

A conversation with Alan Fenwick and Najwa Al Abdallah, September 14, 2015

Participants

- Alan Fenwick – Director, Schistosomiasis Control Initiative
- Najwa Al Abdallah – Finance and Operations Manager, Schistosomiasis Control Initiative
- Natalie Crispin – Senior Research Analyst, GiveWell
- Tyler Heishman – Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Alan Fenwick and Najwa Al Abdallah.

Summary

GiveWell spoke with Professor Alan Fenwick and Najwa Al Abdallah of the Schistosomiasis Control Initiative (SCI) as part of its end-of-year update on SCI. Conversation topics included budgeting and accounting information, funding sources, room for more funding, and updates on SCI's country programs.

Budgeting and accounting

Financial statements

SCI has shared financial statements for the past two fiscal years with GiveWell. This was the first attempt to compile all financial information for a year into a single document. In previous years, SCI reported to each grantee individually and did not put together comprehensive financial statements.

The statement from 2014-15 was in draft form and will be updated. Ms. Al Abdallah plans to implement a system for financial information to be updated regularly so that up-to-date information is available for the current year.

Accounting for funds

SCI has procedures in place for accounting for funds, but the nature of its work in remote areas of African countries can cause delays in accounting. When SCI transfers funds to a country program, it sometimes takes several months to get documentation that the funding was received. This delay is acceptable given the complexity of in-country communication.

Available funding

SCI's funding is currently kept in several accounts. Funds that are available for allocation are kept in an L account. When money is allocated to a country, it is moved from the L account into an account that the program manager of that country can access. SCI is working closely with the financial controllers at Imperial College London to ensure that this system works smoothly so that the amount of funding in the L account is an accurate representation of how much money is available to be allocated.

Mauritania recently requested £40,000-50,000 to distribute 500,000 praziquantel tablets that are nearing their expiration date. SCI had this amount available in the L account and decided to allocate it to Mauritania.

Long-term planning

SCI is working on improving its ability to do long-term budget planning rather than allocating funding on an ad hoc basis. It hopes to help each country to create at least a 3-year plan, which will allow SCI to better predict its total funding need for each year.

SCI is also working on improving its contract planning, because drafting contracts, coming to an agreement with all parties, and getting the contracts signed can be a long process – and a bottleneck to SCI operations.

SCI hopes to have these processes improved by next year. Ms. Al Abdallah is currently working on drafting budgeting guidelines for the countries where SCI works, and hopes to have new agreement signed by April 1, 2016.

Growth of senior management team

Over the last 3-4 years, SCI's senior management team has grown from a staff of 1 (Alan Fenwick) to a staff of 5. This increase has enabled SCI to improve its processes and become more efficient and accountable, particularly in the past year. The senior management team includes:

- Prof. Alan Fenwick
- Dr. Wendy Harrison, Managing Director
- Dr. Lynsey Blair, SCI's senior implementation manager.
- Dr. Fiona Fleming, SCI's senior monitoring and evaluation manager.
- Ms. Najwa Al Abdallah,

SCI also plans to hire a communications expert in the near future to improve external communications.

Funding sources

Current funding sources

SCI's current funding sources include:

- The UK's Department for International Development (DFID)
- The END Fund
- Bill & Melinda Gates Foundation
- University of Georgia Research Foundation's Schistosomiasis Consortium for Operational Research and Evaluation (SCORE; funded by the Gates Foundation)
- US and UK individual donations
- High-net-worth individual donors, including Good Ventures

SCI gets approximately half of its funding from DFID and approximately half from individual donations.

Individual donations

Individuals in the US and UK donate to SCI as a result of the recommendations from GiveWell and Giving What We Can. The annual total of individual donations is approximately £500,000 in the UK and \$1 million in the US. The total amount of donations that result from GiveWell's recommendation and from the high-net-worth individuals is approximately \$6 million.

Potential new funding sources

Grant proposals

Two foundations have asked SCI to submit grant proposals. One grant would be for \$500,000 to strengthen SCI's programs in Malawi, and the other would be for £100,000 to strengthen SCI's programs in Madagascar. The latter would reduce the budget deficit in Madagascar from £600,000 to £500,000.

Epic Foundation

In February 2015, Epic Foundation set out to find and recommend 20 top charities. Epic received 1,400 applications, and over 6 months, has selected its top 20, including SCI. Epic has raised \$1 million to donate to these 20 charities and may raise more. If this money is divided evenly, each charity should expect to receive a minimum of \$50,000. It is unclear how much funding SCI can expect to receive from Epic, and it is also unclear whether this can be counted as additional funding, because it is possible that Epic is targeting the same high-net-worth individual donors that GiveWell and Giving What We Can solicit for donations.

Fundraising

SCI is considering hiring a fundraiser, but has not yet decided whether this would be beneficial. Because schistosomiasis is not well-known in the UK, it would be difficult for a fundraiser to increase SCI's funding beyond the increase that the recommendations from GiveWell and Giving What We Can have already achieved. However, if SCI wants to try to increase its income by £5-7 million annually, it may need a fundraiser to do so.

Imperial College's fundraising team has been strengthened recently, and because SCI is part of Imperial College, it is possible that some of the college's fundraising effort will benefit SCI. When the fundraising team targets high-net-worth individuals for donations, it may give them the option of donating to specific projects or departments, including SCI.

Room for more funding

Nigeria

Additional funding would enable SCI to support schistosomiasis programs in Nigeria. SCI has a lot of work to do in its existing country programs, but beginning work in Nigeria will be necessary for the elimination of schistosomiasis in Africa.

Nigeria has a population of about 174 million and is divided into 36 semi-autonomous states, not all of which are stable enough for SCI to work in. DFID (via Sightsavers) has

provided funding for neglected tropical disease (NTD) control in 3-4 of these states, and SCI is working with Sightsavers in those states on schistosomiasis control. About 9 states have programs funded by the United States government via RTI (formerly Research Triangle Institute) International and by The Carter Center. SCI will likely not work in those states. However, there are many states in central Nigeria that have no NTD control program, and Nigerian officials contacted SCI in December asking for help with schistosomiasis control.

Strategic planning

There is a meeting scheduled in Benin at the end of September at which Nigerian officials and the Global Schistosomiasis Alliance (including SCI) will discuss a strategy for the Nigerian states that currently lack NTD control programs.

Professor Fenwick thinks that a reasonable target would be to deliver 15 million treatments in Nigeria, beginning with about 1 million treatments in the first year and increasing in each subsequent year.

SCI's contribution

It is unclear how much funding SCI will be able to contribute, and depending on how much work it is asked to do in Nigeria, it may not have sufficient funding.

Before starting a program in Nigeria, SCI would like to raise \$2 million to cover costs for the first year, including startup costs such as vehicles and training. After the first year, Professor Fenwick hopes to solicit funding based on the success of the first year of the program.

Additional staff

Before starting a program in Nigeria, SCI would need to hire another staff member in the UK at a cost of about £50,000 per year. It would also either hire someone in Nigeria or collaborate with an NGO.

Madagascar

SCI is starting a 3-year program in Madagascar using €1 million from a private donor. This is sufficient to begin the program, but is approximately half of the total funding needed. SCI will need to raise an additional \$1 million over the next 3 years.

DRC

SCI would like to expand its programs in DRC, but this would require a large investment of resources. SCI's target is to deliver a total of 15 million treatments in DRC. So far it has delivered about 1 million treatments and hopes to increase this number every year.

Capacity building

SCI would like to recruit for the following positions:

- One permanent and one temporary finance team member.
- One English-speaking and one French-speaking program manager to better cover holidays and emergencies.

- A lawyer working exclusively for SCI to reduce the amount of time it takes to negotiate contracts. The Imperial College legal team currently does SCI's legal work, but the legal team's heavy workload can cause delays in negotiating and finalizing SCI's contracts.

Recruiting for these positions may be challenging.

Country programs

Mozambique

SCI has not received proof of the delivery of treatments that Mozambique's ministry of health claims have been delivered. However, Professor Fenwick believes that these treatments have been delivered, based on a small amount of evidence found during SCI's visits to Mozambique and on the claims of the ministry of health. The lack of quality data that SCI has received means that SCI would like to work on getting better data for its own use and to share with GiveWell and DFID. Despite the lack of the conclusive data, SCI has continued to invest a significant amount of resources into schistosomiasis control in Mozambique, in part because SCI has judged that the risk is justified by the high need for treatment.

Sudan

Sudan initially made a request for praziquantel from Merck and the World Health Organization (WHO), and demonstrated its need for the drug. Merck and WHO agreed to donate a relatively large amount of praziquantel, which left Sudan with more drugs than it could afford to distribute on its own. The Sudanese government asked SCI for technical advice and resources and decided to match SCI's donation to ensure that there would be enough resources to deliver the necessary amount of praziquantel.

Distribution of praziquantel and albendazole

Unlike in Sub-Saharan Africa, where SCI distributes praziquantel for schistosomiasis and albendazole for STH in equal amounts, Sudan has many areas where schistosomiasis is a problem but STH are not, and SCI distributes more praziquantel than albendazole. However, a small number of areas including Kassala and eastern Sennar have STH and no schistosomiasis. In these areas, the Ministry distributes more albendazole than praziquantel.

Ministry of Health funding

In most countries where SCI works, it pays the full cost of the treatments. Sudan is the only country whose ministry of health has contributed a significant amount of funding to schistosomiasis programs.

Cote d'Ivoire

Integrated NTD program

Cote d'Ivoire is working toward creating an integrated program for the treatment of lymphatic filariasis, onchocerciasis, schistosomiasis, and STH. This will involve

collaboration and integration of tools and training, but drugs for all four diseases will not be administered simultaneously.

So far, lymphatic filariasis and onchocerciasis treatments have been integrated, and schistosomiasis and STH treatments are administered together but currently delivered separately from lymphatic filariasis and onchocerciasis.

Partners in Cote d'Ivoire

SCI's partners in Cote d'Ivoire include Sightsavers, the END Fund, and Helen Keller International. Until recently, SCI also worked with the African Programme for Onchocerciasis Control.

Use of unrestricted funding

A coverage survey conducted in Cote d'Ivoire revealed that children who are not enrolled in school have lower treatment coverage than children who are enrolled. In response to these survey results, SCI used unrestricted funds to conduct a community health questionnaire in areas with low coverage, with questions targeted to community health workers. Survey questions included why non-enrolled children were not targeted for treatment and the perception of the treatments in the community. This questionnaire was the main use of unrestricted funding in Cote d'Ivoire in 2014.

Other projects have been delayed by problems with signing contracts and because unrest surrounding upcoming elections has made it unsafe for SCI to continue its activities at sentinel sites.

Partnership with CNTD

The former Centre for Neglected Tropical Diseases (CNTD) has become the Filarial Programmes Support Unit, (FPSU) and now focuses on lymphatic filariasis. SCI is discussing with FPSU whether SCI should take over the monitoring and evaluation that CNTD had been doing in Mozambique, Zambia, and Liberia.

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