

**Objective**

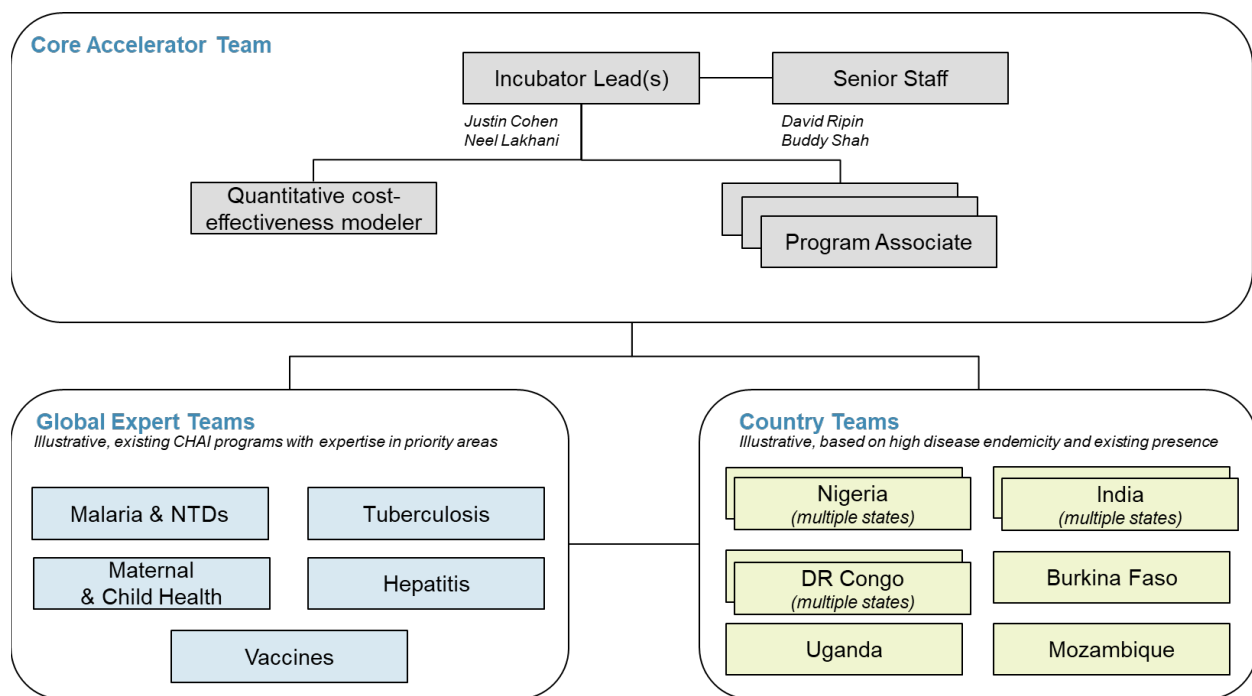
The Clinton Health Access Initiative (CHAI) and GiveWell are evaluating the merits of establishing a CHAI Incubator for Maximally Cost-Effective Programs, which will leverage CHAI’s existing expert teams and offices in over 30 countries to identify and catalyze the scale-up of evidence-backed interventions that meet GiveWell’s stringent cost-effectiveness criteria.

CHAI will source, review, and test new investment opportunities for GiveWell through the incubator. CHAI is well placed to do this given:

- Global expert teams with deep technical and market understanding of critical issues across 14 disease programs and health areas, including those identified by GiveWell as the most promising in their potential to save the greatest number of lives per invested funding
- Deeply embedded country teams (CHAI currently has offices in 34 countries) who operate as trusted advisors to the government at the invitation of either the head of state or minister of health
- A nimble organizational culture that seeks to strengthen evidence-based decision-making within the countries we support

**Incubator structure/working norms**

CHAI will structure the incubator as depicted below, with Dr. Justin Cohen, an infectious disease epidemiologist with deep experience with mathematical modeling, geospatial analysis, and surveillance strengthening, serving as the primary point of contact between GiveWell and CHAI on this program.



The core team will be comprised of a quantitative cost-effectiveness modeler and three dedicated program associates. The team will be headed by Dr. Cohen and Neel Lakhani, a public health expert with experience strategically developing and scaling numerous multi-country health programs, with substantial engagement from senior CHAI leaders, including CEO Dr. Buddy Shah and Chief Science Officer Dr. David Ripin. The core team will manage coordination and interactions across CHAI’s existing technical expert teams and country teams, and with GiveWell.

The core team will be responsible for:

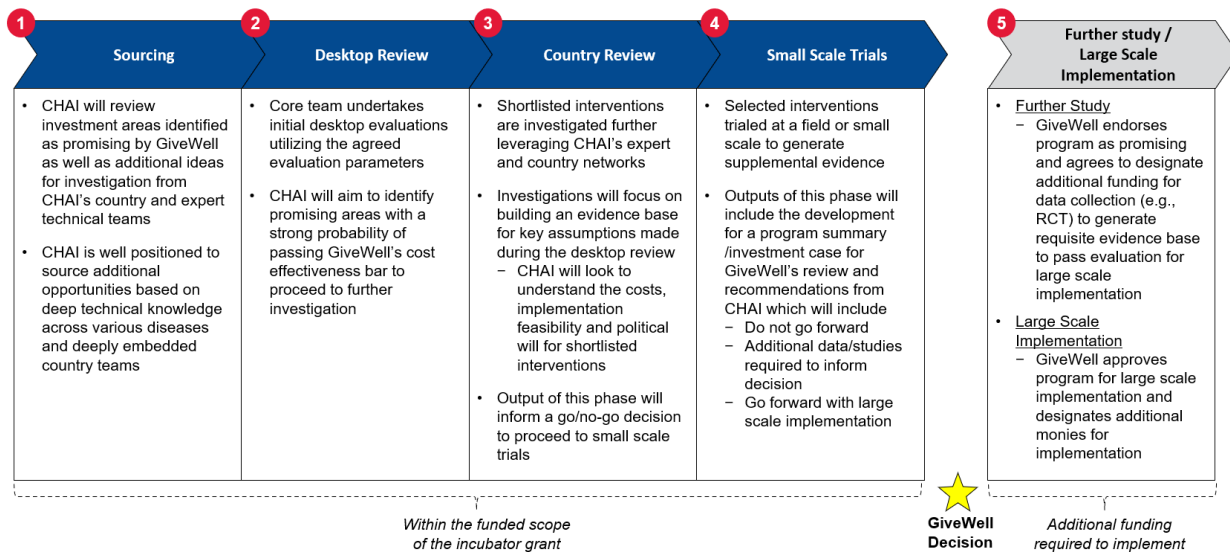
- Serving as the single point of contact for GiveWell to all CHAI projects
- Developing a detailed understanding of GiveWell's cost-effectiveness models<sup>1</sup>
- Sourcing ideas from GiveWell and CHAI and seeking necessary inputs for GiveWell's cost-effectiveness framework to identify attractive investment opportunities
- Piloting or conducting further country-level investigations of interventions agreed by CHAI and GiveWell
- Overseeing various GiveWell investments as they are 'spun out' of the incubator

CHAI will look to leverage its established country and expert teams that are already mobilized (and have existing relationships) to hit the ground running from day one and cut down the amount of time required to undertake assessments and field trials.

**Check-in schedule**

The core team will schedule periodic check-ins monthly (frequency to be adjusted as necessary) with the GiveWell team. The teams will review new opportunities CHAI is evaluating with a view to aligning on the cost-effectiveness analysis to ensure that investigations on programs that are not likely to pass GiveWell review are stopped before resources are expended on scoping and testing in-country. The call will also allow CHAI to get updates on new investigations by the GiveWell team (as part of the "Sourcing" phase outlined below).

**Assessment approach**



GiveWell's experience with Evidence Action indicates that taking one program that GiveWell has already evaluated from idea to implementation takes approximately one year. There may be an opportunity to accelerate this timeframe in geographies where CHAI already has a strong presence on the ground.

**Potential program types within the incubator**

The initial focus of CHAI's incubator will be to identify evidence-backed, highly cost-effective, and underfunded scalable opportunities to save/improve lives. CHAI's initial prioritization and evaluation of

<sup>1</sup> CHAI's cost-effectiveness modeler will be trained by GiveWell in their approach to cost effectiveness modeling

potential interventions will focus on programs for which GiveWell has already conducted evidence reviews and identified as potentially highly cost-effective. CHAI will evaluate which of these candidate programs overlap with CHAI's geographic and technical expertise.

Beyond this initial prioritization, CHAI may over time seek to identify additional types of opportunities that could prove highly cost-effective, such as:

- [Market shaping](#), an area of deep expertise for CHAI that could potentially be highly cost-effective but which presents challenges such as appropriate attribution of outcomes
- Upstream leveraged programs, including crowding in of other funders
- Innovative ideas such as a flexible 'cost-effective commodity fund' to dynamically direct highly cost-effective drugs or other commodities to areas of high need as they arise in real time.

CHAI will initially prioritize efforts within the incubator to programs that are most likely to directly and demonstrably meet GiveWell's cost-effectiveness thresholds. Top priorities are likely to include programs that have already been evaluated for their potential cost-effectiveness by GiveWell and are a good fit with CHAI's existing technical and geographic resources. Examples are provided in Annex B. CHAI and GiveWell may then explore additional opportunities such as those noted above after focusing on finding and scaling wins within these initial candidate programs.

### **Incubator goals**

The incubator will target the identification of ~\$40M per year in new cost-effective investments across two programs by 2025/26. We believe this goal is achievable with the base incubator budget.

### **Annex B - High level areas of focus and targets**

This list represents an initial set of interventions to be evaluated through the CHAI incubator. It includes, first, areas identified as promising by GiveWell's research, which also overlap with CHAI's technical and geographic strengths:

- 1) Maternal and child health interventions including safe birth kits
- 2) High-frequency training for improving facility-based births
- 3) Participatory learning and action groups for antenatal care
- 4) Under-five contact management for tuberculosis
- 5) Switching from iron/folic acid to multiple micronutrient supplements during pregnancy
- 6) Birth dose of hepatitis B vaccine
- 7) Eave tubes and/or housing improvements
- 8) Water quality interventions

Second, some additional areas GiveWell has evaluated positively but not highlighted as top priorities for CHAI:

- 9) Zinc/ORS
- 10) Community health worker/ICCM platforms for delivery of ACTs and other cost-effective drugs
- 11) Tuberculosis elimination
- 12) Malaria chemoprevention (under expanded WHO recommendations)
- 13) HPV vaccine
- 14) Eyeglasses for workers

Third, additional tentative ideas from CHAI:

- 15) Development of referral networks and systems for severe malaria and MNCH programs
- 16) ACTs in high endemic regions through the private sector
- 17) Additional screening during ANC visits (e.g., for TB)
- 18) Indoor residual spraying
- 19) Reconsideration of Hep C treatment based on revised commodity and delivery costs

Fourth, ideas currently on hold, to be revisited if and when success is demonstrated in one of the three preceding categories:

- 20) Market shaping for key commodities identified as promising but not currently cost-effective
- 21) Flexible fund to address gaps in funding for crucial cost-effective commodities

**Annex C – CHAI program Countries as of Q1 2022**

