

A conversation with Evidence Action on February 26 and March 17, 2014

Participants

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- Grace Hollister — Director, Deworm the World Initiative, led by Evidence Action
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Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Alix Zwane and Grace Hollister.

Summary

GiveWell asked Evidence Action to provide an update on Deworm the World Initiative (DtWI) since the 2013 review. DtWI described new developments of its strategic vision, progress in pre-existing Indian deworming programs, and new opportunities for projects in India and other countries.

Strategic vision

DtWI is considering multiple strategies for expanding its impact. Through the 2013 review process, GiveWell learned about opportunities for DtWI to engage with Indian states and other countries in a consultant-type role, in addition to the more heavily engaged advisor-type role it has taken historically. DtWI is also looking for opportunities to support the deworming piece of a larger integrated health program or support an integrated program that includes deworming. For example, DtWI is considering providing technical assistance to Indian states implementing the national Weekly Iron and Folic Acid Supplementation (WIFS) program, for which deworming is included in the recommendations. In this situation, DtWI would focus on working with states to ensure that deworming component. DtWI is also looking for opportunities to test more innovative or experimental approaches to reducing the burden of parasitic worms, such as a proposed project in Kenya to leverage the current school-based deworming program to understand the technical and implementation feasibility of eliminating worms in a region rather than simply keeping the prevalence low in children.

Budget

During GiveWell's 2013 review process, DtWI projected its 2014 expenses at \$6.7 million, of which about \$3 million would be in Kenya. The 2014 budget has since been expanded to include received funding from GiveWell and Good Ventures, and potential funding from Dubai Cares via the East Meets West Foundation (see Vietnam below), and the Children's Investment Fund Foundation (CIFF; for the elimination project in Kenya). DtWI now projects a budget of approximately \$8 million for DtWI in 2014, and is expecting to reach its target of holding cash reserves equivalent to 10% of its annual expenses.

Deworming in India

The national mandate for states to implement deworming programs is now in its second year. Increasingly, states are looking to launch deworming programs, incorporated as

mandated into the Weekly Iron and Folic Acid Supplementation (WIFS) Program, which also targets schoolchildren through mass drug administration (MDA). The increased interest has reduced the need for and difficulty of convincing more states to start deworming programs, and has increased the interest in Deworm the World Initiative's (DtWI) technical assistance. For example, DtWI has discovered that Jharkhand launched a deworming program last year but is interested in DtWI's help improving the quality of the program this year. In some states that already have DtWI-supported deworming programs such as Delhi, incorporating the deworming program into WIFS provides an opportunity for the state government to implement the deworming program without DtWI assistance more quickly than they would have been able to if it had continued as a stand-alone program. This integration also provides for cost-savings to state governments, as program components such as trainings can be combined.

Additionally the national government of India has expressed interest in possibly implementing a deworming program nationwide, rather than waiting for each state to launch separate programs. They have expressed interest in receiving technical assistance from DtWI for this project.

Ongoing Indian projects

Rajasthan – The final report from Rajasthan's second round of deworming (conducted in October 2013) and prevalence survey (conducted just before the deworming) are expected by the end of March 2014. Program results indicate that 6.7 million schoolchildren (82% of all schoolchildren) and 3.98 million preschoolers were dewormed. Early indications are that there is not a high prevalence of hookworm in Rajasthan, although this prevalence survey was taken a year after a mass round of treatment, which may have reduced the prevalence of hookworm.

Bihar – The third round of deworming in Bihar was conducted in January 23rd (deworming day) and 28th (mop-up day) of 2014. As of mid-March, over 90% of the schools had already returned reporting forms, which is a greater reporting rate than prior rounds (the precise increase in reporting is hard to measure because in prior rounds some regions reported aggregated numbers rather than school-wise data). Round 3 reached 16.2 million children, for a coverage rate of 85%.

DtWI had been encouraging the officials in charge of implementation to emphasize the importance of quality reporting, and that seems to have had a significant effect. DtWI is encouraging Bihar to include preschool children in the fourth round of treatment, and is planning to conduct a follow-up prevalence survey in Bihar just before that deworming round.

Delhi – The final report from Delhi's second round of deworming (conducted in September 2013) is expected by the end of March 2014. Preliminary results indicate that 1.7 million schoolchildren and 678,000 preschoolers were dewormed. DtWI's work in Delhi has been funded by the Michael and Susan Dell Foundation; going forward DtWI plans to decrease the level of technical assistance provided commensurate with

transitioning program responsibilities over to the government and integrating with the WIFS Program. Support from DtWI for Delhi will follow a “lighter touch” technical assistance model instead.

New Indian projects

Jharkhand – Last year Jharkhand launched a deworming as part of the WIFS Program, without any direct advocacy from DtWI. The program had no formalized protocols, didn’t measure coverage, and focused on children aged 10 to 19. In 2014 DtWI has been meeting with relevant officials in the state to see if there is an opportunity to improve the quality of the program with technical assistance. DtWI is hoping to sign a Memorandum of Understanding (MOU) with the state soon, and its work there would be funded by a grant from USAID.

Madhya Pradesh – MP is interested in DtWI technical assistance to help implement deworming as part of the WIFS Program. Another program, Rashtriya Bal Swasthya Karyakram (RBSK), screens children for a variety of diseases and disabilities and is being considered for possible cooperation with deworming in the state. DtWI is hoping to sign an MOU soon, and its work there would be funded by a grant from USAID.

Northeastern states – There may be national government funding for DtWI to conduct prevalence surveys in a set of northeastern states in India (not for technical assistance in implementing deworming programs after the surveys). DtWI is involved in some preliminary conversations with some of those states that have expressed an interest in also implementing deworming programs and might be interested in DtWI’s assistance.

New projects in other countries

DtWI is looking for opportunities to leverage existing connections, expertise, and infrastructure to expand its ability to reduce the public health burden of parasitic worms. Some of the new projects DtWI is considering are in countries in which another deworming organization is already active, such as the Schistosomiasis Control Initiative (SCI) in Ethiopia and Nigeria. DtWI believes there may be areas currently under-treated for Soil Transmitted Helminths (STH), given the different endemicity of diseases such as schistosomiasis or lymphatic filariasis (LF) in those areas (on which other organizations or funders may be more focused in the context of integrated NTD programs). DtWI is still in the early stages of these investigations and is working to confirm a common understanding of need with the other deworming organizations active in those areas.

Ethiopia – There appears to be a gap in school-based treatment for Soil Transmitted Helminths (STH) in Ethiopia. Other funders such as the UK’s Department for International Development (DFID) and the United States Agency for International Development (USAID) are interested in funding programs that integrate deworming with treatment for other NTDs, and so there may be large swaths of the population at-risk for STH but not other NTDs and therefore not treated. Schistosomiasis prevalence in the country is currently being mapped and will likely map STH at the same time. There is a

new diagnostic tool for schistosomiasis that uses urine rather than blood samples, and therefore does not reveal STH prevalence. It is possible that this tool will be used to map schistosomiasis in portions of Ethiopia, therefore requiring separate Kato Katz to determine STH prevalence.

Nigeria – DtWI received funding from the Kingdom Foundation for Nigeria, which can leverage DtWI's work in Kenya such as in creating training materials. DtWI is investigating what gaps in STH treatment may exist in the country by meeting with people that it has worked with in the past.

Indonesia – There are two pockets of schistosomiasis in Indonesia, and DtWI is investigating the landscape of Neglected Tropical Diseases (NTDs) to help understand whether there is a need for deworming that DtWI could help fill.

Vietnam – There is great data on STH prevalence in most of Vietnam, other than some places where STH didn't appear to be a problem in 2006. The country has some deworming with donor support from organizations such as USAID, World Vision, and the World Health Organization (WHO). The resulting coverage has been spotty. DtWI is partnering as a subcontractor to the East Meets West Foundation to provide technical assistance to existing deworming programs in four provinces. The STH prevalence surveys will continue to be conducted by the National Institute of Malariology, Parasitology, and Entomology (NIMPE). At the same time, DtWI will work with the national government to help design a national deworming policy framework and program. DtWI's work in Vietnam is being funded by Dubai Cares and possibly some unrestricted Evidence Action funds. It will be the first time DtWI has worked on a deworming program that is integrated into a larger health program.

Other possible opportunities – Many people will be meeting to discuss the way forward on STH globally in April at a conference organized by the Gates Foundation. Dr. Zwane will be representing DtWI in a panel discussion that will feature DtWI's Kenya program. This may result in further deworming opportunities.

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