**Phone conversation between the Schistosomiasis Control Initiative (Alan Fenwick, Director) and GiveWell (Holden Karnofsky and Natalie Stone) on June 17, 2010**

**GiveWell:** Could you help us to fill in some of the gaps in our understanding of SCI's activities? Maybe we could start with the first country on the list—are you still working in Burkina Faso?

**SCI:** Yes, we are still working in Burkina Faso doing full neglected tropical disease [NTD] control, i.e. control of trachoma and lymphatic filariasis, in addition to intestinal helminthes and schistosomiasis. We original received funding from Gates to do control of intestinal helminthes and schistosomiasis, and from 2006 onwards we began doing integrated control.

In Niger we are doing the same.

Funding for NTD programs comes from international donors. The American government is very reluctant to give money to a national government, particularly in sub-Saharan Africa with a low corruption record. So the American government provides the funding to SCI, which can provide the accountability. We take the money and hold it for specific activities, release it to governments on an as-needed basis, and collect receipts from governments to provide to the donor. This minimizes the risk of funding being diverted for other purposes. We also provide monitoring and evaluation to make sure that the drugs that are donated and the money which is donated is used as intended, as well as assistance with the planning and budgeting.

Our monitoring and evaluation activities include checking that drugs have been delivered by going into schools and asking the children whether they've been treated, and asking the teachers whether they've been well trained. We also test the efficacy of the drug by doing stool and urine tests.

**GiveWell:** How many countries are you running that program in?

**SCI:** Burkina Faso, Niger, Rwanda, Burundi, Uganda and Yemen. There are two countries we have backed off from: Zambia and Mali.

**GiveWell:** Why have you decided to back off from those?

**SCI:** In Zambia, the funding was not renewed. In Mali, we handed the program over the NGO Helen Keller, which has continued the program.

In Cote D'Ivoire, Mozambique and Malawi, we've helped the ministries to draw up national plans and we're applying for funding to help them implement this plan. We are applying for funding from both the American government and the British government.

I don't think the funding would come through for NTD programs unless a very good proposal is written and a guarantee is given to the donor that there is going to be

accountability and efficacy. We submit the proposal in our name with the country as a partner. Often, the Imperial College puts the money up front and we get reimbursed for money that we've spent and can account for.

**GiveWell:** Would you like to work in Zambia again in the future?

**SCI:** SCI would very much like to go back into Zambia. We have submitted a proposal to the British Government for $15 million and Zambia is one of the countries that we would fund with that grant, in addition to Mozambique, Cote D'Ivoire, and Malawi. We have plans and are only waiting in the hope that we are successful in our application for the funding.

**GiveWell:** In those countries, up to now, there have been no deworming programs?

**SCI:** Correct.- not at national level anyway

**GiveWell:** The document you sent discussed drug donations and purchases of drugs. Have these been exclusively channeled through SCI or have some been purchased with government funds?

**SCI:** There are four different mechanisms. The first mechanism is drug donations by pharmaceutical companies. Our role is to tell the pharmaceutical company which country to ship them to and we provide the funding for the government to deliver them to the districts and conduct health evaluations. The second mechanism is where we receive funding in the form of a large grant, which we use to purchase a country's supply of drugs, and then provide the funding for distribution. The third mechanism is where governments purchase the drugs in agreed amounts according to our plan, and the fourth possibility involves small donations from the public, which we use to buy drugs for non-governmental organizations or trusted individuals who distribute them in areas where we know there is very heavy disease and where there is no national distribution program.

**GiveWell:** When you get one-off donations from the private sector, how do you deal with the fact that those might not come the next year?

**SIC:** That is a huge problem, I have to make the decision of whether I should accept the one-off donation and do the best I can with it, or should I say well I'm sorry but if you don't give me a sustainable amount I won't use it. One of the arguments for accepting it is that once a program is in place, it is much easier to get funding to support it.

**GiveWell:** Have you had cases where you've done a small non-national program and you haven't continued it?

**SCI:** Zambia in the only place we have stopped working in. We covered almost a million people while we were there, but this was nowhere near the full national coverage. In addition, there are one or two places in Tanzania where we've been treating and we've

only been able to treat every 2nd year. We have them on a priority list as soon so as we get more money we assist the government to give them another round of treatment.

**GiveWell:** The treatments described in the document you sent us, were they all funded with SCI or does that include treatment paid for with government money?

**SCI:** Governments generally provide in-kind support for the programs, not funding. They provide such things as staff salaries, office space and vehicles, while we provide fuel, maintenance, and staff per diems.

**GiveWell:** How many staff do you have?

**SCI:** A director and deputy Director, a statistician, health economists, 4 program managers, one and a half financial managers, an office manager, a research director, and two researchers.

**GiveWell:** Do you have staff in Africa?

**SCI:** We don't actually employ anybody in Africa because I believe strongly that the program should belong to the Africans. If you were to put an American expatriate in a country it would probably cost nearly $500,000 a year to sustain that person, they would end up running the program, and the local African people would not have ownership.

**GiveWell:** Would you say it's accurate to describe SCI's activities as sending funds African governments and sending SCI staff to conduct monitoring and evaluation?

**SCI:** SCI staff don't only conduct monitoring and evaluation. They also act as a catalyst, and provide assistance whenever a government requests it. Assistance can include technical help, managerial help, or auditing help.

**GiveWell:** Would you like to hire more staff?

**SCI:** When SCI has enough money to do a 3-year minimum program in 2 countries, we hire an extra person to supervise those two countries, and we have the goal of expanding to every country in Africa that has a need for a program. If we get enough money to run a program in Zambia or Malawi, then part of the money that we raise will be used to hire a new person who will be responsible for Zambia or Malawi. The people we have now are fully occupied.

**GiveWell:** You said you had a proposal out for $15 million in funding—if you were to receive that, would you have funding needs remaining?

**SCI:** That funding would only be enough to get things started and slowly expand. In the next years I would be looking for other donors to supplement that funding. Unrestricted donations allow us to pay for such things as research, smaller programs, a little extra travel, and microscopes. My dream would be to have $50 million this year and next year

and $100 million the year after and the year after. Then I could guarantee that we could reach national scale in all the countries were currently engaged with and we could even allow some new countries to get going.

**GiveWell:** How much funding do you expect next year?

**SCI:** At the very minimum I hope to be running on about $7-10 million next year and if I am successful with all my bids it could be as high as $20 million.

**GiveWell:** Do you have data on how spending has broken down in each country in terms of drugs vs. other?

**SCI:** On average 50% of the funding for each country is spent on drugs. Another third is spent on health education, radio broadcasts, posters, advocacy, and sending people out to explain to people in the district and the medical officers what the program's all about. The rest is spent on the actual distribution: getting the drugs out to the districts, providing per diems to people who deliver the drugs, giving a small incentive to the teachers and the community staff, etc.

Per diems are mostly for government staff that go out into the field. The government doesn't have enough money to pay their per diems. A team of government staff goes out to each village, trains the teachers, counts out the number of drugs that are needed in each village, and gives the drugs to the teachers. Then they come back 3 months later and evaluate the program and make sure the schoolchildren have received the drugs. They test the children's hemoglobin and parasite loads to make sure the drugs are being given and have been effective.

**GiveWell:** Do you have reports from that audit process?

**SCI:** We do. We have independent auditors who produce reports that are sent to each donor each year. I've actually got someone in Burkina Faso and Niger at the moment doing an audit of the funding there.

**GiveWell:** At the most basic level, is your job to audit that the $ is spent as intended?

**SCI:** That's part of our job, but only one small part. We make sure that 20 million children a year get treated for diseases they would not otherwise received treatment for. And we want to reach 100 million.

**GiveWell:** Have you ever had a failure?

**SCI:** We had one incident when $250,000 worth of drugs were stolen out of storage. Our program is successful because we have a lot of experience and because we have great people to work with. There are about 40 trained, dedicated staff running very good programs in their countries.

**GiveWell:** How many small-scale projects have you done?

**SCI:** We have two running in Mozambique, two in Tanzania, and we did one in each Cote D'Ivoire, Cameroon, and Kenya. There's also on the islands in Lake Victoria in Uganda, and a $15,000 per year program for operations for people disabled as a result of parasites. We had between six and ten small recipients of $20,000-$40,000.

The ones in Cote d'Ivoire are pilot projects and we have used the results there to prepare the national plans and train people. We now need money to expand. We have done the same in Malawi and Mozambique. There is one program that's ongoing in Mozambique, where we send the drugs to treat 70,000 people per year and a couple thousand dollars to a medical missionary who treats everyone in the area. The three programs that are not continuous are in Kenya, where the government has now expanded to full national coverage, Tanzania, where the program is still going but which we don't have funding for every year, and Zambia, where we don't have enough money to continue. I'm quite pleased with our achievements and I don't really have failure stories.

**GiveWell:** Can you send us a list of the small projects - what year they started, how much has been spent, how many people they've reached, and what the current status is?

**SCI:** Yes.

**GiveWell:** Have you estimated how much government contributions are worth?

**SCI:** Not yet, but we are in the process of creating those estimates. I'll send you what we have so far.

**GiveWell:** Is all the monitoring and evaluation available on your website?

**SCI:** We have 100 published papers. I can send you a list.

**GiveWell:** Do you have a sense of why Gates Foundation doesn't give you more money?

**SCI:** They gave us $50 million over the last eight years. I was surprised and disappointed that they didn't renew that funding, given what we have accomplished. They told us that they don't fund implementation, only operation research, and because we have done the operation research, and have proved it can work, they believe it is up to bilateral donors to step up to the plate and fund the implementation.

**GiveWell:** What is SCI's relationship to Helen Keller International and Deworm the World?

**SCI:** We are allies of Deworm the World. The director is in our department at Imperial College. Deworm the World concentrates on school-age children in schools, while we go beyond schools, and also treat adults who are infected with these diseases.

For USAID and NTDs, Helen Keller International does what we do in countries we don't work in, but HKI does a lot of work in other countries on eye diseases. HKI is also a partner of ours in the GNNTDC.