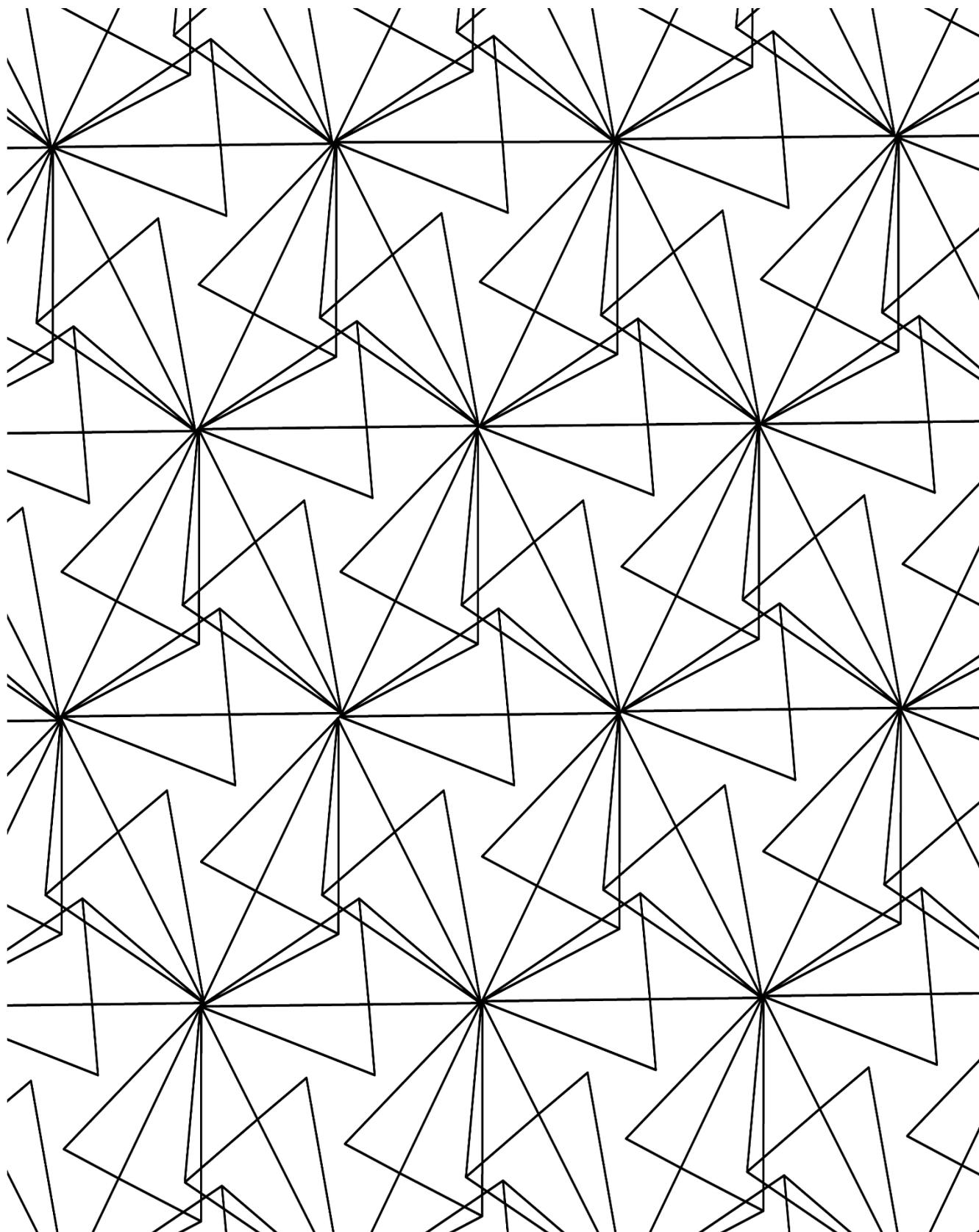


# FOUNDERS PLEDGE **REPORT SUMMARY**

## DEWORMING CHILDREN

Version: December 2018



BASED ON ORIGINAL RESEARCH BY **GiveWell**

This is a Founders Pledge summary and interpretation of original research published by [GiveWell](#). To view the latest version of GiveWell's full report on their website, please visit [this page](#).

## About GiveWell

GiveWell is a nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of their analysis to help donors decide where to give.

Unlike charity evaluators that focus solely on financials, assessing administrative or fundraising costs, they conduct in-depth research aiming to determine how much good a given program accomplishes (in terms of lives saved, lives improved, etc.) per dollar spent. Rather than try to rate as many charities as possible, they focus on the few charities that stand out most (by [their criteria](#)) in order to find and confidently recommend high-impact giving opportunities (their [list of top charities](#)).

To learn more about GiveWell, go to [GiveWell.org](#).



## The problem

Neglected Tropical Diseases are a group of diseases that affect more than one billion people in developing countries, especially those living in severe poverty and without adequate access to sanitation.<sup>i</sup> Schistosomiasis and soil-transmitted helminthiasis (STHs) are two common and neglected tropical diseases caused by worms. Schistosomiasis is transmitted through water infested by the larvae of a parasitic worm, and affects roughly 206 million people.<sup>ii</sup> STHs are transmitted through faeces and soil, and affect 1.5 billion people worldwide.<sup>iii</sup> Evidence suggests worms have an effect on children's development, and that they negatively influence their ability to earn an income and support themselves later in life.

## The solution

Mass deworming pill distribution is an inexpensive and safe solution to parasitic worms. The pills cost roughly between \$0.50 and \$1 per person and have no significant side effects. It is therefore cost-effective to distribute the medication to large groups of people, rather than testing to identify only those who are affected by the illness.

## The evidence

There is strong evidence that deworming reduces the number of worms in people treated.<sup>iv</sup> A series of experiments conducted in Kenya also suggests deworming has a significant impact on the income of adults who benefitted from deworming as children.<sup>v</sup> This evidence on income is used to arrive at the cost-effectiveness estimates for the organisations we recommend in this area.

## Organisations

### Schistosomiasis Control Initiative (SCI)

SCI supports deworming programmes in 15 countries in Sub-Saharan Africa, with much of their budget devoted to Ethiopia, Malawi, DRC, Nigeria, Madagascar and Tanzania. They support deworming programmes in a variety of ways, including advocating for their implementation, providing funding and medicine to governments, providing advice on financial management, and monitoring and evaluation. It costs roughly \$1 to deworm a child through a deworming programme supported by SCI. The impact of this could be substantial: GiveWell currently estimates that every \$400 invested on average leads to the equivalent of a 10% increase in income for 100 beneficiaries for one year. SCI could effectively use up to \$19m in additional funding over the next three years, to support the countries it currently works in and extend its operations to other areas where deworming is a health priority.



## Evidence Action's Deworm the World Initiative (DtWI)

DtWI supports deworming programmes in India, Kenya, Ethiopia, Nigeria, Vietnam and Pakistan. It supports programmes run by governments through a variety of activities, such as advocacy, surveys to determine the prevalence of worms in target areas, planning, identifying drugs, running campaigns to make communities aware of the benefits of deworming, training and monitoring, and evaluation. It costs around \$0.60 to deworm a child through a programme supported by DtWI, and it currently costs them an estimated average of \$200 to produce the equivalent of a 10% increase in income for 100 people for one year. DtWI could productively use \$14.7m in the next three years to support additional deworming programmes.

## The END Fund's deworming programme

The END Fund works on a variety of programmes, including supporting deworming programmes for schistosomiasis and STIs. They support deworming programmes by fundraising, identifying gaps in coverage, re-granting funds to other organisations (including SCI, DtWI and Sightsavers), and monitoring grantees' operations. The deworming programmes supported by the END Fund can deliver deworming programmes for roughly \$0.80 per person. It costs them an estimated \$670 to produce benefits equivalent to a 10% increase in income for 100 people for one year. They work in a range of African countries, and also in India. They could effectively use \$15.5 million to support additional deworming programmes over the next three years.

## Sightsavers' deworming programme

Sightsavers works on a variety of programmes, with half of their budget devoted to deworming programmes in Cameroon, Guinea, DRC, Nigeria, and Guinea-Bissau. Their work includes: advocating for programmes to be implemented, developing plans, conducting surveys to understand the prevalence of the diseases, training, informing communities about the benefits of deworming, monitoring, and financial support. It costs roughly \$0.95 to deworm a child through programmes supported by Sightsavers, and it costs them an estimated \$720 to produce benefits equivalent to increasing the income of 100 people by 10% for one year. In the next three years, they could productively use about \$1.7 million of additional funding for their deworming programmes.



## REFERENCES

---

- <sup>i</sup> WHO, '[Neglected Tropical Diseases](#)' (accessed December 2018)
- <sup>ii</sup> WHO, '[Fact sheet on schistosomiasis](#)' (Feb 2018)
- <sup>iii</sup> WHO, '[Fact sheet on soil-transmitted helminth infections](#)' (Feb 2018)
- <sup>iv</sup> Anthony Danso-Appiah et al., "Drugs for Treating Schistosoma Mansoni Infection," Cochrane Database of Systematic Reviews, no. 2 (2013), <https://doi.org/10.1002/14651858.CD000528.pub2>; A Bennett and H Guyatt, "Reducing Intestinal Nematode Infection: Efficacy of Albendazole and Mebendazole," Parasitology Today 16, no. 2 (February 1, 2000): 71–77, [https://doi.org/10.1016/S0169-4758\(99\)01544-6](https://doi.org/10.1016/S0169-4758(99)01544-6).
- <sup>v</sup> Edward Miguel and Michael Kremer, "Worms: Identifying Impacts on Education and Health in the Presence of Treatment Externalities," Econometrica 72, no. 1 (2004): 159–217, <https://doi.org/10.1111/j.1468-0262.2004.00481.x>; Sarah Baird et al., "Worms at Work: Long-Run Impacts of a Child Health Investment," The Quarterly Journal of Economics 131, no. 4 (2016): 1637–1680.

