A conversation with Dr. Immo Kleinschmidt, May 25, 2017

Participants

- Dr. Immo Kleinschmidt Professor of Epidemiology, London School of Hygiene & Tropical Medicine (LSHTM)
- Chris Smith Research Analyst, GiveWell
- Josh Rosenberg Senior Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Immo Kleinschmidt.

Summary

GiveWell spoke with Dr. Kleinschmidt of LSHTM as part of its investigation into adult malaria mortality. Conversation topics included the extent of malaria mortality in adults and the impact that insecticide treated nets (ITNs) may have on adult mortality.

Adult Malaria Mortality

- Malaria mortality in adults has not been closely studied via empirical research. This is likely because adult malaria mortality is difficult to measure in resource-poor settings. Adults in these settings may die of malaria without entering health systems. Post-mortems will not always be performed to determine causes of death.
- Although there is not substantial empirical evidence, it is reasonable to expect that ITNs will avert some adult mortality. Nets will likely be less effective at averting adult deaths in high transmission areas, since adults in high transmission areas typically have high levels of malaria immunity.
- Dr. Kleinschmidt has high regard for The Malaria Atlas Project. He believes that its models are extensively data-driven. He believes it would be reasonable to use the Malaria Atlas Project's work to estimate malaria case rates and death rates in children and adults.
- GiveWell proposed using the estimated impact of ITNs on malaria case rates in adults as a rough proxy for declines in adult malaria mortality. Dr. Kleinschmidt said that if one needs to estimate declines in adult malaria mortality, this approach does not seem unreasonable in many settings. Following an ITN distribution, immunity levels in adults would not be expected to change substantially in the short-term. If health service quality is unchanged following a distribution, it is probably reasonable to expect that observed reductions in adult mortality may, at least in part, be attributable to the impact of ITNs on case rates.
- Dr. Kleinschmidt believes that there has not been academic interest in modeling the impact of ITNs on adult malaria mortality because it is fraught with difficulties. He believes it is possible to make a crude estimate, but he thinks it would be very difficult to precisely measure ITNs' impact on adult mortality.

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