

A conversation with Amanda Glassman, November 29, 2017

Participants

- Amanda Glassman – Chief Operating Officer and Senior Fellow, Center for Global Development (CGD)
- Alexander Berger – Program Officer, US Policy, Open Philanthropy Project

Note: These notes were compiled by the Open Philanthropy Project and give an overview of the major points made by Ms. Glassman.

Summary

The Open Philanthropy Project spoke with Ms. Glassman of CGD as part of an update on our 2016 grant for general operating support. The conversation covered a number of CGD's recent successes and planned future projects, some of the ways it has used unrestricted funding, and its fundraising activities and budget.

Recent and upcoming projects

Research on female peacekeepers and assault reduction

Charles Kenny and Tanvi Jaluka wrote a paper looking at the relationship between sexual assault and harassment charges and the percentage of UN peacekeepers in a country who were female. The results suggest that having more than 5% of a peacekeeping contingent be female is associated with a 50% reduction in the assault rate. CGD President Masood Ahmed, Charles Kenny, and CGD's communications team presented those results and a proposal to increase women peacekeepers by paying a premium to sending countries to the UN and various governments. In November 2017, Canada announced plans to set up a fund of \$75 million (which includes contributions from Switzerland and likely from Sweden) to provide a premium for female peacekeepers in order to get more contingents to the 5% threshold and observe the effect on assault and harassment charges.

Cash on delivery (COD) aid pilot

The Mesoamerican Health Initiative, a results-based funding effort that includes COD aid which Ms. Glassman was involved in designing at the Inter-American Development Bank (IDB), was a public-private partnership with country governments that included an agreement to reimburse some of the funding that the governments contributed, conditional on independently-verified improvements in coverage and health outcomes in some very poor municipalities. The results seem to show that municipalities that were offered conditional aid money had more effective coverage and in some cases better anemia outcomes than municipalities that received unconditional funding. For more information, see <https://publications.iadb.org/bitstream/handle/11319/8750/is-results-based-aid-more-effective-than-convention-aid.PDF?sequence=3> and <http://www.healthdata.org/salud-mesoamérica-initiative>.

Tent Foundation report

Cindy Huang (CGD's Co-Director of Migration, Displacement, and Humanitarian Policy) wrote a joint report with the Tent Foundation on ways that private corporations can be proactive about employing refugees. Her meeting with 25 CEOs for the launch of the report at the UN General Assembly went very well.

World Bank refugee compacts

The World Bank plans to fund more refugee compacts, i.e. agreements to provide concessional financing to host countries that provide certain services to refugees (e.g. connecting them to labor market opportunities, enrolling them in health and educational services). The World Bank ran a pilot of this in Jordan with help from CGD and IRC. Impact evaluations of the program haven't been completed yet.

Proposal for a public goods fund at the World Bank

CGD held a high-level panel on multilateral development banking, which made a recommendation to establish a fund for global public goods as part of the structure of the World Bank, with a regular replenishment process using flows from countries paying back International Development Association loans. The panel suggested five or six areas that could be financed by this fund (e.g. pandemic preparedness, data collection, climate change mitigation). This could help solve a collective action problem by funding projects that are effective from a global standpoint but which countries don't have adequate incentive to invest in from a domestic perspective.

The next step is to get buy-in from World Bank shareholders. CGD plans to spend some time focused on this next year.

Global health policy and impact evaluation

CGD's Priority-Setting Institutions for Global Health working group helped lead to the creation of the International Decision Support Initiative (iDSI), launched by NICE (National Institute for Health and Care Excellence) International in 2013 and now based at Imperial College London. CGD is in conversation with the Gates Foundation on a project to evolve iDSI into a new organization, inspired by the Institute for Health Metrics and Evaluation (IHME), with a focus on applied cost-effectiveness and impact evaluation in the health sector as a means to influence resource allocation on an ongoing basis.

CGD has hired Dr. Kalipso Chalkidou as Director of Global Health Policy. Under the auspices of iDSI, Dr. Chalkidou, together with the Thai Health Intervention and Technology Assessment Program (HITAP), worked with a group in Vietnam to examine medications that were being publicly reimbursed. Of a set of medications that accounted for about 40% of that budget, about half turned out to be medically harmful. This result helped lead to Vietnam setting up a unit to evaluate whether to publicly subsidize various products and interventions using evidence and cost-effectiveness data. India and China have also recently set up agencies like this with iDSI support, and South Africa recently allocated funding to set up a health

technology assessment/cost-effectiveness unit to inform its technology adoption decisions as part of its 2018-19 budget.

Biometric identification and Aadhaar

Field work by Alan Gelb (Senior Fellow and Director of Studies) suggests that roughly 2% of India's population can't be effectively identified using Aadhaar (e.g. because they are missing fingerprints). The use of Aadhaar for subsidy programs, health insurance, etc., has also led to data use and privacy issues that need to be addressed.

Dr. Gelb's new book on biometric identification in a development context is set to come out in January, and further activities to look at applied use cases, costs, and benefits are ongoing with the goal of influencing policy and practice.

Fiscal policy for health task force

The effect of tobacco taxation on consumption has been documented fairly clearly. CGD is working on a task force with Michael Bloomberg to look at fiscal policy on tobacco, sugar, and alcohol and make the case that increasing that full set of taxes, possibly accompanied by a ban on trans fat, could save a large number of lives. CGD hopes to get the International Monetary Fund (IMF) to consider addressing these issues as part of its mandate. Larry Summers co-chairs the task force with Mr. Bloomberg, and Masood Ahmed is also a member. For more information, see <https://www.bloomberg.org/program/public-health/task-force-fiscal-policy-health/>.

Improved media relations and policy outreach

One of CGD's priorities has been improving its outreach and media impact. CGD has been working with a media relations consultant, which has been very successful; this person has now come on as the communications director full-time. CGD's media mentions have increased significantly in both quality and quantity; CGD had 745 mentions in various media outlets this quarter.

Casey Dunning, who had served as CGD Policy Fellow at USAID, is now Director of Results & Learning at the Millennium Challenge Corporation.

Uses of unrestricted funding

CGD has used unrestricted funding to support (among other things):

- Michael Pisa's work on applications of blockchain technology for development.
- Charles Kenny's work on gender norms and access (including the study on female peacekeepers described above).
- Some policy outreach, e.g., Erin Collinson's time sharing CGD research with US government agencies.

- External assessments (e.g. its board governance assessment, communications audit, and human resources policy revamp), which cost around \$200,000 total.
- Hiring its media relations consultant.

Budget and fundraising

CGD's overall budget is \$14 million. CGD will enter 2018 with about 60% of its budget for the year funded (about the same percentage of its budget that it had funded at this time last year).

In 2015, CGD's funding was 80% restricted and 20% unrestricted. It's now two-thirds restricted and one-third unrestricted, and CGD would like to reach 40% unrestricted. In general, CGD's support includes grants from a larger number of groups for smaller amounts and shorter terms than in the past, which is more logistically demanding.

Masood Ahmed and CGD's board plan to spend more time on fundraising. CGD also plans to add eight new members to its board over the next two years, which could help somewhat on this front.

Foundations and bilaterals

This year, the UK's Department for International Development (DFID) decided to no longer fund general support to policy research. DFID had been providing 10% of CGD's funding for five years. CGD does still have one ongoing agreement with DFID to support the Research on Improving Systems of Education program.

The Gates Foundation funds about 33% of CGD's total budget.

The Hewlett Foundation's grant for general operating support is coming up for renewal next year.

Individual giving

About 2% of CGD's funding comes from individuals. It doesn't yet have a program specifically for engaging high net worth individuals, but it expects this to become more important as the foundation funding space tightens. Funding from a base of individual donors tends to be more sustainable and reliable.

CGD is hiring for the new role of Vice President of Development, with the goal of increasing its unrestricted, individual giving. CGD hopes to have that role filled in January. CGD also plans to hire one more person to work on development (for a total of four). CGD aims to have enough capacity so that some team members can focus fully on donor cultivation.

All Open Philanthropy Project conversations are available at <http://www.openphilanthropy.org/research/conversations>