



# Global uses of LiST

# Who has used LiST?

## International donors



## International organizations



## NGOs



## Development and aid agencies



## Country governments



## Academic institutions



# How has LiST been used?



**Strategic planning**



**Evaluation**



**Advocacy**



# Strategic planning

# Strategic planning

Which interventions need to be scaled up to have the greatest impact on mortality in a given epidemiological setting?

# Strategic planning: example from Burkina Faso, Malawi and Ghana

Burkina Faso, Malawi, and Ghana's national plans proposed scaling up 13-20 interventions to reduce under-five mortality by at least 20% by 2011

# Strategic planning: example from Burkina Faso, Malawi and Ghana

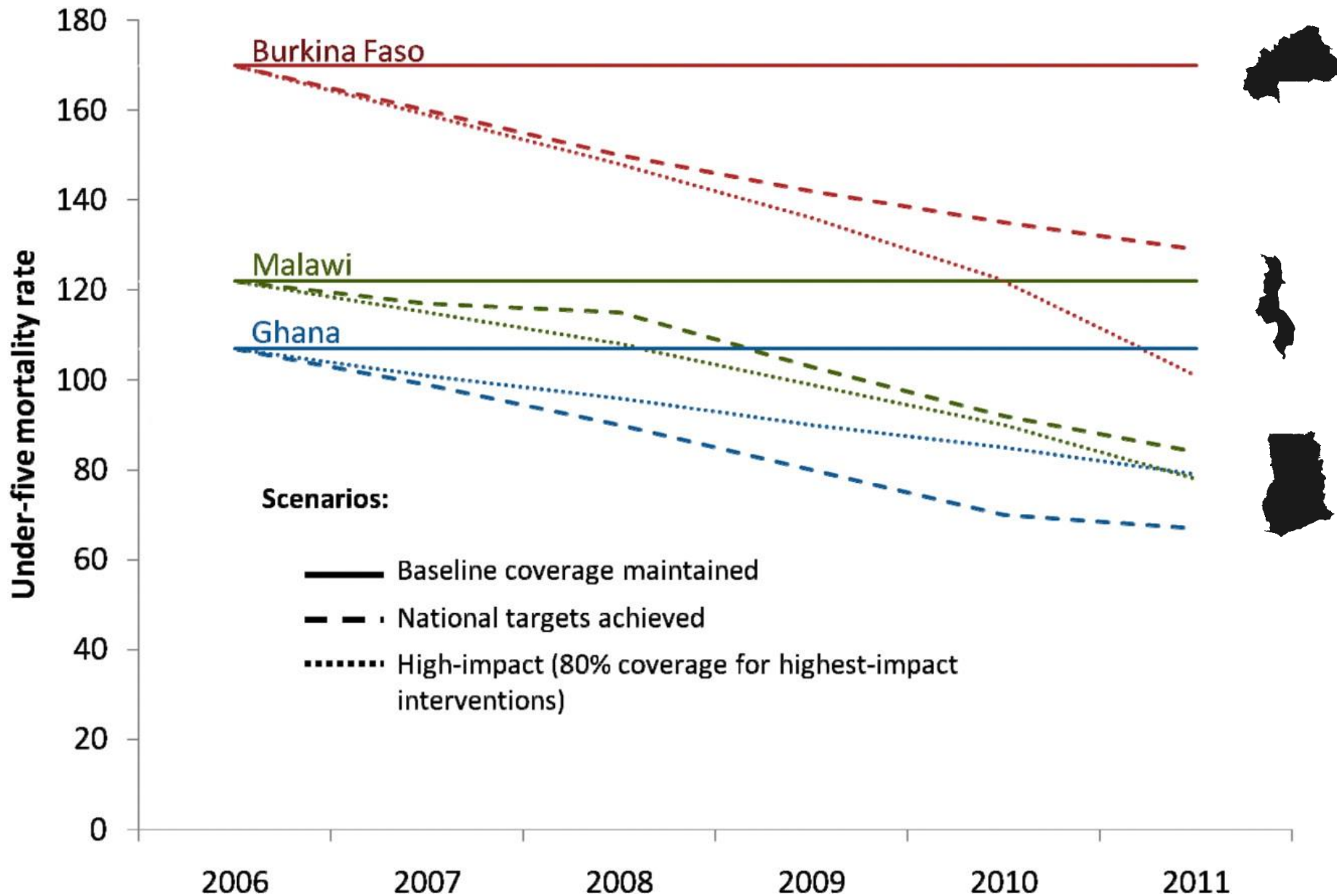
- Created LiST projections using the most recent country-specific under-5 deaths by cause and intervention coverage targets from national plan
- Excluded some interventions due to:
  - Evidence of effectiveness in reducing child mortality rates not sufficient to warrant inclusion in LiST (e.g. de-worming)
  - Evidence of effectiveness exists, but intervention not yet incorporated in LiST (e.g. intrapartum care)
  - Country data on coverage not adequate or compatible for use in LiST, or target coverage not set in programme (e.g. complementary feeding)
  - Not part of the Catalytic Initiative to Save a Million Lives acceleration programme (e.g. PMTCT)

# Strategic planning: example from Burkina Faso, Malawi and Ghana

	Malawi	Burkina Faso	Ghana
Number of interventions included in acceleration plan	18	13	20
Number of interventions modelled	13	9	17
Percentage reduction in under-5 mortality if all targets in plan achieved for modelled interventions	36	24	26
Number of interventions required to achieve mortality reduction of $\geq 20\%$ reduction in under-5 mortality, as modelled by LiST	4	5	5







# Minimum set of interventions to achieve mortality reduction of 20%, with current and target coverage levels

	Malawi	Burkina Faso	Ghana
Pneumonia treatment with antibiotics	✓ 29% → 67%	✓ 30% → 50%	✓ 33% → 60%
Diarrhoea treatment with ORS and zinc	✓ 55% → 85%	✓ 4% → 60%	✓ 42% → 60%
Malaria prevention with insecticide-treated nets	✓ 23% → 69%	✓ 10% → 70%	✓ 40% → 55%
Malaria treatment with ACTs	✓ 27% → 69%	✓ 48% → 57%	✓ 65% → 70%
Vitamin A supplementation		✓ 67% → 90%	
Improved sanitation			✓ 18% → 70%



# Changes to strategy

- Stakeholders realized that more interventions were included in the scale-up plans than was necessary to achieve the mortality reduction target
- Chose to focus on highest-impact interventions to achieve the greatest impact, while at the same time increasing feasibility of implementation



# Strategic planning: additional examples

- In KwaZulu-Natal, South Africa the team used LiST to identify key interventions and cost for highest impact interventions
- Created two scale-up scenarios:
  - **Full coverage** scenario of 95% coverage for all interventions
  - **Achievable coverage** scale-up based on target coverage levels determined by province experts
- LiST costing used to determine cost-effectiveness of key interventions.
  - Revised the medical staff salary estimates in the software, but used the default costs for medicine and supplies
- **Conclusion:** seventeen interventions plus family planning were both impactful and cost effective for averting deaths in the KwaZulu-Natal province

*“One of the things we also are challenged with regularly is how to make strategic decisions for design. When you have a context where there are so many issues, **how to prioritize**, what to focus, you know kind of step by step, what is our highest priority and our secondary priorities. LiST can really help to make those decisions. It can help **show empirically what is going to make the greatest impact on lives saved** when otherwise it is quite hard to make those decisions.”*



Program coordinator at an NGO

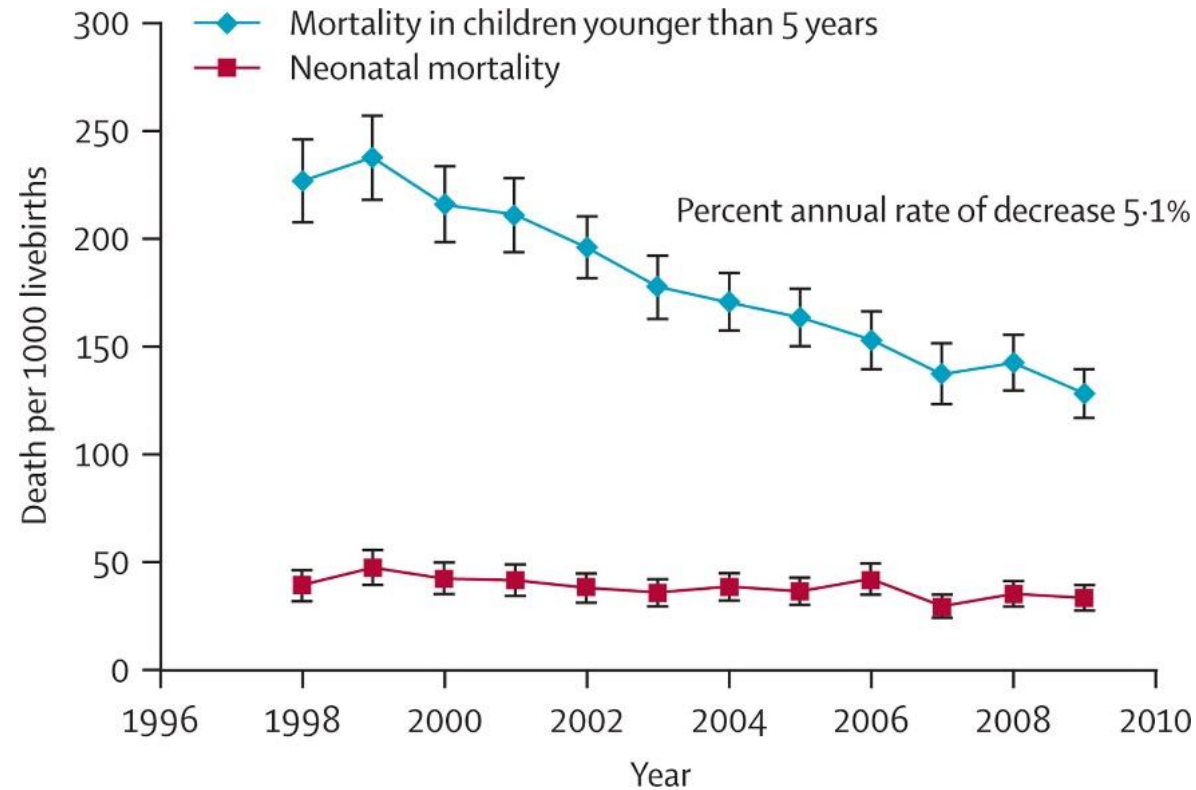


# Evaluation

# Evaluation

What interventions had the greatest impact on declines in mortality?

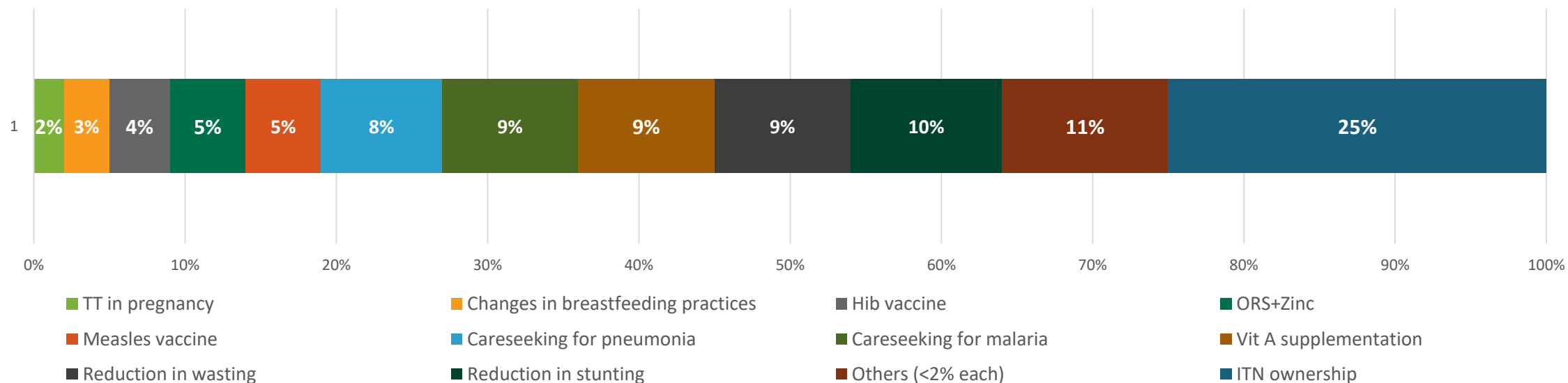
# Evaluation: a case study from Niger





# Evaluation: a case study from Niger

Percentage of child lives saved in 2009 in Niger, by intervention



*“LiST added value by allowing us to examine the contribution of specific interventions and nutritional status to overall mortality reduction.”*

# Evaluation

Did my project even have an impact?

# Evaluation example: subnational Care Groups

## Projects evaluation

- Care Group: mothers' groups of Care Group volunteers who are each responsible for visiting households closest to their home to promote maternal and child health and health-care utilization
- Evaluation:
  - Compare Care Group projects with non-Care Group projects implemented in the same country around the same time in Cambodia (6), Kenya (3), Malawi (3), Mozambique (3), and Rwanda (3)
- Inclusion criteria:
  - DHS or MICS available for the country where the Care Group project was implemented within 3 years of both the project baseline and endline household surveys.
  - At least one non-Care Group child survival project funded by CSHGP that was implemented in the same country within 3 years of the Care Group project that met criterion 1 to match Care Groups and non-Care Groups by country.
  - Baseline and endline Knowledge, Practices, and Coverage (KPC) data for a clearly defined subnational area in which it was intervening

# Evaluation example: subnational Care Groups

## Projects evaluation

- Data source:
  - Project household KPC surveys
  - If project coverage data were not available for specific indicators at baseline or endline, DHS or MICS coverage data for the subnational region was used
- Method:
  - Used the subnational coverage values and LiST subnational projections to estimate U5MR reductions was used to determine the annual percentage change in U5MR over the project period
- Results:
  - Care Group child survival project implemented 10 out of the 17 high-impact interventions modeled in LiST compared to 7 for the non-Care Group projects (on average)
  - In Care Group project areas, coverage increases for high impact interventions were more than double those in non-Care group project areas
- Conclusion: the Care Group model is effective in significantly expanding coverage of key child survival interventions, reducing undernutrition, reducing childhood diarrhea, and lowering under-5 mortality

# Evaluation

Did my project even have an impact, even though its implementation period was short?

# Evaluation of Integrated Community Case Management in Eight Districts of Central Uganda

- Looking to evaluate whether iCCM had an impact on treatment coverage of the top causes of childhood mortality (ARI, malaria, and diarrhea) in 8 districts in Uganda from 2010-2012
- Carried out a baseline and end line survey in intervention and comparison regions to determine coverage levels before and after implementation
- LiST was used to estimate the number of lives saved and mortality impact. To compare the intervention and comparison areas a separate projection was created for each area using baseline and end line surveys.
- The lives saved, under-five mortality rates, and causes of death in the intervention and comparison areas from 2010 to 2012 were then modeled.

# Evaluation of Integrated Community Case Management in Eight Districts of Central Uganda

## ■ Results

- Under-five mortality in the intervention area slightly **decreased** from **50** deaths per 1000 live births to **49**. However, mortality in the comparison arm **increased from 63 to 69** deaths per 1000 live births.
- In addition, the model indicates that **106 child lives were saved** the intervention area, whereas in the comparison area **311 child lives were lost**.
- At the end of the study period in 2012, there was a **slight decrease** in the proportion (26%) of deaths due to ARI, malaria, and diarrhea in the intervention area. However, in the comparison area there was an **increase** in the proportion of deaths (38%) due to ARI, malaria and diarrhea.
- Among the lives saved in the intervention area, 57% was due to antimalarial treatment, 21% was due to treatment with ORS and zinc, 9% was due to use of insecticide treated nets, and the remaining 20% was due to other maternal, newborn, and child health interventions.

*“LiST provides us with information for evaluation, lives saved, deaths averted for a 3-5 year health program. It is hard to have mortality data from this. It is **impossible to measure for one intervention over such a short period.** LiST helps give mortality data.”*



Monitoring and evaluation officer at an NGO





**Advocacy**

# Advocacy

- Advocacy analyses seek to highlight the potential benefits of scaling-up of key health interventions
- Allows MNCH experts to communicate in a way that general audiences can understand.
- “Lives saved” is a tangible metric that enables donors to understand the impact of their investments.

# Advocacy: Scaling Up Diarrhea Prevention and Treatment Interventions

How much of a reduction in diarrhea-specific mortality (DSMR\*) would we see if different packages of interventions were scaled up?

\*DSMR = Diarrhea deaths in children <5 per 1,000 live births

# Advocacy: Scaling Up Diarrhea Prevention and Treatment Interventions

- Created LiST models for each of the 68 priority countries to project potential reductions in diarrhea mortality (2010-2015)
- Intervention packages of ten interventions proven to reduce diarrheal mortality were modeled in one of two scenarios:

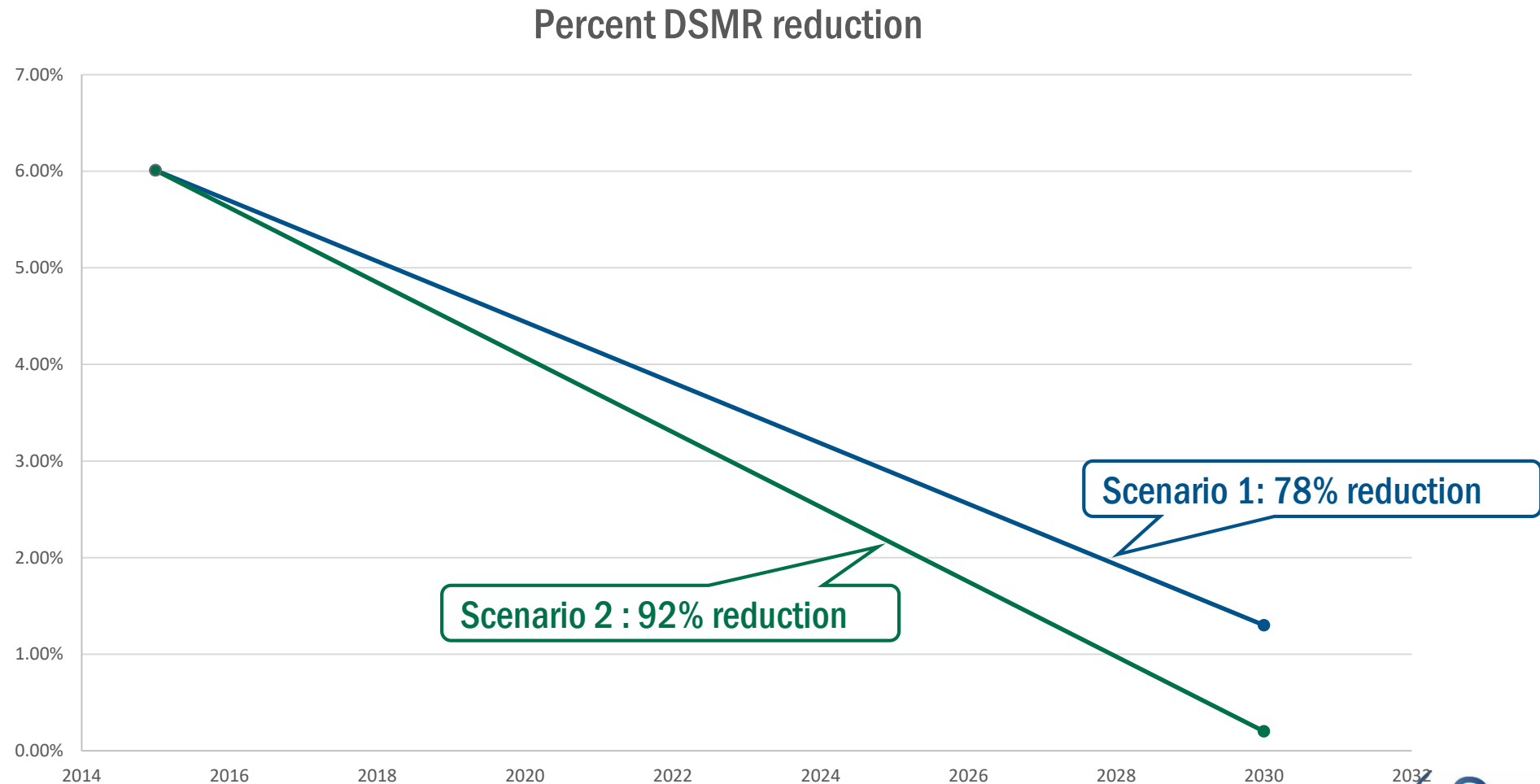
## Scenario 1 - Ambitious scenario

Essential and realizable scale-up strategy (feasible but ambitious)

## Scenario 2 - Universal scenario

Maximum levels that could be achieved (aspirational)

# Preliminary results

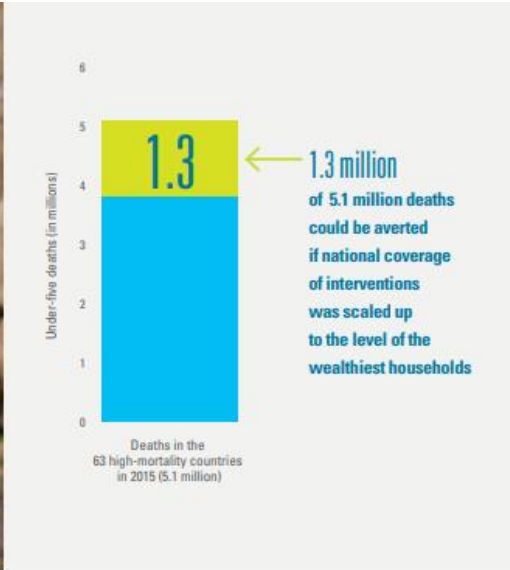
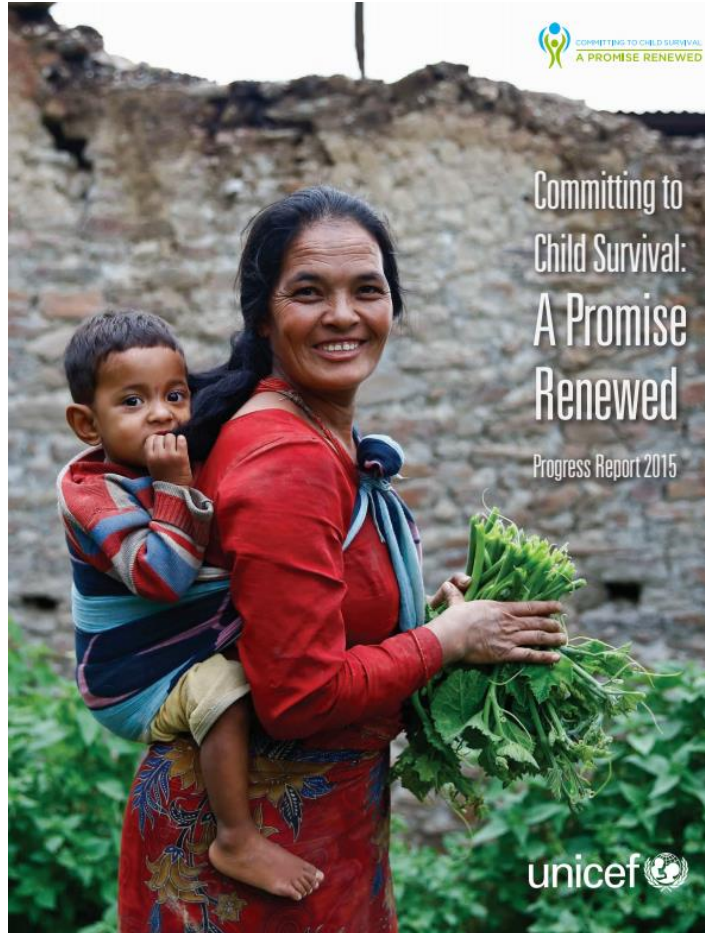


# Advocacy

Achieving universal coverage of diarrhea interventions by 2015 in high burden countries would reduce diarrhea mortality by **92%**

Achieving universal coverage of nutrition and/or WASH interventions would reduce DSMR to **less than one diarrhea death per 1,000 live births**

# UNICEF



Source: Lives Saved Tool (LiST) analysis by Johns Hopkins University, 2015

# USAID

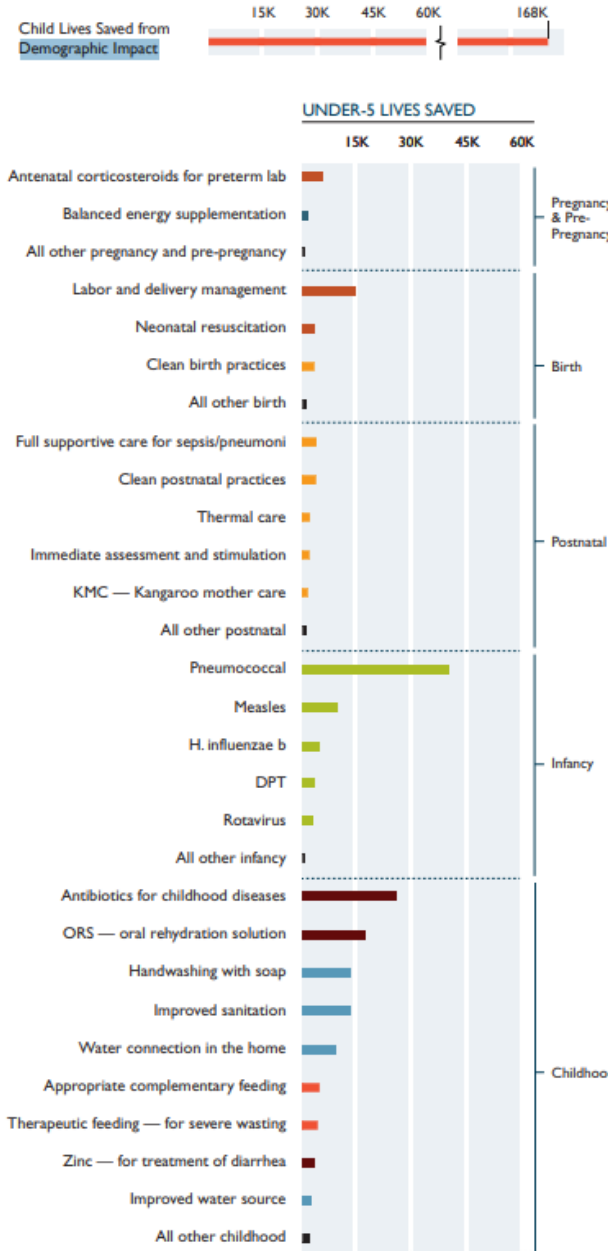


## ACTING ON THE CALL

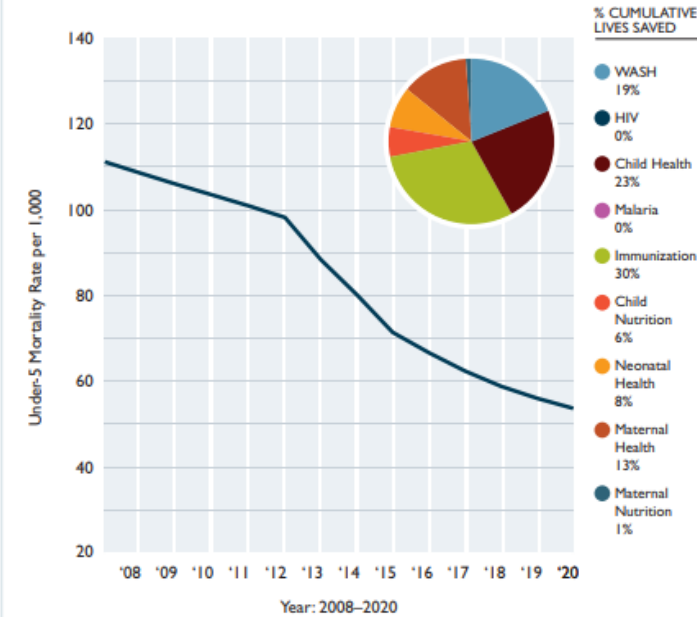
ending preventable child and maternal deaths

June 2014

### PROJECTED INTERVENTION IMPACTS OVER FIRST 5 YEARS OF LIFE: 2012–2020



### BENDING THE CURVE: REDUCING CHILD MORTALITY



### WORKING TOGETHER, WE CAN REACH THESE GOALS

	Under-5 Mortality Rate per 1,000	Maternal Mortality Ratio per 100,000
2012	98	400*
2020	54	293
2035	20	50

\*2013

BY 2020

## 470,000 CHILD LIVES SAVED

OF WHICH 170,000 ARE DEATHS AVERTED DUE TO FAMILY PLANNING INTERVENTIONS

## 19,000 WOMEN'S LIVES SAVED

OF WHICH 13,000 ARE DEATHS AVERTED DUE TO FAMILY PLANNING INTERVENTIONS



*“You are not going to get anyone to buy in unless you have **real data that can encourage them to step up** and do something about the issue.”*



Program associate at an NGO



# The Lives Saved Tool

-  Help files
-  Training material
-  User forum
-  Webinars

[www.livessavedtool.org](http://www.livessavedtool.org)

[info@livessavedtool.org](mailto:info@livessavedtool.org)