A conversation with Anna Phillips on May 27, 2014

Participants

- Anna Phillips — Senior Program Manager, Schistosomiasis Control Initiative
- Natalie Crispin — Research Analyst and Financial Manger, GiveWell
- Ben Rachbach — Research Analyst, GiveWell

Note: These notes give an overview of the points made by Dr. Phillips in the conversation.

Summary

Anna Phillips is a Senior Program Manager at the Schistosomiasis Control Initiative (SCI), managing its programs in Niger, Cote D'Ivoire, Mozambique, Madagascar and Burkina Faso since 2009.

GiveWell has been re-evaluating SCI's evidence of effectiveness (http://blog.givewell.org/2013/11/29/rethinking-scis-evidence-of-impact-2/). GiveWell spoke to Dr. Phillips about what impact evaluations have been carried out to date by SCI, with a focus on Niger, Burkina Faso and Mozambique.

Monitoring the impact of deworming treatment

In 2004 both Niger and Burkina Faso received funds from the Bill & Melinda Gates Foundation through the SCI to establish a national Schistosomiasis and STH control program. In addition to the financing of mass drug administration (MDA), a research lab was built in each country with the purpose of monitoring and evaluating the impact of the national deworming program. Assessment of the MDA was carried out through a six-year sentinel site survey from 2004-2010. Statistical power calculations were performed to ensure that the correct number of schools and children per school were sampled to be representative of all schools receiving the same treatment strategy.

At baseline (in 2004), each of the sentinel schools were sampled by a team from the research lab who arrived in the morning to take samples from 150 students selected at random, which were then taken back to the lab for analysis. In the afternoon, one or two lab staff remained at the school to supervise the deworming drug administration and to ensure that all students in the school were treated. Ethical review boards in the countries mandated that the members of the lab team personally ensure treatment of children who had been sampled for the study. The lab staff who administered treatment were aware that the school was a sentinel site. These same children were then followed up each sub sequential year. If there were any children that were lost-to-follow up then new children who were entering into the first year of school were recruited into the study. They were then representative of non-treated children.

The lab staff were unaware of which students had been found to have worms to avoid preferential treatment. Children who were found to have worms were not given any extra treatment beyond the treatment given to the entire sentinel school. The sentinel sites were treated two weeks prior to the national MDA to ensure that the schools were not treated twice. SCI were able to then monitor registers from the national campaign showing which schools had received treatment in the MDA to ensure that the sentinel schools were not twice treated.

For the non-sentinel schools, the National Schistosomiasis and STH Control Program were responsible for coordinating the mass treatment for all schools in each district. Cascade training was carried out where teachers were trained at the district level on how to administer the deworming drugs. The teachers in turn were responsible for treating the children with supervision from district level health staff. The district level health staff were in turn trained and supervised by the central level Ministry of Health.

SCORE

In 2010, the Bill and Melinda Gates Foundation through the University of Georgia funded SCI to undertake the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) study in Mozambique and Niger. SCORE was designed to determine whether community-wide or school-based MDA is more effective and to investigate the optimal frequency (biannual, annual or biennial) of treatment. In total 225 villages in Niger and 150 villages in Mozambique were enrolled in SCORE to be followed over the course of five years. In brief, each village is allocated one of possible five MDA regimes ranging from intense treatment (community based treatment every year) to the least intense strategy (school-based treatment every two years). Each year prior to treatment 250 people are sampled (100 1st year students; 100 9-12 year olds; and 50 adults) with the aim of monitoring the impact of drug intensity on infection patterns.

Sharing data

SCI previously shared with GiveWell an unpublished report entitled "Longitudinal Analysis and Evaluation of a Schistosomiasis Control Initiative (SCI) Programme: Niger, 2004 - 2010." The report states that data was collected from eight schools, but the analysis included data from only five schools. SCI has data from the other three schools and intends to analyze it.

SCI are in the process of preparing publications on the following:

- Six-year follow-up sentinel site data from Niger and Burkina Faso.
- The results of the SCORE study in Mozambique and Niger.
- Sentinel site data from Malawi, Cote d'Ivoire, and Zambia. SCI has not yet analyzed this data.

Hurdles to sharing data

It is important to emphasize that all data that is collected using funds from SCI are country-owned data and it is not possible to share (including with GiveWell) prior to being published in an academic peer-reviewed journal with permission and co-authors from the local ministries of health. SCI must respect country ownership of data to maintain good relationships with countries. Getting data approved by countries tends to take a long time. Countries tend not to send data to SCI until about four months after it has been collected. SCI takes a few months to clean the data, then SCI sends the data back to the country to fill in missing data and make clarifications. For some large funders, SCI prepares annual reports including all available data, but it does not ask countries whether it can share this data more widely. Countries would likely be less reticent to share data with GiveWell for GiveWell's internal use than for public posting on GiveWell's website.

Countries have first rights to publish data on their programs. National control programs in the countries may hold on to the data before allowing SCI to publish the data.

SCI has a small team, so it often lacks the capacity to write up and publish data.

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