

Conversation with Roy Head and Will Snell, March 2, 2016

Participants

- Roy Head – Chief Executive Officer, Development Media International (DMI)
- Will Snell – Director of Strategy and Development, DMI
- Dr. Jo Murray – Research Manager, DMI
- Milan Griffes – Research Analyst, GiveWell
- Natalie Crispin – Senior Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Head and Mr. Snell.

Summary

GiveWell spoke with Roy Head, Dr. Jo Murray, and Will Snell of Development Media International (DMI). Conversation topics included endline results from DMI's Burkina Faso randomized controlled trial (RCT), DMI's potential future projects, including a series of "rapid research" studies in several countries and a national campaign in Mozambique, and potential uses for DMI's unrestricted funding.

Endline results for Burkina Faso randomized controlled trial

Dr. Sophie Sarrassat of the London School of Hygiene & Tropical Medicine (LSHTM) collected and cleaned the health facility data collected at endline. Centre Muraz, a Burkinabé research center, was contracted by LSHTM to manage the behavioral surveys and mortality census, and in turn contracted AfricSanté, a private company, to conduct the baseline, midline, endline, and media coverage surveys.

Modeling of the campaign's mortality effect

LSHTM is planning to model the campaign's mortality effect using health facility data. DMI expects this analysis to produce an estimated mortality effect of the campaign, though the effect will likely be smaller than DMI had initially expected. The health facility data will be combined with Demographic and Health Surveys (DHS) data on the proportion of individuals who 1) seek treatment for malaria, diarrhea, and pneumonia, and 2) end up receiving treatment. The model will output the number of lives saved attributable to the campaign and the cost per disability-adjusted life year (DALY) averted. This model could be adapted to other countries. The health facility data does not include an indicator for the severity of a child's symptoms when seeking treatment, so it would be difficult to assess the campaign's impact if grouping by case severity.

Demographic and Health Surveys data

DMI often uses DHS data to make country-wide projections. Dr. Cousens and Dr. Sarrassat compared rural DHS data baseline survey data from the 14 zones of the RCT, and found it to be quite similar. DMI believes the DHS data to be a good source for cost-effective assessments of large campaigns.

Large-scale, country-wide campaigns are generally more cost-effective than smaller, zone-specific campaigns.

Potential future projects

"Rapid research" studies

DMI is considering running a series of "rapid research" studies in several countries. The studies would focus on changing treatment-seeking behaviors. Health facility data, mainly from the primary care level, would be analyzed to determine whether the campaign led to a change in the number of consultations. The level of detail of the collected data would depend on what information a particular country captures in its health facility data. For example, some countries might record the main reason for the consultation, and others might only record the child's age.

DMI has analyzed the quality of health facility data in 20 countries and plans to select a shortlist of 4-5 countries that are suitable for running these studies.

Using a large-scale RCT design for these studies would be too expensive, but DMI might consider running smaller, non-randomised evaluation designs that incorporate controls. For example, a study in a particular country could have two treatment zones (perhaps two 50-kilometer zones around towns whose radio stations would broadcast the campaign) and two control zones around similar towns in the region.

Funding

There are not many funders that support this type of work. DMI has been unsuccessful in its attempts to obtain funding from the Bill and Melinda Gates Foundation, which it has been in contact with since 2008. Most foundations prefer funding projects that maximize the number of lives saved, rather than evidence-gathering work.

It is challenging for DMI to obtain research grants because it is not a university or research institution. Research grants can be challenging to work with, as they do not cover core operating costs – at universities, core costs are covered by other government grants.

DMI could allocate some of its unrestricted funding to these studies, but this would probably not cover all associated costs.

Mozambique national campaign

DMI wants to conduct a nationwide campaign in Mozambique. Its previous campaign focused on specific rural populations, but the country has a diverse variety of urban, peri-urban, and rural settings. DMI wants to assess its ability to produce consistent results in all of these contexts on a country-wide scale. The country's media environment is relatively complex: there are national Portuguese-language television and radio stations and 19 regional local-language radio stations, as well as community radio stations. The campaign would be an opportunity to

prove that DMI can successfully operate in a more challenging context. DMI's Burkina Faso campaign did not include television, so critics might question its ability to conduct a television campaign. DMI believes the addition of television broadcasting will increase the campaign's effectiveness.

For a number of reasons, Mozambique is one of DMI's top candidates for both "rapid research" studies and for a national campaign:

1. In DMI's analysis of health facility data quality, Mozambique's data was among the highest quality. There is some variation in terms of regional data quality; this is manageable, and is to be expected in most countries.
2. DMI has developed relationships and established memorandums of understanding with the country's key broadcasters and the Ministry of Health.
3. The Mozambique context is fairly representative, in that it is neither the hardest nor the easiest country to operate in. The results of a nationwide campaign in Mozambique would improve DMI's thinking about working in other countries in the region.
4. Media penetration in the country is relatively high, and indicators of treatment-seeking behavior are relatively low, so there is an opportunity to make a substantial impact.

Funding

It has been challenging to close the campaign's remaining funding gap. One bilateral donor has expressed an interest in providing part funding (probably up to \$500,000). DMI could allocate approximately \$500,000 in unrestricted funding to this campaign; this would leave a remaining gap of \$1 million.

Potential uses for unrestricted funding

DMI currently holds approximately \$500,000 in unrestricted funding, most of which is attributable to GiveWell-influenced donations. If DMI were to allocate this funding to one of its programs, it would likely prioritize the Mozambique national campaign. Other potential uses include:

1. Time-series monitoring of its ongoing campaign in Burkina Faso.
2. Developing and testing a new DMI capability to broadcast campaigns on some issues in multiple countries, using a cheaper and quicker approach than its standard 'Saturation+' approach.
3. Rebroadcasting existing DMI radio spots on child health behaviours in the Democratic Republic of the Congo.

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