A conversation with Joey Savoie, July 20, 2016

Participants

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

Summary

As part of a GiveWell Experimental investigation, GiveWell spoke with Joey Savoie of Charity Science: Health (CS:H) about a new SMS vaccine reminder project in India. Conversation topics included a project summary, plans for assessing different implementation models, and fundraising.

Project summary

CS:H is considering launching a program aimed at increasing immunization rates in India through SMS vaccine reminders. It has determined that this is a particularly promising high-impact, evidence-based health intervention.

In the past month, CS:H has significantly increased the amount of staff resources devoted to this project. The main focus areas have been hiring, fundraising, and establishing partnerships.

While CS:H has spoken with potential partners about scaling the project to other countries, it has decided to focus on India as it offers relative stability, a good cellphone penetration rate, a number of promising potential partners, and free vaccines. The rotavirus vaccine will soon be added to the list of vaccines provided by the government.

Implementation models

CS:H might opt for a direct implementation model similar to that of Give Directly, or an Against Malaria Foundation-style partnership approach, in which it would fund and support the work of implementing partners. Within the next year, CS:H plans to:

1. **Identify the most cost-effective model** by conducting tests, gathering detailed data on impact and cost effectiveness, and identifying potential areas for improvement. Currently, due to data limitations, it is not possible to accurately determine how SMS vaccine reminders affect immunization rates. CS:H plans to test approximately three different partnership models, and, if necessary, three direct implementation models.
2. **Evaluate potential scale-up approaches** for the most cost-effective model.

CS:H hopes to finish testing partnership models by November 2016, and by February or March 2017, have completed all testing and data collection. By July 2017, it aims to have identified the best model and considered potential scale-up approaches.

Partnership models

In the course of its research, CS:H has communicated with several potential partners; the most promising are Immunize India and vRemind. It has had several discussions with Immunize India, which claims to be the world's largest SMS vaccine reminder service. While Immunize India has collected the phone numbers of approximately 1 million individuals interested in receiving these reminders, its number of active/high-quality clients might be considerably lower. vRemind has collected approximately 47,000 phone numbers.

CS:H plans to spend approximately two months helping design and implement an accurate impact evaluation of Immunize India's work. One potential approach would be to randomize at the doctor level: for example, some doctors would recommend that their patients sign up for reminders, and some would not. Immunization records could be verified to assess the effect of reminders on vaccination rates.

While potential partners are generally successful at number acquisition, they have not tested different aspects of the messaging process, such as the potential impact of pictorial messaging, or of adjusting the messaging schedule. There is also room for improvement in their monitoring and evaluation practices.

Immunize India's scale-up potential

According to Immunize India, its growth is limited by lack of funding. It proposes that with an additional $50,000, it could hire two additional outreach staff for one year: one to focus on government entities, and one to focus on professional associations. The aim would be to form partnerships with networks of health workers, including nurses and midwives, that interact regularly with pregnant women. Some of these networks have very large membership numbers.

Direct implementation models

If CS:H could not find an appropriate implementation partner (for example, one that was willing to meet CS:H's standards for measurement and evaluation) it might pursue a direct implementation model. The primary activity would be phone number acquisition; potential approaches include purchasing lists or hiring local staff to network directly with hospitals and associations of health workers.

Fundraising

CS:H has a fundraising target of $250,000 for the project's first year. Potential funders fall into three main categories:

1. Funders from the Effective Altruism (EA) community that funded CS:H's initial research work. CS:H has sent them proposals and spoke with 75% of them. To date, it has raised $50,000, and expects that it could raise a total of $125,000, from this group of funders.
2. GiveWell and the Open Philanthropy Project.
3. Other foundations interested in providing early stage support to this kind of initiative.

If GiveWell were to support the project, some of the other EA funders might be more willing to contribute funding. While the project currently has enough funding to operate for a couple of months, without GiveWell's support, CS:H would likely need to adjust its current program development and/or fundraising strategies, and might require significantly more time and effort to reach its fundraising target.

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