

Identifying successful global health interventions for inclusion in *[Publication]*

Participants

- [Name] – former Program Coordinator, [Organization], and staff member, *[Publication]* project
- [Name] – Co-Founder (Vice Chair), [Organization]

Note: This paper was compiled by [Organization] and gives an overview of the major points made by [Name].

Summary

[Organization] spoke with [Name], former Program Coordinator for the [Organization] (CGD) and staff member of CGD's *[Publication]* initiative. Conversation topics included criteria for inclusion in *[Publication]* and notable exclusions from the project.

[Publication] project

[Publication] is an initiative of CGD committed to improving public health within developing countries. Its publication, *[Publication]* (Levine et al. 2004) features 17 case studies of large-scale global health programs that succeeded in achieving this goal.

Audience

Governments in developing nations: *[Publication]* may function as a guide for leaders who are seeking to improve healthcare outcomes in the nations they serve. Additionally, the publication of successful global health programs may assist in holding international governments accountable to their constituents by demonstrating that positive healthcare outcomes are possible within a developing nation context.

U.S. Congress and public health experts: The case studies in *[Publication]* demonstrate to Congress the efficacy of international aid in improving public health within developing nations. This method is likewise effective in demonstrating the value of global health intervention to public health professionals.

Donors: The global health programs outlined in *[Publication]* received support from members of the international community.

Criteria for inclusion

The criteria for inclusion in *[Publication]* are explicit and rigorously implemented. They are meant to define a successful health program within a developing country context. Programs are selected for inclusion in *[Publication]* based on the following criteria:

Importance: A program meets the importance criterion if it addresses a problem of public health significance, indicated through metrics such as mortality, morbidity, or disability-adjusted life

years (DALYs). The latter combines the burden of mortality and morbidity into one number to express all health costs caused by a disease or prevented by an aid program. Most case studies in the project were included due to the importance criterion.

- For example, while dental caries (tooth decay) may not be considered an urgent public health problem within a developed nation context, a program that addressed dental caries in Jamaica was included in the project because it made a measurable positive difference in the health of the people it served.

Scale: Most of the programs included in the project are based on large-scale case studies (national or regional). Others are based on randomized controlled trials.

Impact: This criterion is met when evidence shows that a program has made a clear and significant impact on a population's health (e.g., through a reduction in death and illness). Most cases under consideration were excluded for failing to meet the impact criterion.

Duration: A program meets the duration criterion if it functions at scale for at least five years.

Cost Effectiveness: A program's cost-effectiveness is estimated in terms of cost per DALY averted. An intervention is considered cost-effective if it does not exceed the \$100 USD per DALY saved threshold. As mentioned under the *Importance* section above, the DALY metric is meant to provide one figure to express all health costs caused by a disease or averted by an aid program (e.g., mortality, minor health problems, or a combination of the two).

Notable exclusions

The World Health Organization (WHO) publishes a compilation of successful global health programs, but not all of them are included in *[Publication]* due to the latter's criteria. Examples include programs for malaria; programs for tuberculosis in nations other than China; and information on child survival. In some cases, a program's documentation didn't establish a strong enough link between the program and a decrease in morbidity or mortality.

Malaria programs: Efforts to include a malaria program case study in *[Publication]* were unsuccessful because most of the cases lacked sufficient documentation to demonstrate a link between the program and reduction in malaria deaths. Poor research design and lack of impact also accounted for exclusion from the study. Examples include:

- Brazil's malaria program: The Brazil program met the impact criterion; however, whether the impact was due to the program rather than an external (e.g., environmental, population, etc.) factor was unclear.
- Kenya's malaria program: A possible reason for exclusion of the program in Kenya, which involved insecticide-treated nets, was that it was not large enough to scale. During the time of the project's publication, other nets programs were being piloted but were likewise excluded due to scale.

Tuberculosis programs: Though effective, some extensively drug-resistant tuberculosis (XDR-TB) programs were excluded due to cost.

Onchocerciasis control efforts in Latin America: The Carter Center's Onchocerciasis Elimination Program for the Americas (OEPA) reported declines in the prevalence of onchocerciasis (a parasitic disease that affects the eyes and skin) as well as wide-scale drug administration against the disease. Although the disease does not rank high on the DALY list, a case study from rural West Africa was included in *[Publication]*. The group assembling the project opted to include one case study per disease, so the program conducted in Latin America was excluded.

Additional considerations

- If a program was conducted both at a large scale and prior to the publication of *[Publication]* in 2004, the project's original working group likely discussed it and decided it didn't meet one of the criteria for inclusion in the project (e.g., case studies that were published by WHO).
- The project is not exhaustive. Therefore, a program's success in one country should not be taken to mean that it will be successful in another.
- Because the project pertains to a developing nation context, interventions that concern diseases mostly present in developed nations have been excluded.

Things left out

- [Name] no longer has access to lists of cases that were excluded.
- [Name] is unsure if or how many case studies (other than the one on XDR-TB) were omitted from the project on the basis of importance, cost effectiveness, or duration.
- Programs that do not meet the duration criterion may still meet one of the others (e.g., a program that made a demonstrable impact but has only been active for three years).

All [Organization] conversations are available at [raw link].