

Phone conversation between Rossa O'Keeffe-O'Donovan and Nick Beckstead of Giving What We Can, Stephanie Wykstra of GiveWell, Roy Head, CEO of Development Media International (DMI), Will Snell, Head of Public Engagement & Development at DMI, and Cathryn Wood, Public Engagement and Innovation Manager at DMI. April 17, 2012.

1. Big questions
 - a. Where can we save the most lives?
 - b. Where is media penetration highest?
2. On the ground
 - a. Partners
 - i. Governments
 - ii. Broadcasters
 - b. Partnerships with broadcasters
 - i. Improve broadcast capacity and quality of outputs at radio stations by providing skills training (and equipment where needed)
 - ii. Stations give airtime in return
 - iii. Didn't get free airtime in Kenya, didn't get it in Nepal (so, paid directly for airtime in 2 out of 14 countries).
 - c. Short 1-minute spots are the best; they try to get most of the airtime to broadcast spots free of charge. They aim to air spots about 10 times per day.
 - d. They work with whichever broadcasters have the greatest market share among the target audience, including local and national stations, radio and TV, depending on the country.
 - e. Failures?
 - i. Polio campaign in Northern India was not effective
 1. Cause: Roy Head shouldn't have agreed, because mass media is not the best way to reach the last 5-10% (ie the remaining polio cases)
 2. Now they don't agree to do polio campaigns when they are offered
 - f. Small marginal costs of doing advertising interventions on many topics
3. More detailed questions
 - a. % TV vs. radio?
 - i. Depends on how popular TV and radio are amongst the target audience in a country
 - b. On impact measurement: usually do surveys to measure impact changes
 - i. Survey before
 - ii. Survey after
 - iii. Ask questions about knowledge and habits
 - iv. Dose-response data is collected where possible to improve attribution
 - c. Have you heard of PMC or Media Impact (two other groups working in this area)?
 - i. Aware of both organisations

- d. How do they recruit writers?
 - i. Among students, teachers, even security guards – they advertise for scripts and then choose the best and recruit those writers as staff members
 - ii. Have a page (a message brief) summarizing what messages they want to include in scripts
- e. Process
 1. Month 1, formative research - research team goes out to villages, works out barriers to healthy behaviours e.g. using bednets, etc.
 2. Month 2, script writers let loose. International producers supervising them. Dialectical process, until they have about 6 scripts to test.
 3. Month 3, Record rough versions of the radio scripts (.if TV, they story board). They take these versions into the field and play/show to target audience in order to find out whether villagers understand them.
 4. Month 4, script amendments and produce spots in all languages.

Mathematical model used to arrive at cost per DALY (\$2-10/DALY)

1. To come up with it, worked with London School of Hygiene and Tropical Medicine
 - a. Simon Cousins –professor of medical epidemiology
 - b. Anne Mills—health economist
 - c. Used Lancet’s 2003 Child Survival model
2. Spreadsheet on deaths averted from scaling up 27 different interventions
 - a. showing that 99% coverage rates save 2/3 of child lives
3. Used behavior change data to figure changes in percent coverage
 - a. Mostly before and after data
 - i. Some of this data is very strong, so it is hard to say that behavior changes were caused by something else
 1. Leprosy example: 4 calls per day to hotline before to 600 calls per day after
 - b. Also have some “dose response” data from Cambodia
 - c. Assumption of linear increase in listenership relative to more media
4. Included costs
 - a. Administration costs and headquarters (London) costs
 - b. Conservative cost assumptions—assuming all the bells and whistles

Randomized Controlled Trial in Burkina Faso (RCT)

1. Looked at 100 countries to find best one where they should do RCT
 - a. Needed a country with high child mortality
 - b. Listening habits have to be local in order to see effects show up
 - c. Generalizability?
 - i. Burkina Faso has little TV, so effects could be larger in other countries
2. Wellcome trust funding the RCT
3. 14 clusters selected, treatment was randomized

4. Timeline
 - a. Baseline survey has been completed
 - b. Midline survey in 2013 (only show behaviors)
 - c. Broadcasting ends Sept 2014, then a final survey
 - d. Results: Spring 2015, publish them in Lancet
5. Same messages in all the intervention clusters or different ones?
 - a. Same messages, some tailoring for sense of humor and culture generally
6. Publishing plans / preregistering?
 - a. Do the model + strategy; going to publish all that will be measured and the methods from doing so, in the Lancet later this year
 - b. Data transparency
 - i. Will publish crucial stuff
 - ii. Probably won't publish the workings of the model because of intellectual property in the model
Some concern that people might seize on the results of the DMI RCT to get funding for mass media projects that are not well designed or implemented and thus fail to deliver results

Room for more funding

1. \$500K-\$1M
 - a. Run a radio campaign in one country for one year
2. \$2-3M
 - a. Run a multiple-issue radio and TV campaign in one country for one year
3. Economies of scales from doing programs multiple years in a row
 - a. Ideal is to have programs run for 20-30 years though their aim is to stay in country for at least 3 and then go back 1-2 months per year for training.
4. Aim is for national governments to commission and fund campaigns in the long term, having seen the results and cost-effectiveness of DMI campaigns in their country (and supported by the RCT results)
5. In some cases, you get more of the gain in later years.
 - a. In one case, the vast majority of the impact came in year 3 for a hand-washing campaign.
6. Is there a risk of starting a project and then discontinuing it due to insufficient funds?
 - a. Hasn't happened before; they started with enough funds for their anticipated costs. Would consider various ways to get around this, including matched funding from other donors.

