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Aligning Measurement between Organizations: PSI's DALY Models & MSI's Impact 2 model

Global Symposium on Health Systems Research
Beijing, China
November 1, 2012

Kim Longfield, Kenzo Fry, Michelle Weinberger, Amy Ratcliffe

sf4health.org

psi   MARIE STOPES INTERNATIONAL

Population Services International

- Uses private sector techniques to **encourage healthy behavior & make markets work for the poor**

- 8,500 team members working in 67 countries

- Four primary health areas:
    - HIV/AIDS & TB
    - Reproductive Health
    - Malaria
    - Child Survival (including respiratory infections)

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Marie Stopes International

- Mission is **children by choice, not by chance**. MSI respects the right of women to decide whether & when to have children

- 8,500 team members working in 42 countries

- MSI offers:
  - Full range of contraceptive methods
  - Access to safe abortion services (where legal)
  - Post-abortion care

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Similarities between Organizations

- Our history
- Social franchising
- Dual presence in 26 countries
- Work can be counted: services, product distribution
- Want a bottom-line metric
- Interested in health outcomes, estimates of health impact
- Use modeling to convert program outputs to outcomes
- We learn from one another

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Different Priorities & Uses of Metrics
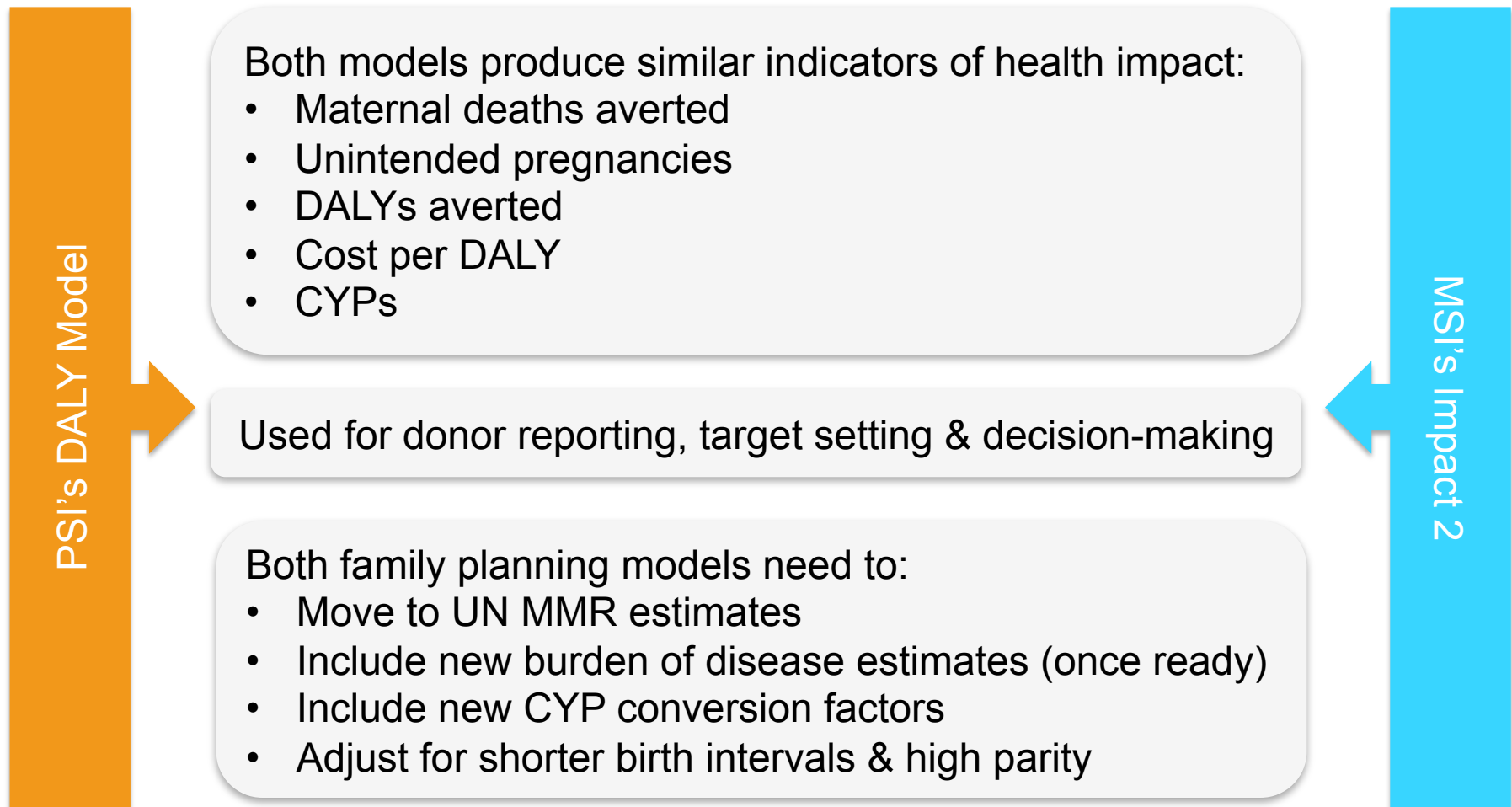
PSI DALY Models

- Can be used for 100 products & services across four health areas
- Organization tracks impact on a monthly basis
- Strategic priorities have been on increasing DALYs averted

MSI's Impact 2 Model

- Focuses on family planning, post-abortion care, safe abortion
- Organization tracks impact on an annual basis
- Strategic priorities have been on increasing CYPs - modeling used to demonstrate impact in reporting & advocacy

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Similarities between FP Models:
PSI's DALY model & MSI's Impact 2

PSI's DALY Model

MSI's Impact 2

Both models produce similar indicators of health impact:

- Maternal deaths averted
- Unintended pregnancies
- DALYs averted
- Cost per DALY
- CYPs

Used for donor reporting, target setting & decision-making

Both family planning models need to:

- Move to UN MMR estimates
- Include new burden of disease estimates (once ready)
- Include new CYP conversion factors
- Adjust for shorter birth intervals & high parity

Differences between FP Models

PSI DALY Models

- Coefficient-based model
- Static
- Coefficients created for each year
- Maternal mortality estimates come from DHS
- Models pregnancies averted based on changes in fertility rates (GFR)
- Uses assumptions about the general population's fertility & contraceptive use to address substitution & prior use
- Estimates: unintended pregnancies averted, maternal deaths averted, child deaths averted, and DALYs averted

MSI's Impact 2 Model

- Cohort-based model
- Modeled
- Estimates for 2000 to 2020, with some rates changing over time
- Maternal mortality estimates from WHO, UN, WB
- Models pregnancies averted based on counterfactual of non-use, assuming 40% pregnancy rate at peak, declines with age
- Uses data from client exit interviews to address substitution & prior use
- Estimates same outcomes as PSI model, plus: contribution to increasing CPR, impact of reaching adopters, cost-savings

Lessons Learned

- Aligning measurement is important for collaboration on upcoming projects, strengthening both measurement programs, & sharing approaches with other organizations.

- Don't need to choose one model - we've worked to ensure that the same basic approach is taken

- Compromises are made for breadth & depth

- PSI would like to borrow elements of Impact 2: targeting, future years' impact, & cost savings to a health system

- MSI would like to use DALYs to guide more internal decision-making

- Other organizations could adopt DALYs by collaborating with PSI & MSI via this working group.

- Joint publications underway for sharing lessons learned

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Contact Information

Kim Longfield, PhD
Director, Research &
Metrics
PSI
klongfield@psi.org

Kenzo Frye, MSc
Research Analyst
MSI
Kenzo.Fry@mariestopes.org

Amy Ratcliffe, ScD
Sr. Technical Advisor, Metrics
PSI
aratcliffe@psi.org

Michelle Weinberger, MSc
Demographic Adviser
MSI
Michelle.Weinberger@maries
topes.org

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