

Document 10a. Organizational expenditure 2014 and 2015

Q1. Why did NTD expenditure increase by nearly 9 million pounds between 2014 and 2015, but donated costs from partners remained the same for NTDs? Additionally, expenditure on eye care remained the same. Are future years likely to look similar?

Expenditure increased by £9m as we scaled up our major trachoma grants funded primarily by DFID and the Trust. A fall of £1m on the Global Trachoma Mapping Project was offset by increases in SAFE (first full year - up by £4.5m), Nigeria (up by £1.7m) and the Trust (up by £1.9m). Also new grants such as the Gates Foundation's Uniting to Combat NTDs contributed to growth (up to £600k).

Donated costs from partners refers to the value of Mectizan[®] tablets donated by Merck & Co. Inc towards Sightsavers onchocerciasis elimination programs. Mectizan[®] is donated for a set number of countries and relates to the market value of the number of tablets required for shipment.

Q2. Do the costs listed in this document include:

~All costs of donated drugs? (I assume the gift in kind line is primarily donated drugs?)

~Any of Sightsavers' partners costs? E.g., costs associated with implementing deworming programs or the costs of government staff time?

~ As noted in the footnote of document 10a, the Gift in Kind expenditure line relates to the value of Mectizan[®] tablets donated by Merck & Co. Inc towards Sightsavers onchocerciasis elimination programs. We have also further detailed this in document 12.1.

~ The expenditure against all themes includes amounts transferred to our partners as per our Partner Financial agreements for all of our projects. Sightsavers does not necessarily cover 100% of partner costs as other funding sources may be available - government funding, global organisation support and so on. Sightsavers discusses financial requirements with each partner before agreeing what it's funding will cover and how much is required.

Q.3 Are there any costs this document does not include that we should be aware of?

This information was taken directly from the draft 2015 statutory accounts so included all Sightsavers costs.

Document 10.b NTD project expenditure 2015-2016

Q1. What does the "DFID Nigeria Integrated NTD's Project" line item cover? Is it only the costs of Sightsavers' partners' programs for that project, or does it include the costs of the states Sightsavers supports (Zamfara and Kaduna)? If the latter, why are there separate line items for Zamfara and Kaduna above?

This is a specific project funded by DFID working across a number of states in Northern Nigeria. It is a stand-alone project that now covers NTD activity in Zamfara and Kaduna.

We had existing work in these states and this has fallen under the auspices of the project as it scaled up and expanded across the states. Zamfara state became part of the DFID supported project in 2015 and Kaduna state in 2016, hence reductions in expenditure figures in these years for the stand alone project lines.

Q2. Why don't the 2014 and 2015 "Total NTD Portfolio" figures match the 2014 and 2015 figures in document 10.a?

These figures are direct project spend and do not include the indirect cost allocation as per the statutory accounts.

Q3. What costs are included in these line items?

~Do these line items only represent what Sightsavers spent?

~Do they include partners' costs, such as the costs of implementation or staff time?

~Do they include the costs of donated drugs for the program?

~Are there costs not included in these figures that we should be aware of?

These line items include direct costs relating to the individual projects.

~ Yes - these line items represent what Sightsavers has spent, which includes transfers to implementing partner organisations.

~ Yes - if this is an implementing partner working with Sightsavers and if it is in the pre-agreed budget, partner costs are included.

~ No, lines do not include costs of donated drugs for the program.

~ The indirect costs of running the projects, including country office costs, programmatic support costs, general support costs and governance are not included in the lines.

Document 14.1 Sightsavers NTD Data 2015 by country and by disease compared to document 10.b NTD project expenditure 2014-16

Q1. 14.1 shows that Sightsavers distributed 1.7 million onchocerciasis treatments in Malawi in 2015, but 10.b indicates that there were no expenditures in Malawi for onchocerciasis, LF, or deworming in 2015. Why is that?

Sightsavers manages the order of Mectizan® for oncho elimination for the Government of Malawi. We do not implement the MDA in country as this has been totally devolved to the government, hence not showing expenditure in document 10.b.

Q2. 14.1 shows that Sightsavers distributed nearly 5.8 million oncho and LF treatments in Mali in 2015, but 10.b indicates that this only cost 16,782 pounds, implying a cost per treatment of \$.004. This seems incredibly low to us. Is this correct?

The statistics include outputs from two projects, one of which is classed in Sightsavers internal systems as an eye care project. This project was not therefore included in the document 10.b. The additional budget details for this project are:

Country	Project name	2016 Approved Plan (£)	2015 Actual Spend (£)	2014 Actual Spend (£)
Mali	Koulikoro eye care project	£209,213	£219,284	£224,517

Nb. Please note the budget above is primarily an eye care project with NTDs integrated.

In addition, Sightsavers only provides partial financial support as much of the national activities are devolved to the government.

~ Additionally, 14.1 indicates that no deworming treatments were distributed in Mali in 2015, but Sightsavers told us in early 2015 that it supported deworming programs in Mali. Can this discrepancy be clarified?

Sightsavers has supported lymphatic filariais MDA in Mali as part of our integrated NTD programs. In our phone calls in February and March 2015 Dr. Susan Walker referred to Sightsavers' support of LF and STH activity in Mali. Dr. Walker was referring to the fact that the albendazole treatments as part of the LF chemotherapy regimen also treat STH.

Please note that Sightsavers STH output statistics do not capture the number of people we have treated for STH through LF treatments in our integrated NTD programs. We realise this is an issue for Sightsavers, and, possibly other organizations, running LF elimination programs. We are presently undergoing a

review of our NTD output statistics so that we include the number of people we have treated for any disease/diseases as well as for the individual diseases.

Q3. 14.1 shows that 0 people were treated for onchocerciasis, LF, or deworming in the Republic of Sudan in 2015, but 10.b indicates that Sightsavers spend 167,159 pounds there. Why is that?

This was funding from Imperial College London and Sightsavers supported the transferring of funds to the Republic of Sudan Ministry of Health, which is an established partner of Sightsavers, on behalf of Schistosomiasis Control Initiative.

Q4. 14.1 shows that 15.7 million onchocerciasis, LF, and deworming treatments were distributed in Sierra Leone in 2015, but 10.b indicates that Sightsavers only spent 20,134 pounds there, implying a cost per treatment of \$.002. Again, this seems incredibly low to us. Is that correct?

The low spend was due to the fact that preparation for this MDA started in 2014 but was stopped due to the Ebola outbreak. The partner had already received funds for the CDTI activities in 2014 before the hold on spend on activities in August 2014. The amount spent was on distribution and reporting particularly for treatment in Western Area.

Q5. 14.1 shows that no onchocerciasis, LF, or deworming treatments were distributed in Tanzania in 2015, but 10.b indicates that Sightsavers spent 167,310 pounds there in 2015, and Sightsavers told us in early 2015 that it supported deworming programs in Tanzania. Can this discrepancy be clarified?

Sightsavers has historically supported treatments for all five NTDs in Tanzania under a partnership with the African Programme for Onchocerciasis Control (APOC). In mid-2015, following the end of the WHO's APOC programme, responsibility for treatment distribution in those regions of Tanzania supported by Sightsavers was allocated to the NGO IMA World Health, funded by USAID.

Our Tanzania integrated NTD project also includes the training of trichiasis surgeons, health workers and community leaders, provision of trichiasis surgeries, and the development of a health seeking behaviours strategy as part of the SAFE strategy for trachoma elimination amongst other activities. Some MDA is being supported in Zanzibar as part of the project in 2016.

The above budget is related to these activities in 2015 and will continue in 2016.