

Charity review assignment

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Stop TB Partnership

Part 1

- **"What do they do?" section.** Does this section give you a clear picture of the charities' activities, to the point where you can picture how donations are spent?

The section on the whole is clear. Four suggestions I would like to make are:

First, I think it could be more informative if it indicates what constitutes 'Other expenses' in the first graph. Since it says the GDF is the largest program, 'Other expenses' seem to include expenses for other smaller programs and so simply noting what they include get give a more comprehensive picture of the charity's activities. After all, they sometimes constitute 30% of the total expenses, which isn't so trivial. Moreover, at a glance, 'Other expenses' could simply be mistaken for administrative expenses and can give a misleading impression that sometimes a big portion of the expenses is being spent on its administrative work.

Second, it could be more informative if the section notes where the charity works primarily. Simply noting some of the primary recipients (both current and past) could do the job and would give a more comprehensive picture. Moreover, the Stop TB's progress report includes statistics such as the number of patients have been treated each year and the number of countries applied for the program, and how many of those have been approved. These simple numbers wouldn't add much to the volume of the review, while giving a more comprehensive picture.

Third, in the second graph 'Value of GDF grants by product type (2007-2009, projected for 2010-2011)', there should be an explanation for the sudden dramatic increase in MDR new diagnostics area from 2009 to 2010-11 (perhaps in footnotes?). It notes that the charity recently begun to expand this focus, but it could be much more informative to note what caused this huge expansion. The absence of such explanation would make readers ask questions like: has MDR-TB recently become much more severe or widespread? Where does the extra funding for MDR-TB come from? (it notes that UNITAID increased its grants for 2007-08, but does not note where 2010-11 funding comes from)

Fourth, in 'Other programs' subsection, I wasn't sure why the Stop TB Partnership Secretariat was singled out. This subsection could mention, for instance, the seven working groups of the Stop TB Partnership.

- **"Does it work?" section.** Does this section use reasonable methods and use reasonable conclusions to assess the extent to which this charity meets the "impact" criterion laid out at <http://www.givewell.org/impact-analysis> ?
 - Does the review discuss any relevant evidence base for the general kinds of programs the charity is running? (If there is a highly relevant program with a substantial evidence base, the review should link to it, and it should have been included as a separate document in your packet).

The review links to the page that explains DOTS strategy the charity employs. The link is very helpful, but a brief summary of DOTS strategy could be helpful to average readers.

In the second paragraph of 'First-line drugs' subsection, it states, "From what we've seen of its auditing process and the results, we feel that this process is generally strong and, in most cases, gives us confidence that ..." without any footnotes or references. I suspect this was due to the fact that the charity asked GiveWell not to disclose most of the reports provided, but this seems very unlike other GiveWell's evaluations in which GiveWell tries to cite as many references and basis as possible. In this case, I think that this subsection could mention that the evidence GiveWell saw isn't to be publicly disclosed, and mention at least some of the factors that enabled GiveWell to reach such conclusion. What makes GiveWell confident that the GDF recipients are generally adhering to terms and conditions of the program? Simply saying we've seen it and we feel that the process is strong does not help readers thoroughly understand GiveWell's evaluations.

That the section questions reliability of the reports provided by the charity is very insightful and well explained in that it points to possible distortions based on a reasonable assessment.

- Does the review competently address the question of whether there is evidence of the charity's past impact, including both "direct" evidence and evidence that the charity has executed proven programs in ways that are likely to replicate their results? Does the review explicitly raise and reasonably consider all strong "alternative hypotheses" for any empirical patterns noted as evidence of impact? (For example, if it is observed that vaccination rates rose in the area the charity worked in, one alternative hypothesis for this pattern would be that other nonprofits in the same area were working there as well.)

Since the reports provided by the Stop TB aren't publicly disclosed, the review does not explicitly evaluate the charity's past impact, but only alludes to the factors that suggest the successes of the efforts. Although the review does not analyze alternative hypotheses that could account for "treatment success rate" and the cure rate, there doesn't seem to be any plausible alternative hypothesis because the rates are based on the patients the program treated rather than on general population. It could be possible that those treated patients are also benefiting from other nonprofits working in the same area, or from general improved hygiene situation in the area, but I don't think that it is probable that these factors may have affected the rates significantly.

In 'First-line drug recipients' adherence to terms and conditions' subsection, the review only notes the ranges of the treatment success rate and the cure rate. But, since the information isn't publicly disclosed, it would be informative to indicate other statistical data such as the mean or median in order to provide a better understanding of the rates. For example, the range for the treatment success rate (59%~91%) is compatible with one 59, seven 60s, and one 91, and in this case the mere range could be misleading, even if slightly.

'Are submitted reports representative?' subsection well addresses the issue of selection bias and helps understand the review on the whole.

- Does the review make reasonable conclusions regarding the likelihood of future impact, considering past evidence?

The review does not make conclusions regarding the likelihood of future impact in consideration of past evidence, but rather notes that the current treatment is justified because a future pandemic would be highly destructive despite its low probability to occur.

It would be informative if the review could attempt to make predictions regarding the cure rates and treatment success rates of future efforts based on past evidence. Predictions can answer questions such as 'is it likely that this success rate would continue/increase?' or 'what are the factors that might negatively/positively affect these rates?' However, I am aware that that most of the evidence GiveWell worked with isn't publicly disclosed makes it difficult to do so.

- In assessing empirical evidence, has GiveWell used the best analytical methods available? Would other analytical methods be more helpful in reaching reasonable conclusions and predictions? (Please follow footnotes and read any Excel sheet attachments to the extent that it would help answer this question.)

This question does not seem to be applicable to this review, as GiveWell does not assess, but rather reports empirical evidence from the Stop TB reports that are not publicly disclosed.

- Does the review make a reasonable assessment of possible negative/offsetting impact, as discussed in the "impact" framework laid out at <http://www.givewell.org/impact-analysis> ?

In its subsection 'Diversion of skilled labor', it notes that GiveWell isn't highly concerned about distorted incentives for medical professional because, first, all GDF grants are in the form of drugs (no monetary incentives for medical personnel), and second, tuberculosis control appears to be one of the most effective interventions. But, even if there were no distorted incentives, there still remains a possibility that skilled labor within a country is being diverted from other productive pursuits. For example, motivated doctors and nurses may simply want to work for this exceptionally effective medical intervention as opposed to their local ones that are likely to be less effective. Thus, simply noting that there are no distorted incentives does not conclusively tell whether there is diversion of skilled labor, and, as it notes that the intervention is one of the most effective ones, it could rather imply that there in fact is diversion of skilled labor.

Further, in this case, the review would also want to consider whether diversion of skilled labor is necessarily a negative impact. Some moderately effective interventions may divert skilled labors from other equally productive pursuits, resulting in no or possibly decreased net positive impact in the area. But, since the GDF's tuberculosis control intervention is so effective and it needs trained clinicians, diversion of skilled labor could in fact result in an increased net positive impact in the area.

However, I am aware that addressing these questions are rather difficult and perhaps they may not be conclusively answerable after all. It might still be helpful to modify the name from 'diversion of skilled labor' to 'possible distorted incentives'.

- **"What do you get for your dollar?" section.** This section addresses the "cost-effectiveness" criterion laid out at <http://www.givewell.org/cost-effectiveness> . For reasons discussed on the cost-effectiveness page, this section aims to use external analysis as much as possible and reach a "ballpark" estimate with minimal effort. Please attempt to fully understand GiveWell's cost-effectiveness estimate, including following any footnotes and reading any Excel sheet attachments that are relevant.
 - Are there issues with the estimates given by GiveWell (ways in which they could be substantially overstated or understated) that are not noted?

The section does not use much of information from the organization itself, but rather uses the estimates from other reports that indicate the general costs of such strategy. At a glance, it may be misleading since readers could mistake the numbers to be those of Stop TB's actual estimates; although they may be in line with the noted numbers, the range is rather wide and so it still means that the Stop TB's actual average estimates could be anywhere within that range.

- Is GiveWell's conclusion the most firm that can be reached with relatively little work? Are there adjustments and/or other methods and sources that would lead to a different, and better, estimate of cost-effectiveness?

Even with limited information provided by Stop TB, the review seems to have conducted a thorough conclusion. But, when it says Stop TB's rates are in line with the Disease Control Priorities report, it could give a calculation that enabled GiveWell to reach such conclusion. Reading that sentence, readers would naturally ask for concrete numbers.

- **"Room for more funds" section.** Does this section clearly address what is known about the likely impact of additional donations?

The first and second paragraphs explicitly note that there is a substantial shortage for first-line TB medicines, operations, and technical support. But, the third paragraph notes, "the GDF had told us that it had sufficient funding for grants of first-line drugs and that additional donations would primarily be spent on funding MDR-TB programs, and, possibly pediatric TB programs."

This looks confusing as the first two paragraphs seem to suggest that individual donations would go support first-line TB medicines, operations, and technical support, whereas the third paragraph explicitly notes that individual donations would support MDR-TB programs, which in fact is second-line medicine. A further elucidation is needed here.

Part 2

Footnote spot-check. Please spot-check at least five of the footnotes in this review (i.e., follow the footnote and open any relevant document or website). For each, please write your assessment of whether the citation is accurate both in letter and in spirit.

3. United Nations Foundation, "Donate Now: Stop TB Partnership."

To support the following statement:

"We do not, however, see this claim confirmed on the donation page for Stop TB"

The footnote is accurate both in letter and in spirit; the donation page does not specifically confirm where individual donations would be spent.

18. Examples:

2008 report: "Out of 1028 sanctioned posts within the NTP 241(23%) remain unfilled as of today. Majority are technical posts."

2010 report: "Out of 1028 sanctioned posts within the NTP 241(23%) remain unfilled as of today. Majority are technical posts."

2008 report: "Roll out of trainings from central and state to township levels remains low in 2008"

2010 report: "Roll out of trainings from central and state to township levels remains low in 2008"

To support the following statement: One of the reports we requested appeared, in some cases, to rely on information gathered in the previous monitoring mission without updating this information.

The footnote is accurate both in letter and in spirit. The footnote is not only accurate in both regards, but is also very helpful in understanding the concern GiveWell raises regarding reliability of the reports provided by the Stop TB.

35. In 2009, the World Health Organization stated that treatment success rates (cures plus completed treatments) in "high burden countries" averaged 87% for new smear-positive cases treated under DOTS. World Health Organization, "Global Tuberculosis Report (2009)," Pg 28, Table 1.7. World Health Organization data on MDR-TB treatment outcomes: ... (followed by a table) ... Data for 2003 cohort is from World Health Organization, "Global Tuberculosis Control (2010)," Pg 21, Figure 12.

To support the following statement:

“The available data suggests that cure and treatment success rates for MDR-TB patients may be substantially lower than for patients receiving first-line drugs.”

The footnote is accurate both in letter and in spirit. The table (not shown above) indicates that the treatment success rates range from 25% to 76%, which in fact is substantially lower than those of first-line drugs.

43. Global Drug Facility, “Progress Report 9 (2005),” Pg 45.

To support the following statement:

“Data from 2005 shows government spending on TB in North Korea falling and then rising well over its original level after that country began receiving GDF support.”

The footnote is accurate in letter, but I am not confident if it is accurate in spirit for the following reason. It was rather surprising to find out that ‘rising well over its original level’ meant going from \$450,000 (Year before grant) to \$3,792,857 (During GDF grant, Year 3). I would describe the rise ‘dramatic’ rather than ‘well over its original level.’ Also, the latter figure is without any citation in the ‘Progress Report 9’, and raises concerns regarding reliability of such number, and such a dramatic jump (more than eightfold) should be explained in greater detail, especially the government is known to be highly corrupted.

44. We see informal evidence of this concern in the fact that in 2009, tuberculosis was the winner of Change.org's "tournament of pandemics." One author wrote: "The drugs that treat XDR-TB [extremely drug resistant tuberculosis] are very expensive and we do not currently have infrastructure in place to produce them at a scale that would be necessary to treat a pandemic or even a significant epidemic. In the next 2-10 years XDR-TB could easily break out in a region with sluggish health infrastructure and high co-infection with HIV. If it does, there are not very many reasons to believe that we could stop it before it became a pandemic more devastating than HIV." Holeman 2009.

To support the following statement:

“We note simply that, even if the probability of a future pandemic is quite low, current action could be justified if a pandemic, were it to occur, would be highly destructive.”

The footnote is accurate both in letter and in spirit. Although the citation rather notes that a future pandemic could easily break out within the next decade, the statement is accurate in that it rightly infers that the highly destructive nature of the pandemic justifies the current actions regardless of the probability.

Fairness of summary. Having read the entire review and spot-checked footnotes, please read the summary at the top of the review. Does it accurately and fairly summarize the content of the full review?

The summary does accurately and fairly summarize the content of the full review. It is insightful that the summary notes the fact that Stop TB does not need additional further funding for its first-line program, but most of donations would be spent on its second-line program, for which it does not seem to have a strong monitoring process. The summary on the whole is very straightforward and is without bias or distortion.

Independent assessment of the charity.

- Is there any publicly available information that calls into question GiveWell's assertions about the charity's activities, evidence for impact, evidence for cost-effectiveness, or room for more funding?

Other than the webpages of the Stop TB and World Health Organization, there seems to be no reliable information that is publicly available regarding the GDF's activities. And so I have found no information that calls into question GiveWell's assertions in the review.

- Does this independent assessment raise any important issues not discussed in the GiveWell review?

It would be helpful if the review could link to WHO's page regarding "10 facts about tuberculosis" at <http://www.who.int/features/factfiles/tuberculosis/en/index.html> either in the summary or in 'What do they do' section because not every reader of the review is familiar with tuberculosis and average readers would prefer simple facts to long and somewhat complex reports.

Site visited:

The Global Fund <http://www.theglobalfund.org/en/>
International Union against tuberculosis and lung disease <http://www.theunion.org/index.php>
Stop TB partnership <http://www.stoptb.org/>
Working Group of the Stop TB on new TB drugs <http://www.newtbdrugs.org/>
World Health Organization <http://www.who.int/tb/en/>
World TB Today <http://www.worldtbdays.org/>

Documents read:

Stop TB annual reports 2004-2008 (linked in the review)
Global Drug Facility: Progress report 9, 11, 12, 13 (linked in the review)
Global Drug Facility: Roadmap for MDR-TB scale up (linked in the review)

Bottom line. Please summarize whether you feel GiveWell has reached a reasonable assessment, based on the most relevant available information and best available analytical methods and data, about the extent to which this charity meets its criteria.

On the whole, I think that GiveWell has reached a reasonable assessment based on the most relevant available information. Although I still have reservations regarding reliability of the GDF reports provided by the Stop TB, GiveWell rightly infers from the limited information that the GDF's first-line drug program has been effective in that its cure rate and treatment success rate are fairly high even in high-burden areas. And, the review provides a comprehensive and critical examination of the monitoring program and rightly concludes that the monitoring program for the first-line drugs is indeed reliable, although it is not without shortcomings. On the other hand, as GiveWell believes that a significant portion of additional donations will be spent on the MDR-TB program, for which GiveWell hasn't seen evidence of a strong monitoring process, the review must be updated as soon as relevant information becomes available.

Considering that there is a relatively low burden of proof for charities like the Stop TB that employs a proven cost-effective strategy, I think that the Stop TB's ranking as a Silver Medal organization is well deserved. Their strategy, DOTS, has been proven to work effectively and the evidence in the review strongly suggests that the Stop TB's self-monitoring program ensures proper implementation of the strategy. Moreover, throughout the review, the Stop TB is shown to be cooperative and responsive to GiveWell's requests for necessary information. Such cooperation could be a testament to the organization's transparency and honesty. In sum, that the organization employs a proven cost-effective strategy, tries to ensure its proper implementation, and is responsive and honest in its information sharing is a solid basis for GiveWell's granting a silver medal.

One question that the review could further address is why the Stop TB does not want to publicly disclose information they provided to GiveWell. As I am certain that the Stop TB does have a plausible reason not to do so, noting that reason in the review could help resolve any reservations one might have, especially when it was shown that some of their reports relied on information from previous ones without updating.