

A conversation with Sightsavers, October 2, 2016

Participants

- Julia Strong – International Foundations Manager, Sightsavers
- Dr. Caroline Harper – Chief Executive Officer, Sightsavers
- Simon Bush – Director, Neglected Tropical Diseases (NTDs), Sightsavers
- Tim Finn – NTDs Technical Advisor, Sightsavers
- Natalie Crispin – Senior Research Analyst, GiveWell
- Rebecca Raible – Research Analyst, GiveWell

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

Summary

GiveWell spoke with Ms. Strong, Dr. Harper, Mr. Bush, and Mr. Finn of Sightsavers as part of its investigation of Sightsavers as a potential top charity. Conversation topics included Sightsavers' room for more funding, suggested improvements to mass drug administration programs, and sharing monitoring and evaluation data from potential new deworming programs.

Room for more funding for Sightsavers' work

Existing funders

- **Integrated NTD program funders:** Sightsavers runs integrated NTD programs that treat various combinations of the following 5 diseases: onchocerciasis, lymphatic filariasis (LF), trachoma, schistosomiasis, and soil-transmitted helminthiasis (STH). Funders for these integrated programs include:
 - DFID in Nigeria
 - USAID (via Helen Keller International (HKI)) in Cameroon
 - The IZUMI Foundation
- **Disease-specific NTD program funders:** Some funders prefer to support Sightsavers' work on a specific disease:
 - The Queen Elizabeth Diamond Jubilee Trust funds Sightsavers' NTD work on trachoma, due to its interest in avoidable blindness rather than in NTDs more broadly.
 - Some funders only want to fund onchocerciasis work, which is attractive because this disease is in the process of being eliminated.
 - The Children's Investment Fund Foundation (CIFF) funds Sightsavers' work on deworming (treatment of STH and schistosomiasis), because this work is targeted specifically at children.

Sightsavers' goal is to build up fully integrated programs in all of the countries in which it works because these programs are more cost-effective, are preferred by government ministries of health, and are encouraged by major players in this area, such as the Bill and Melinda Gates Foundation. Accordingly, funding that Sightsavers receives for disease-specific work is often pieced together to fund combined disease programs. About half of Sightsavers' funding is unrestricted, and can therefore be used fairly flexibly to fill in gaps.

The World Health Organization (WHO) has recently launched the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), which is dedicated to reducing the burden of the five most prevalent NTDs on the African continent: lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. ESPEN encourages an integrated approach to MDAs. Running from 2016 – 2020, ESPEN will provide technical and fundraising support to endemic countries. ESPEN will also identify and fill gaps in domestic NTD programs. Ministries of health in the countries where Sightsavers works are likely to adopt ESPEN's recommendations on implementing integrated NTD programs.

Minimum funding needed to start new projects

Sightsavers shared with GiveWell a wish list of projects that it would start if it had significant additional funding. While this wish list included costs only for the coming year, Sightsavers prefers to have multi-year funding commitments to ensure that it will be able to continue any new programs that it starts.

- **Best case:** The ideal funding commitment would be for 4-5 years, but this is not always possible. The program manager for Guinea-Bissau has created a 5-year wish list for deworming programs there.
- **Minimum:** Sightsavers would need at least a 2-year funding commitment in order to start a new project. It is confident that it would be able to convince a government's ministry of health to start a new program with this amount of funding. One year of funding would be insufficient to start a new program.

Room for more funding for Sightsavers' deworming work

Sightsavers' funders

Sightsavers has several funders for its deworming work:

- CIFF has funded Sightsavers to map the need for deworming in Nigeria.
- The Schistosomiasis Control Initiative (SCI) has funded Sightsavers' mass drug administrations (MDAs) in some areas where Sightsavers had existing programs, because this was more cost-effective than setting up its own programs in the same areas.

Funding gaps

Due to lack of funding, many of Sightsavers' NTD programs do not currently include deworming. Sightsavers would like to add deworming to some of these programs, and if it does not receive funding for this through GiveWell, it will continue to seek funding elsewhere. The programs that it has proposed adding deworming to have infrastructure that Sightsavers would be able to build on quickly to scale up the treatments.

It can be challenging to raise funding for deworming programs because NTDs that are on a path to elimination are more attractive to donors, whereas schistosomiasis and STH programs are viewed as indefinite.

Fundraising expectations for 2017

It is difficult to predict how much funding Sightsavers will receive in the next year, partly because Sightsavers has historically received a large amount of its unrestricted funding from donors in the United Kingdom (UK), and there is a lot of uncertainty in the fundraising landscape there due to Brexit. Sightsavers staff do not expect to raise over \$1 million in the next year to fund the items on its deworming wish list from sources other than GiveWell:

- **Unrestricted funding:** There is a mechanism within Sightsavers in which the NTD director can apply to have more of the organization's unrestricted funding allocated to NTD work. This is sometimes successful, but is unlikely to raise this level of funding.
- **Restricted funding:** Based on discussions with donors and the low priority of deworming in relation to other NTDs, Sightsavers believes it is unlikely that Sightsavers would receive over \$1 million in restricted funding from donors. Sightsavers currently has three major donors (the United Kingdom's Department for International Development, USAID, and the END Fund) and several smaller donors. It hopes to expand its list of donors and begin working with other country governments, but does not expect to receive significant funding from these sources in the next year because it takes time to build new relationships.

Sightsavers frequently reaches out to potential major donors, one of whom has offered to fund Sightsavers on the condition that it receives a strong positive evaluation from GiveWell.

Fungibility of additional funding for deworming

For the most part, additional funding for Sightsavers' deworming work would not be fungible with unrestricted funding because the deworming programs are run primarily using restricted funding. Additional funding would go to creating new deworming projects. For example, the 5-year wish list created by the country director for Guinea-Bissau includes new treatment programs for STH and schistosomiasis.

Mapping the need for deworming

It is likely that there are gaps in deworming treatment that Sightsavers is not aware of. It would be helpful for Sightsavers to collaborate with the other organizations working on NTDs in Africa in order to:

- Map the need for treatment for each disease.
- Create a plan to divide the work among the organizations according to the expertise of each organization. For example, Sightsavers has discussed with SCI the possibility of collaborating with other organizations on a global gap analysis for deworming.

It seems logical for Sightsavers to take on the deworming treatment gap in Guinea-Bissau because few non-profit organizations work there and because Guinea-Bissau has a treatment gap for STH and schistosomiasis but is nearing elimination of onchocerciasis and trachoma.

Non-funding constraint on deworming scale-up: drug availability

Scale-up of schistosomiasis treatment is limited by drug availability; there is a cap on annual production of deworming drugs, and it takes about 9 months to change production levels of a given drug. Producers are sometimes hesitant to increase production because in the past they have produced and donated drugs that did not all get distributed, but it is possible that as Sightsavers' deworming programs expand, producers may become more comfortable donating larger quantities of drugs. This situation highlights the need to support in-country supply chain mechanisms.

Wish list

Incorporating behavioral interventions into MDA programs

When Sightsavers asked its country directors to put together a wish list for GiveWell, the country director for Cameroon suggested adding a behavioral change hygiene component to the MDA programs. MDAs in Cameroon are fully funded (by USAID via HKI) in all areas where they are needed, but the country director said that there is a large need for hygiene behavior change education to ensure that the gains from MDAs are sustained. Despite high MDA coverage levels, the prevalence of disease has not changed.

Sightsavers staff believe that MDA-only programs are not sustainable in the long term because people continue to be reinfected. They think that it would be more effective to prevent reinfection by integrating hygiene education into MDA programs. One motivation for increasing the effectiveness of these programs in the near term is due to concerns about drug resistance, which may develop if annual MDAs continue in the same areas for many years and would make it more difficult to

treat these diseases. There is not yet evidence of albendazole resistance, but it seems likely that it will develop eventually.

Behavioral interventions can also be useful as a means of getting the community to accept and engage with health programs. This would be helpful in areas where it has been difficult to get people to take the pills that are distributed during MDAs.

Sightsavers' financials

Fundraising

Budget allocation

Sightsavers has typically spent less than $\frac{1}{3}$ of its budget on fundraising, which is standard in the charity sector. This cost is vital in enabling Sightsavers to raise the funds it needs to run all of its programs. In 2015, Sightsavers spent about 26 pence on fundraising per pound raised, not including the value of mectizan donations. Including mectizan donations, it spent less than 10 pence per pound raised.

Fundraising teams

Sightsavers has several fundraising teams:

- An individual giving team based in the UK that manages public-facing fundraising from individual donors donating less than £10,000 per year.
- A major giving team that manages individual donors donating over £10,000 per year, including trusts, foundations, and corporations.
- A team that manages government grants.
- Small international fundraising offices in Ireland, Italy, Sweden, the US, and India that aim to diversify the funding base. Historically, Sightsavers has received much of its unrestricted funding from individual donors in the UK.

Reserves policy

Sightsavers has a reserves policy and maintains a funding reserve. The Charity Commission for England and Wales requires charities to maintain a reserve that is sufficient to cover all running costs (including the costs of existing programs) for a certain length of time in case the organization goes bankrupt.

Monitoring and evaluation of new deworming programs

Sightsavers would be willing to increase its monitoring activities on potential new deworming programs as long as funding for this is provided. Sources of internal monitoring and evaluation data on deworming programs that Sightsavers would be able to share with GiveWell include:

- Annual project reports.
- Mid-year project reports noting concerns that may need to be addressed.

- Annual country reports.
- Monitoring and evaluation reports that are generated throughout the year. Some projects are subject to planned evaluations; others are chosen for surprise evaluations, particularly if Sightsavers has reason to believe that a project may have problems in management. Reports on MDAs are created using aggregated data from community-level registers.

Coverage surveys

The schedule of coverage surveys is ad hoc and varies by program, but all coverage surveys ideally take place within 4-6 weeks of an MDA. Challenges to conducting coverage surveys include having access to population census data and choosing a method of sampling the population. To some extent, these challenges are mitigated when conducting school-based rather than house-to-house surveys.

- **School-based coverage surveys** are relatively easy and inexpensive because each school has a registered list of students and there are several easy methods of sampling, such as randomly selecting a class and sampling every child or choosing every third name on the attendance list.
- **House-to-house coverage surveys** can be more expensive and challenging because you need to reach a wider geographic area and population data is more difficult to access. Sightsavers prefers to select clusters of houses (often villages) with a probability proportional to size, but there are several methods that can be used to randomly select the houses within a village (though there are limitations to each):
 - Household listing
 - Compact segment sampling
 - GPS data collection. Sightsavers tries to use electronic data capture for coverage surveys. GPS data is collected during coverage surveys, but not during drug distributions.

Most of the items on Sightsavers' wish list could be accomplished using school-based (rather than house-to-house) MDAs and monitoring (where school attendance is high).

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