**Proposal to GiveWell**

***Millions Saved: Case Studies in Global Health, Third Edition***

**May 2013**

**Summary**

[The Center for Global Development (CGD)](http://www.cgdev.org/) aims to partner with the *Disease Control Priorities, Third Edition* to produce and disseminate a Third Edition of the CGD book [*Millions Saved: Case Studies in Global Health*](http://www.cgdev.org/initiative/millions-saved)*,* published originally in 2004, with the goal of improving the understanding of global health progress and catalyzing action among a broad array of audiences, including: policymakers and program managers in lower and middle income countries (LMICs); donors, NGOs and the private sector; as well as students, teachers, and researchers at academic institutions and other health training establishments. The proposed work will be led by CGD senior fellow and director of [Global Health Policy](http://www.cgdev.org/topics/global_health), [Amanda Glassman](http://www.cgdev.org/content/expert/detail/1424518), in association with the DCP3 director, Rachel Nugent.

**Background**

*Millions Saved* was firstpublished by CGD in 2004 (*MS1*) and updated in 2007 (*MS2*). The book highlights some of the spectacular improvements in health over the past decades via case studies in which large-scale efforts to improve health in developing countries have successes—saving millions of lives and preserving the livelihoods and social fabric of entire communities. From the eradication of polio in Latin America to the elimination of measles in southern Africa to HIV prevention in Thailand, the study highlights 20 cases that provide clear evidence that large-scale success in health is possible. The book provides policy-relevant information about how major successes can be achieved in the future, and clear evidence that global health challenges, which are often perceived as daunting, are indeed solvable

*Millions Saved* complemented the 2006 publication of the Second Edition of *Disease Control Priorities in Developing Countries* (*DCP2*) by providing succinct examples of global health success stories based on strong scientific evidence. While *DCP2* enjoyed substantial success in informing global health policy and resource allocation in low- and middle-income countries (LMICs), *Millions Saved* reached a somewhat different audience with substantial impact. This broader audience included non-health development specialists, students, teachers and researchers in the public health community, as well as the public at large.

The global health reality of 2013 has changed dramatically – in good ways and bad – from the picture that prevailed almost a decade ago. The Third Edition of *Disease Control Priorities in Developing Countries* (*DCP3)* will be published in nine hard copy volumes and online in 2014 and 2015. It will provide an updated assessment of the most effective and cost-effective interventions and policies in global health, as well as new economic analysis to support decision-makers in setting health priorities with greater attention to effects on the poor and health system issues. Taking advantage of the massive evidence-base assembled for *DCP3*, CGD is seeking support for a three-year program of work to produce a Third Edition of *Millions Saved* (*MS3*), which will serve to amplify the impact achieved with its first two editions.

In addition to issues including infectious disease and material and child health addressed in previous editions, *MS3* will also include success stories addressing non-communicable diseases (NCDs), risk factors, complex disease management, and country cases, for example, Thailand’s resounding success on the Millennium Development Goals (MDGs). These success stories will fully conform to the critical *MS* criteria for selection (importance, impact, economic evaluation, duration/scale and generalizability). In addition, to the fullest extent possible, CGD will aim to highlight case studies that point to specific success with regard to equity improvement, financial protection, and health systems strengthening.

The first two editions of *Millions Saved* were disseminated widely, enjoyed greater-than-expected success, and had a substantial impact on global health (see CGD’s [Impact and Influence](http://www.cgdev.org/page/impacts-and-influence) page for more information). Beyond the immediate results from publication of the individual success stories, the most important overall impact included the following:

* *MS* provided solid, well-documented scientific evidence that health programs could result in major health gains, with large numbers of lives saved, even in the context of weak health systems;
* Substantial impact on health priorities was shown to be possible through public sector action at an affordable cost in LMICs;
* *MS* provided hard evidence that health aid to programs in LMICs can deliver solid returns on investment;
* *MS* illustrated that rigorous evaluation of the impact of programs aimed at high priority diseases and conditions in LMICs is both feasible and desirable.

In 2004 and 2007, *MS1* and *MS2* succeeded thanks to several factors. First and foremost, the strength of the evidence presented, building on the *DCP2* effort to collect and analyze empirical evidence on disease burden and intervention cost-effectiveness, was a major factor. Second was the succinct and straightforward language employed by the book’s authors, which succeeded in making the stories accessible to a broad range of audiences, from policy makers and program managers in lower-middle income countries (LMICs), to donor and academic communities, to students and the general public. Third, *MS1* and *MS2* succeeded in no small part because of a highly effective dissemination and outreach effort by CGD, which clearly communicated the book’s key messages and enabled their uptake in academic journals, high-level meetings, and press and media outlets. And fourth, *MS* has benefited greatly from its inclusion in a revised and expanded edition in the first-ever public health series for undergraduates, produced by textbook publisher Jones & Bartlett, called the *Essential Public Health* series. As a result, this text is now used in hundreds of colleges and universities around the world as a companion volume to *Global Health 101*.

**Accomplishments of *Millions Saved* to date and motivation for a Third Edition**

The spectacular improvements in health over the last five decades are undoubtedly one of the greatest human accomplishments in history. The books’ criteria for success in public health are increasingly used by policymakers, practitioners, academics, and health advocates as metrics to judge the validity of evidence for new and existing public health interventions, and have led even the sharpest development critics to note the success of some global health aid.

*MS1* and *MS2* used case studies to rigorously describe both the “what” and the “how” of public health impact, while using highly-accessible language—a feature invaluable in enhancing learning and training among student and lay audiences globally. This succinct and accessible style also contributed importantly to the books’ policy and program impact.

Innovations in global health since the release of *MS1/MS2* have accelerated reductions in morbidity and mortality—propelled in part by population-based preventive measures, new health project structures, medicines and technologies, and service delivery mechanisms. The proposed *MS3* will describe how interventions to reduce disease and disability—such as providing more effective prevention and more accessible health services, introducing new medicines and other health technologies, and fostering healthier behaviors – have been successfully tackled in LMICs. The updated cases in this newest edition will include outcomes beyond health status such as impact on financial protection, equity, and health system responsiveness.

**Vision of Success: Goal of *MS3***

Through the publication of *MS3*, CGD aims to improve the understanding of global health progress and catalyze action among a broad array of audiences: policymakers and program managers in LMICs; donors, NGOs, members of the private sector; and students, teachers and researchers at both academic institutions and other health training establishments.

Specifically, CGD proposes to do this through:

* summarizing the results of twenty large-scale and sustained global health programs, employing its trademark rigorous criteria for proven impact;
* expanding the criteria used to rigorously evaluate global health programs to include equity and financial risk protection;
* adding at least twelve new success stories since *DCP2* to further demonstrate the significant success that have been achieved against major health scourges;
* summarizing the path to major additional health gains possible at affordable cost, and by suggesting the policies, programs and resources needed to achieve such success;
* including some examples of technologies or interventions that are efficacious but not successfully implemented, to highlight the role of delivery effectiveness and demand mobilization;
* connecting the cases closely to the GH101 text; and,
* using the most modern and interactive tools to document and illustrate each story, thereby enhancing the publication as a teaching and dissemination tool.

Through the publication of this edition, CGD aims to highlight the fact that many global health challenges, while daunting, are in fact solvable, and can be achieved in the relatively near term with appropriate policies, programs, priority setting, and resource allocation.

*MS3* will aim to reflect new research findings and under-addressed issues, while limiting its coverage to approximately 20 cases. Since *MS1*, there has been an explosion of cost-effectiveness, systematic reviews and impact evaluation studies on health policies and interventions in low- and middle-income country settings. These studies clearly demonstrate that scaled up vaccination programs, system-wide results-based payment reforms, non-communicable disease interventions, and multisectoral interventions need to be better represented in global health education in order to prepare students for the tasks that lie ahead.

Examples of priority areas of focus and possible program examples for *MS3* include:

* *Financing*: Results based financing for health, including conditional cash transfer programs worldwide; pay for performance programs in Rwanda; performance-based contracting in Afghanistan and Cambodia; health insurance in Colombia and Vietnam;
* *Prevention*: Population-based prevention programs to reduce major risk factors, including salt intake, tobacco use, family planning, nutrition, excess alcohol consumption, hypertension and obesity;
* *NCDs*: Prevention and control programs shown to have succeeded, e.g., for cancer, cardiovascular disease, diabetes, and chronic obstructive pulmonary disease;
* *Innovation*: New advances in reproductive, family planning, and child health programs; and injury prevention.
* *Failures*: The revolution in evidence-driven aid programming and impact evaluation allows us to revisit previous “successes” that do not withstand more careful scrutiny.

**Project Implementation**

**Expand discussion of *Millions Saved* methods.** The new *Millions Saved* casebook will be linked to ongoing work through the Disease Control Priorities Network, which will offer online tools to involve various audiences in exploring the ranges of impacts achieved through health spending. Other expanded sections will focus on methods for measuring the quality of evidence and rigorous impact evaluation. Beyond including programmatic successes, common mistakes, learning experiences, and pitfalls will be noted. This work will communicate these findings through teaching materials translated into multiple languages using improved data visualization tools.

Much of *MS1*’s definition of public health success is linked to evidence from experimental or quasi-experimental impact evaluation studies. More discussion on these methods, and their advantages and limitations will be useful for students and can be tied to other Essential Public Health texts.

**Reorganized content of *MS3* to more clearly distinguish among various policies, programs and technologies, as well as categories of disease burden or target populations.** Through the publication of *MS3*, CGD hopes to organize the various programs, policies and technologies outlined in the case studies more clearly than previous editions. *MS1* and *MS2* at times coalesce various policies, programs and technologies together, for example by including a case outlining a simple technology-based intervention such as deworming (administering a pill to school children) adjacent to a complex program of financial incentives for behavior change like conditional cash transfers (CCTs), providing little help to the reader to distinguish the relative scale, complexity and implementation requirements. *MS3* will group like with like, thereby enabling the reader to draw out generalizations and comparisons more easily.

**Link closely to the *Essential Public Health Series* and its curricular framework, particularly Global Health 101*.*** *MS3* will aim to be made even more accessible to students and instructors than previous editions, utilizing a more standardized approach to each case and with additional discussion questions and/or exercises,and will be more directly related to other volumes within the *Essential Public Health Series*.

**Employ innovative storytelling to reach new audiences and enhance impact**. The proposed approach will unify text with multimedia (photo, video and interactive graphics) and social media to tell the case stories on the web in an engaging and interactive way, as recently applied by the Global Fund and United Nations Population Fund (UNFPA)[[1]](#footnote-1). CGD will also ensure that a simplified version is also available for those with more limited internet connections. *MS3* will be widely disseminated online and in hard copy, and as part of the *Essential Public Health Series*, and will feature summaries and targeted materials for specific audiences – directly and through partners, stakeholders, and policy makers. Larger and longer- term goals will use the resulting written products as evidence to mobilize and ensure that large-scale global health initiatives include more rigorous, effective monitoring and evaluation components. This work will aim to motivate increased commitment to long-term funding and increase focus on strengthening overall systems when undertaking focused health interventions in order drive wider, more catalytic impact.

**Proposed Outline**

CGD proposes the following preliminary outline for the project:

* + Table of Contents
	+ Prologue (editor of series) and Foreword (joint by head of CGD and DCP3)
	+ Introduction
	+ Motivation: Why do we need another edition of Millions Saved?
	+ Case Studies: Aim for 20 successes, plus 2 failures
	+ Millions Saved Criteria: Scale, importance, impact, duration, economic evaluation, such as cost-effectiveness, equity, and financial protection
	+ Millions Saved Methods (previously in an Appendix) and new organizing framework
	+ Main Findings – Key findings, how different from First Edition, implications of actions.
	+ Conclusions and Action Recommendations. Recommendations regarding way forward with ongoing dissemination with hyperlinks to new studies to be added to website.

**Selection of case studies and advisory committee meeting.** After the second call for proposals, cases will be screened and selected by a joint committee of *DCP3* editors, CGD staff, and other experts. Selection of this committee will be selected based on experience with impact evaluation and project implementation. The committee will be responsible for determining ex ante standards for the quality of evidence, case writing content, and documenting processes for decision making. During the case writing phase, the committee will be responsible for providing feedback and quality control, as well as determining the acceptability of variation between cases.

**Composition of case studies.** Each case study will start with a discussion of the context, major players, and epidemiology of the health issue being addressed. This will be followed by a discussion of the proposed intervention, the process behind implementation, and efforts by stakeholders. Following this, there will be a discussion of the health intervention as it relates to the MS3 criteria of scale, importance, impact, duration, economic evaluation, equity, and financial protection. All cases will comply with CGD’s [Data Transparency Policy](http://www.cgdev.org/page/research-data-and-code-disclosure), where possible. Final aspects of the chapters will include a discussion of applicability to other settings, information about the continuation of the program, and lessons learned.

**Timeline**. This project anticipates a three-year execution period between September 2013 and September 2016. A rough projected timeline of key events, including pre-project activities, are described below (note timeline will be subject to change):

* Nov. 2012: Publication of proposed call amongst DCPN authors
* Jan. 2012: Deadline for initial submission of case proposals
* July 2013: Second call for case proposals published amongst DCPN authors and relevant networks
* Sept. 2013: Deadline for second call
* Nov. 2013: First meeting of advisory board
* Nov. 2013-Jan. 2014: Additional cases on specified priority topics to be solicited
* Nov. 2013-Mar 2014: Initial versions of case study chapters drafted
* Mar.-May 2014: Preparation of first draft manuscript including edited versions of case study chapters and pedagogical material
* Aug. 2014: Submission of first draft manuscript to publishers
* Aug.-Nov. 2014: Revisions and editing
* Dec. 2014-July. 2015: Production for Publication
* Nov. 2015 – Major launch in tandem with DCP3 publication
* Sept. 2016—Dissemination Activities Complete

**Dissemination.** Publication will be followed by an active, targeted outreach and dissemination strategy to promote *MS3* and ultimately achieve the project goals, i.e. to improve the understanding of global health progress and catalyze action among key audiences. CGD will leverage its significant online presence with outreach through channels including policy briefs, notes, blogs, twitter, and online educational materials. The report roll-out, in addition to the formal launch event, will include targeted briefings with stakeholders including policymakers, program managers in LMICs, donors, NGOs, the private sector, as well as students, teachers, and researchers at academic institutions and other health training establishments. *MS3* will also have a presence at identified professional meetings relating to global health education and implementation. A press strategy led by CGD’s communications team will include articles and op-eds on the identified successes in prominent news publications, editorials in academic journals, press briefings with individual reporters, and media interviews.

**Additional Funding Sources.** At the time of this proposal writing, CGD has applied for additional funding from the Bill & Melinda Gates Foundation for support of the proposed project.

**Organizational Capacity and Facilities.** CGD is the only think tank in Washington, DC (and now also with a new [CGD Europe](http://www.cgdev.org/page/center-global-development-europe) office in London) with a singular focus on development, seen through the multiple lenses of aid, trade, debt, migration, climate change, global health, education, and population. We engage in work that melds rigorous research with strategic outreach and communications aimed at informing, promoting, and provoking meaningful policy change. CGD has a strong track record of scholarship and action, and a well-established audience and network of influential individuals and organizations that depend on the value that the Center brings to policy debates around a range of development topics.

In slightly over a decade, CGD has, with a unique combination of rigor, strategic opportunism, and savvy outreach, moved a number of [ideas to action](http://www.cgdev.org/section/impact). The Center has influenced the policies of international financial institutions, the G-8 and G-20, and the US government—for instance, creating Advanced Market Commitments (AMCs) for vaccines, promoting a $1 trillion package to help developing countries respond to the global financial crisis, and fostering the International Initiative for Impact Evaluation (3ie). CGD is now the leading US think tank on development policy, recognized for our “outsize influence among decision-makers” (*Washington Post*, November 20, 2010).

1. Another example is the *The New York Times’* “[Snow Fall: The Avalanche at Tunnel Creek” story](http://www.nytimes.com/projects/2012/snow-fall/#/?part=tunnel-creek). [↑](#footnote-ref-1)