

Costing impact



Our [model](#) predicts that mass media campaigns cost between \$2 and \$10 for every 'healthy year of life' added. If we are able to demonstrate this through our [trial in Burkina Faso](#), mass media will be one of the most cost-effective ways of saving lives currently available.

Measuring cost-effectiveness using DALYs

Health economists measure costs according to the cost per disability-adjusted life year (DALY) saved. (There is an ongoing debate about the clarity of this metric; interested readers should look at two recent articles by GiveWell, [here](#) and [here](#).)

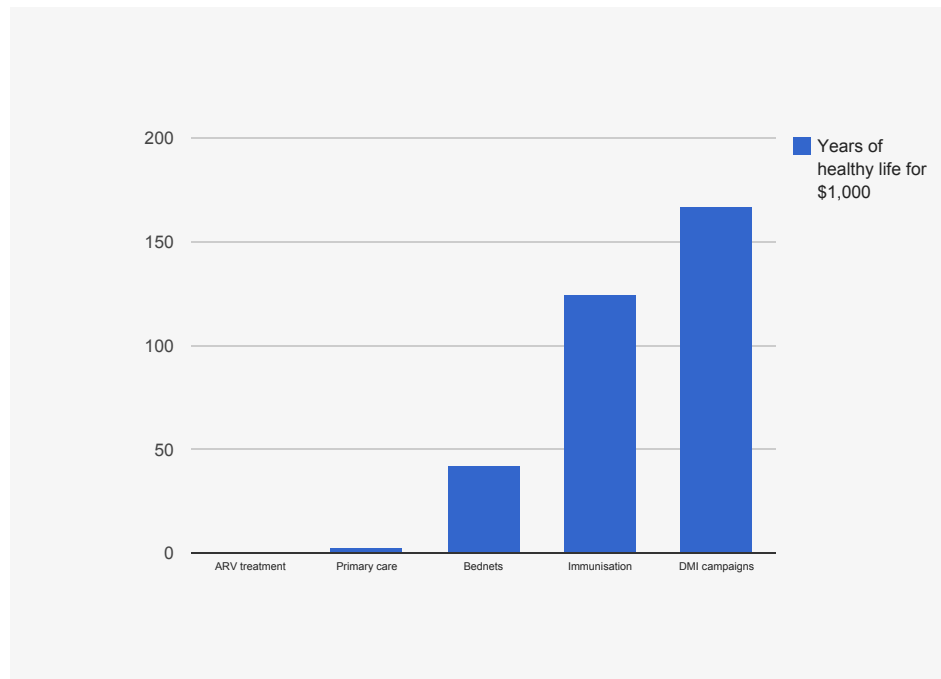
The World Health Organisation classifies the cost-effectiveness of any intervention that costs below \$100 per DALY as 'good', and below \$25 as 'excellent'.

The cheapest intervention evaluated in the authoritative literature ([Disease Control Priorities in Developing Countries](#)) is childhood immunisations (\$1-8 per DALY saved in Africa, \$16 in Asia). Other leading interventions include DOTS treatment for TB (\$8-\$263), insecticide-treated bednets for malaria (\$2-\$24), Integrated Management of Childhood Illness (\$9-\$218), increased primary care coverage for maternal and neonatal care (\$82-\$409), and antiretroviral treatment for HIV/AIDS (\$673-\$1494).

The cost-effectiveness of mass media campaigns

According to our [model](#), the cost per DALY of a DMI mass media campaign in most countries is in the range of \$2-\$10. This would make mass media behaviour change campaigns in most countries as cost-effective as any other interventions currently used in public health. We are now carrying out a [scientific trial](#) in Burkina Faso to prove this prediction. (As a rule of thumb, there are around 30 DALYS per individual 'life', so the cost *per life saved* of our campaigns is \$60-\$300, depending on the country.)

The table below provides a graphical illustration of the difference in cost-effectiveness between DMI campaigns and other public health interventions (based on upper estimates), showing how many years of healthy life each intervention can 'buy' with \$1,000:



Proving impact



DMI and LSHTM are running a five-year cluster-randomised controlled trial in Burkina Faso, funded by the Wellcome Trust and Planet Wheeler Foundation, to test the predictions of our model in a real-life setting.

Achieving impact



DMI does not have a standard, one-size-fits-all method for designing and implementing mass media health campaigns. We do, however, build our campaigns on the basis of our *Saturation+* approach for achieving impact. This has three elements: saturation, science and stories.

Measuring impact



We have developed a particular expertise in being able to measure the health impacts of our media campaigns, in addition to the behaviour change outcomes. We have worked with the London School of Hygiene & Tropical Medicine to develop a mathematical model, based on wide-ranging and robust evidence, which predicts that we can save one million lives by running campaigns in 10 countries over several years.

Find out more or get involved



Read about our [Media Million Lives](#) initiative



Download a [PDF summary](#) of DMI



Watch [short videos](#) about our approach



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