

A conversation with Sightsavers, March 19, 2015

Participants

- Simon Bush – Director of Neglected Tropical Diseases (NTDs), Sightsavers
- Katie Cotton – Director of Major Giving, Sightsavers
- Susan Walker – NTD Technical Advisor, Sightsavers
- Julia Strong – International Foundations Executive, Sightsavers
- Timothy Telleen-Lawton – 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 Sightsavers staff.

Summary

GiveWell spoke with Mr. Bush, Ms. Cotton, Dr. Walker, and Ms. Strong as part of its early investigation into Sightsavers' deworming programs. Conversation topics included Sightsavers' focus on integrated NTD treatment, how it decides to allocate unrestricted funding, countries where it has the capacity and there is need to begin deworming programs, and potential impacts of restricting funding to deworming.

Background on Simon Bush and Sightsavers' NTD programs

Simon Bush has been the Director of NTDs at Sightsavers for three years and oversees NTD staff in the U.K., Ghana, and New Orleans. Mr. Bush's unit consists of technical staff, who examine aspects of disease control from epidemiological issues to specialist areas such as water, sanitation, and hygiene (WASH), behavior change, mobile health, and a contract management team, which handles Sightsavers' grant contracts with the U.K.'s Department of International Development (DFID) and the Queen Elizabeth Diamond Jubilee Trust.

Before taking his current role, Mr. Bush was Sightsavers' Regional Director for West Africa. During this time, Sightsavers was beginning to expand its NTD work, which had historically focused on onchocerciasis and trachoma, into integrated preventive chemotherapy and transmission control (PCT) programs for other NTDs, including lymphatic filariasis (LF), soil-transmitted helminthiasis (STH), and schistosomiasis. Today, Sightsavers runs 23 country NTD programs in Africa and has some unrestricted funding that can be used toward NTD elimination.

Partnerships with other organizations

Because the scale of work in Africa is so great, Sightsavers works with other organizations and frequently manages a group of partners. Sightsavers also implements treatment in some areas, but it has developed particular expertise in managing partnerships and coalitions.

Allocation strategy for unrestricted funding

Decisions on where to direct unrestricted funding, though made through work with Sightsavers' partners, come from Mr. Bush and his team. This includes decisions to allocate restricted or unrestricted funds toward deworming versus other programs.

Priority diseases

Sightsavers' top two NTD strategies (called "fast-track initiatives") are disease-specific initiatives to eliminate onchocerciasis and trachoma, but within those plans Sightsavers prioritizes integrating treatment with other PCT diseases. Although the need for deworming is usually not a deciding factor in Sightsavers' entry into a new country or area, Sightsavers considers how it might integrate deworming treatments into any new NTD program if the need exists, and may apply unrestricted funding to its deworming efforts.

Other factors contributing to funding decisions

Sightsavers prioritizes programs for unrestricted funding based on:

- The burden of the disease
- The capacity of the country to implement an integrated treatment program
- The need for a longer-term investment, particularly in more difficult countries

Funding long-term projects may not be possible using restricted funds, which usually require adherence to a shorter timeline (5–6 years). Unrestricted funds may allow Sightsavers to invest in more challenging countries by building capacity within government ministries and communities. Such countries include Democratic Republic of Congo (DRC), Guinea-Bissau, Côte d'Ivoire, Liberia, and Sierra Leone. These countries are among the world's least developed at the lowest end of the Human Development Index. Some, for example the DRC and Guinea-Bissau are considered by the Organization for Economic Cooperation and Development (OECD) to potentially be donor 'orphan' countries and are needing of additional support.

In other countries, a longer timeline allows Sightsavers to turn from treatment of the disease to elimination. In Nigeria, for example, Sightsavers has been treating onchocerciasis for 20 years, and in Kaduna state, the disease is approaching elimination. Sightsavers allocated some of its unrestricted budget for NTDs to bring Kaduna to this stage. This reflects its belief in the importance of total elimination of diseases, in part to demonstrate that its treatment methods actually work.

Geographic expansion

Sightsavers has well-established programs in west, east, and central Africa and could continue to work only in those countries if its goal was to control NTDs. However, Sightsavers has recently begun to focus more on elimination of NTDs rather than control, and it is now looking specifically at elimination by region instead of by country, which will necessitate entering new countries. For example, a few years ago, Sightsavers began to work in some large, centrally located countries like South Sudan, Sudan, DRC, and Republic of the Congo, which lay outside the

organization's usual area of operation, but had a high NTD prevalence and little support from other non-governmental organization (NGO) partners. Sightsavers has used some unrestricted funding to enter and sustain work in several of these countries. However, it is unlikely that Sightsavers will expand into new countries beyond the above, with the exception of perhaps Angola. Sightsavers is satisfied with its current portfolio of countries and opportunities to scale up efforts within them.

Decisions to expand Sightsavers' geographic reach are also subject to funding constraints and assessments on a country's ability to scale up. This is particularly the case in countries which have more challenging operating environments and may have weaker health systems.

Deworming programs

Deworming's role in Sightsavers' work

When possible, Sightsavers works to incorporate deworming in its NTD program plans, even if it does not drive the organization's NTD expansion decisions. In part this is because it has helped to implement a community-based strategy for mass drug administration (MDA), piloted in Uganda, Mali, and elsewhere, which organized 300,000 community drug distributors to distribute treatments. Sightsavers now believes it can use this structure to do more in the area of deworming. Sightsavers has also sensitized the communities in which it works to the importance of disease treatment and behavior change, and some of the communities themselves are now asking for more support, including for deworming.

Sightsavers' traditional work on onchocerciasis and trachoma developed as separate programs and has been very successful, but Sightsavers is now trying to convert this legacy work into wider integrated NTD programs. Mr. Bush is now working on a unified approach that will preserve disease-specific knowledge on onchocerciasis, trachoma, and other NTDs, but also challenge Sightsavers' country offices to work with Ministry of Health partners to devise integrated programs.

Even within Sightsavers, promoting the idea of integration has seen some resistance at a programme level given competing priorities. In part, this is because the organization's name implies a narrow focus on blinding diseases, while in reality Sightsavers also treats non-blinding diseases such as deworming and LF. The mandate of the organization and Royal Charter was changed in 2009 to accommodate the non-blinding NTDs. It was only in 2010 that Sightsavers recorded its first non-blinding neglected tropical disease treatment (LF, followed by schistosomiasis and STH in 2011) in its output statistics. Increases, (apart from onchocerciasis) are not keeping up with the scale-up need and the drug donations that are available within Sightsavers' project areas.

Factors taken into consideration for deworming programs

Factors that Sightsavers takes into consideration when considering capacity to add deworming to an existing NTD program are:

- Disease burden
- Capacity among the country's government and Sightsavers grassroots partners to implement the additional treatments
- Capacity within Sightsavers (e.g. number of staff in the country office)
- Funding

These factors may exist in different combinations depending on the country and project.

Target countries for deworming efforts

Sightsavers is undertaking a review of the countries where it could have the capacity, and there is a need, to integrate deworming into its existing NTD elimination programs. Countries initially identified include:

- **Guinea-Bissau**, where trachoma and onchocerciasis programs have been very successful. Sightsavers understands there are currently no other NGOs treating these NTDs in Guinea-Bissau (although Sightsavers believes the United Nations World Food Programme (WFP) and the World Health Organization (WHO) have plans to initiate activities in the regions Farim/Oio and Biombo).
- **Republic of the Congo**, which has a fairly strong onchocerciasis program and treatment for LF has begun recently. Mapping in the country has shown that it needs a deworming program as well. Sightsavers works with a French organization, Organization for the Prevention of Blindness (OPC), in Republic of the Congo, but no other NGOs are now working on onchocerciasis and LF there, despite the presence of the WHO Regional Office for Africa in the capital of Brazzaville.
- **South Sudan**, which is always a priority area because of its high disease prevalence and years of neglect. Sightsavers must balance the country's needs with current security concerns in South Sudan, but considers it imperative to continue work there because of its NTD burden. Sightsavers and its partners distributed 432,697 treatments for onchocerciasis in South Sudan in 2014, proving that interventions can be successful even in areas of conflict. There are a number of other organizations working in South Sudan that could contribute support, and the main challenge is coordinating their efforts. Sightsavers is leading a group of NGOs trying to stimulate NTD treatment work there.
- **Chad and the DRC**, both of which have often been neglected due to their difficult working environments. This contrasts with Sightsavers' approach, which is to enter a country based on need and then find a way to work there. OPC is the only other organization currently supporting NTD PCT efforts in Chad. In the DRC Sightsavers works in partnership with the NGO United Front Against Riverblindness (UFAR) on oncho and LF elimination activities.

National PCT NTD control efforts in some areas of the country have recently been extended to include deworming with support of donors and partners including the Schistosomiasis Control Initiative (SCI) and USAID. Further expansion of activities would require additional funding.

Sightsavers' expansion of deworming programs in these countries, and also in **Nigeria**, could be hindered by any of the limiting factors named above, but for many of them, funding is the main limiting factor.

There may be other countries that have the capacity to scale up deworming activities, but some of them may already be working with other partners, including SCI and the Deworm the World Initiative. Sightsavers collaborates with SCI and wants to avoid overlapping these efforts. For this reason, it has identified a focus on the countries listed above that need to scale up deworming but do not already have partnerships in place.

Deworming in Nigeria

Because Sightsavers' most established deworming program is in Nigeria, Nigeria is a good example of Sightsavers' work in this realm and a model for its other deworming programs. Sightsavers carried out the first integrated mapping exercise in Nigeria, in Sokoto and Zamfara states, which led the national program to begin exploring a more integrated approach. The results of that mapping exercise also led DFID to invest about £10 million (\$16 million) in an NTD program in five of Nigeria's northern states. This is an example of how a relatively small investment, such as a mapping project, can lead to a large infusion of funds. Sightsavers hopes to bring all its programs to the integrated level at which its Nigeria program is operating.

Incomplete coverage

The size of the disease burden in Nigeria is so great that multiple donors would be required to cover the whole country. Sightsavers alone carries out 21 million treatments there each year, but the need is greater than that. DFID support is to the northern eastern states. Even though USAID is also funding a large NTD project in Nigeria, several states that need deworming programs remain unfunded. Some northeastern Nigerian states also require treatment but have largely been left out of program planning, in part due to concerns over the presence of Boko Haram. Sightsavers works in some of those states in partnership with Helen Keller International.

In the future, Sightsavers hopes to approach Nigeria as a whole country, instead of as a set of individual projects. However, the burden is large enough that Nigeria could absorb all of Sightsavers' onchocerciasis and trachoma funding, plus all of its unrestricted funding, leaving it with no resources left to work anywhere else.

Expansion into new states

Sightsavers wants enough funding to implement fully integrated programs in other states in Nigeria, as mapping reveals that these areas need a complete package of NTD treatment. Expansion into Benué state, for example, will require an integrated program to ensure that Sightsavers can treat all NTDs effectively there.

Sightsavers would see no problem, either programmatic or financial, if GiveWell were to recommend funding restricted to deworming programs only. Currently, Sightsavers only wants to add deworming programs in countries where it already has an NTD program. However, Sightsavers may decide in the future, based on evidence of need and lack of other partners working there, that it must move into a new state or district.

If GiveWell were to provide deworming-restricted funding in Benué state or any other area Sightsavers is considering entering, Sightsavers would only be able to use that funding if it also received matching funds to carry out the rest of the NTD program there. Sightsavers' budget shows that there are many expenses that apply to all of its programs and cannot be isolated to deworming only. If GiveWell wanted to focus specifically on deworming, Sightsavers would look for other donors that wanted to fund the onchocerciasis and trachoma work. It might also try to make up the remainder of the program budget with unrestricted funding. This would be most difficult in Nigeria, where Sightsavers would have to fund a whole integrated program itself if it couldn't find a matching donor, or possibly give up on the program entirely.

Potential impact of a funding gap

Sightsavers aims to integrate where possible, which means adding deworming programs where they are needed and do not already exist. Its ultimate goal is to address all seven PCT NTDs, on a fairly large scale, in the countries where it works. Over the past 60 years, Sightsavers has made good progress on LF, onchocerciasis and trachoma treatments, but it is not yet implementing deworming at the scale it wants.

Depending on the funding available, Sightsavers would begin prioritizing among the six countries where it is hoping to add or scale up deworming programs.

Increased demand for NTD programs

WHO's 2012 road map for NTD elimination, which includes deadlines for elimination of certain PCT NTDs diseases in certain areas, as well as the London Declaration on NTDs of the same year, have influenced Sightsavers' decision-making by calling global attention to the need for deworming. The countries in which Sightsavers works, most of whom have NTD master plans and know where they need to scale up, are also demanding an integrated approach to NTDs and assistance with filling treatment gaps, as they are under pressure to meet WHO's deadlines. Benué state, for example, has actively sought Sightsavers' support through the WHO regional office.

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