially focus on building a program in Cross River before it considers expanding to other states.

Deworm the World is in discussions with a potential partner which plans to work in Cross River on other integrated NTD treatment. The need to scale up treatment for schistosomiasis and STH among school-age children has not yet been addressed, and Deworm the World has been in discussions with this partner, the state NTD coordinator, and other state officials about creating a school-based deworming program to treat both STH and schistosomiasis beginning in 2016. This looks promising, but Deworm the World will need to find its own sources of funding to support school-based treatments for next year.

UNICEF is currently funding treatments for preschool-aged children in Cross River but may be reducing its involvement there.

### **Discussions with The END Fund**

Deworm the World met with The END Fund to discuss the particular challenges of working in Nigeria, because both organizations have been doing research in this area. One challenge is that there are many organizations working in Nigeria and it can be difficult to keep track of what each is doing, although there is a strong NTD nongovernmental development organization (NGDO) coordination group in Nigeria.

The END Fund may be interested in future expansions of Deworm the World's work in Nigeria into other states, if Deworm the World were to partner with a local NGO.

## **Room for more funding**

This program will likely cost approximately \$270,000 per year.

Because the program in Cross River is relatively small, the cost per child will be higher than it would be in a larger program, and Deworm the World will need to be careful about minimizing costs.

## **Length of commitment**

Deworm the World would ideally like to make a 3-year commitment in Cross River to increase the chance of government approval, increase stability, enable Deworm the World to establish a partnership with the government, and take steps toward institutionalization of deworming programs.

There is some inherent risk in multi-year commitments, but one year is not always enough time to build a new program that runs effectively, and governments would be reluctant to work with Deworm the World if they were limited to one year. However, the need for treatment and desire for deworming programs in Nigeria is high, and state governments would likely accept a one-year commitment and hope that Deworm the World would find funding to extend the program beyond the first year.

One-year commitments can be costly for Deworm the World because governments typically expect that programs will continue past the first year, and it can be difficult to find funding, especially for existing programs. The time investment required to find funding can limit Deworm the World's ability to do other work.

## **Pakistan**

The WHO reports that Pakistan is endemic for STH, but there is not yet sufficient evidence of prevalence and intensity to develop an evidence-based treatment strategy. Deworm the World has committed unrestricted funding to fund prevalence surveys in two large provinces, Punjab and Sindh. It is targeting these provinces because their school enrollment rates are high, the areas are fairly secure, and they contain a significant percentage of the population of Pakistan. Deworm the World plans to contract with a local organization to do these surveys, but does not yet have a signed agreement.

Deworm the World does not yet have an agreement with the government in Pakistan to conduct the surveys, but hopes to accomplish this in the next month, and anticipates that the prevalence surveys will be conducted beginning in January or February of 2016. It is expected that a clear articulation of need will be an important factor in building a strong case to the government in favor of deworming programs, and it may be best to wait until the results of the surveys are available in the second quarter of 2016 before beginning discussions with the government on a scaled school-based program. Treatment may not begin until 2017.

Deworm the World plans to work in partnership with the same local organization to provide technical support, likely beginning in Punjab and later expanding to Sindh. It may be possible to start working in Sindh within the first year, in part because the two provinces will be surveyed simultaneously.

## **Potential partner organization**

Deworm the World is in preliminary discussions with a potential partner which is based in Karachi and does a lot of work on health, including supporting a hospital network and doing tuberculosis treatments in Pakistan and elsewhere. This organization works in several countries, has a large presence in Pakistan, seems to have a high capacity, and uses a research-based approach. It is interested in working with Deworm the World on deworming and met with Deworm the World recently to discuss prevalence surveys.

Deworm the World will fund its own costs in Pakistan, including personnel and travel costs, but most of its funding will be sub-granted to the partner organization to support on-the-ground operations.

## **Room for more funding**

It is difficult to estimate how much funding will be needed, because Deworm the World has not worked in Pakistan before and it is still early in the planning stages. There is a rough funding need of \$1.5-2 million per year in Punjab, which has a target population of 5.7 million children, and \$500,000-800,000 per year in Sindh, which has a target population of 2.1 million children.

The projected cost per treatment is between \$0.23-\$0.39. In order to more accurately estimate the cost per treatment, it will be necessary to get a better understanding of some basic parameters including the structure for compensation of government personnel.

## **Length of commitment**

A multi-year funding commitment will be important to encourage the government to work with Deworm the World. Ms. Hollister would like to aim for a 5-year commitment and has had a 5-year budget created. While it is unlikely that Deworm the World will get an up-front 5-year funding commitment, and it may be difficult to reach an agreement with the government without having funding for all 5 years. Deworm the World could begin with a 3-year commitment and indicate its intention to stay for 5 years and find funding to fill the gap.

## **Nepal**

The program in Nepal is still on hold and will be reassessed in the coming months. The data from prevalence surveys are currently being analyzed.

If the project does move forward, Deworm the World does not expect to need to start with a pilot project in Nepal before beginning a larger program there. A pilot project is generally not necessary if there is national political commitment to roll out a program at scale.

## **Major constraints**

In the medium term, the biggest limiting factor preventing Deworm the World from helping more deworming programs funding.

## **Capacity**



Staff capacity is not expected to be a limiting factor in Deworm the World's ability to pursue programs in new countries. It has been increasing its staff as it expands to new countries, but partnering with local organizations reduces its capacity constraints. In countries where the partner organizations have high capacity, it is sometimes possible for Deworm the World's in-country staff to provide support to other programs in the region as well. Deworm the World recently hired someone on a short-term basis to support programs in Ethiopia, and hopes to make this a longer-term position to provide regional support.

It is not always necessary to have a large staff working in a particular country, and the use of regional hubs helps to minimize staffing costs. In Ethiopia and Vietnam, Deworm the World's in-country staff is working closely with partner organizations and receives support from the teams in India and Kenya as well as Deworm the World's global team.

If Deworm the World began programs in multiple new countries in Asia, it would need to hire additional staff, because its staff member in Vietnam is currently also working on the Pakistan programs. If Deworm the World scales up its program in Nigeria it may also need to have staff there.

### **Finding partners**

In countries where Deworm the World is beginning new programs, it is using a new "light touch" model in which it works closely with established partner organizations with local knowledge and provides technical expertise on deworming. Finding a viable partner organization can be a significant barrier to starting a new program.

Deworm the World has identified Nigeria and Pakistan as countries where it could start programs in large part because it has identified potential partner organizations there. These could be difficult places to work, which makes strong partnerships more critical. Early discussions with partners in both places are going well.

The "light touch" model has similar outcomes as the more comprehensive model in which Deworm the World has a larger footprint. This model is still being used in Kenya and India. In this older model, partner organizations are sometimes involved.

Deworm the World tries to ensure that the quality of data it gets from its partners is just as high as the data it generates in areas where it operates more heavily.

### **Room for more funding for 2016**

If Deworm the World had \$4.5-6 million for a 3-year commitment in Punjab, Pakistan, plus \$2 million to be able to commit to uncertain opportunities, then lack of funding would be unlikely to be a constraint to new programs in 2016. Significantly less funding than that would increase the risk that some opportunities that arose in 2016 would have to be delayed for lack of funding.

Other than the possibility of receiving funding for Rajasthan and any funding from GiveWell influenced donors, Deworm the World does not expect to receive any other funding in 2016.

## **Additional funds for uncertain opportunities**

If Good Ventures were to give Deworm the World extra funding to cover any opportunities that may arise in the next year, approximately \$2 million would give Deworm the World the flexibility to cover uncertain opportunities in places such as Sindh or Nepal.

Unrestricted funding gives Deworm the World the flexibility to fund new projects mid-year. It has helped to fund prevalence surveys in Pakistan, which is useful because it enables Deworm the World to demonstrate the need for deworming to the government.

## **Evidence Action unrestricted funding**

In 2014 and the beginning of 2015, Evidence Action spent a total of about \$1.6 million of unrestricted funding. Approximately 53% of this was spent on Beta programs, 14% on Dispensers for Safe Water, and 33% on organizational development. No Evidence Action unrestricted funding was spent on Deworm the World because it was sufficiently funded.

Evidence Action's prioritization of uses for unrestricted funding in 2015 has been fairly consistent with the previous year. Its priorities, from most important to least, are:

- Core expenses
- Dispensers for Safe Water
- Data collection improvements
- Deworm the World Initiative

## **Donor priorities**

Donor priorities do not always align with Deworm the World's priorities. Institutional donors tend to prioritize funding opportunities in certain countries, including Nigeria, Ethiopia, and the Democratic Republic of the Congo. There has been a large focus on Africa to the exclusion of other places. Donors are less interested in funding opportunities in Nepal, Pakistan, and Vietnam, and it is unclear how much interest will be shown in Indonesia. There is less interest in Asia, and in southeast Asia in particular.

## **Institutionalization**

Deworming programs focus on control rather than elimination and currently cannot project an end date after which treatment will no longer be needed. Because many donors are not interested in funding these programs indefinitely, Deworm the World aims to work toward institutionalization of these programs. This involves demonstrating to country governments the high impact and cost-effectiveness of its programs and convincing them to appropriate their own resources to fund the implementation of these programs in the long term. However, governments are not expected to fund certain elements of technical assistance, such as independent monitoring of its programs, and there may be continued roles for some external assistance.

## **Erratum**

The 2015 Bihar program report lists the “State Inflation Rate” as 11.8%, but that is incorrect. Schools that followed reporting protocol had inflation of 3.6%.

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