How to Pitch a Policy Analysis

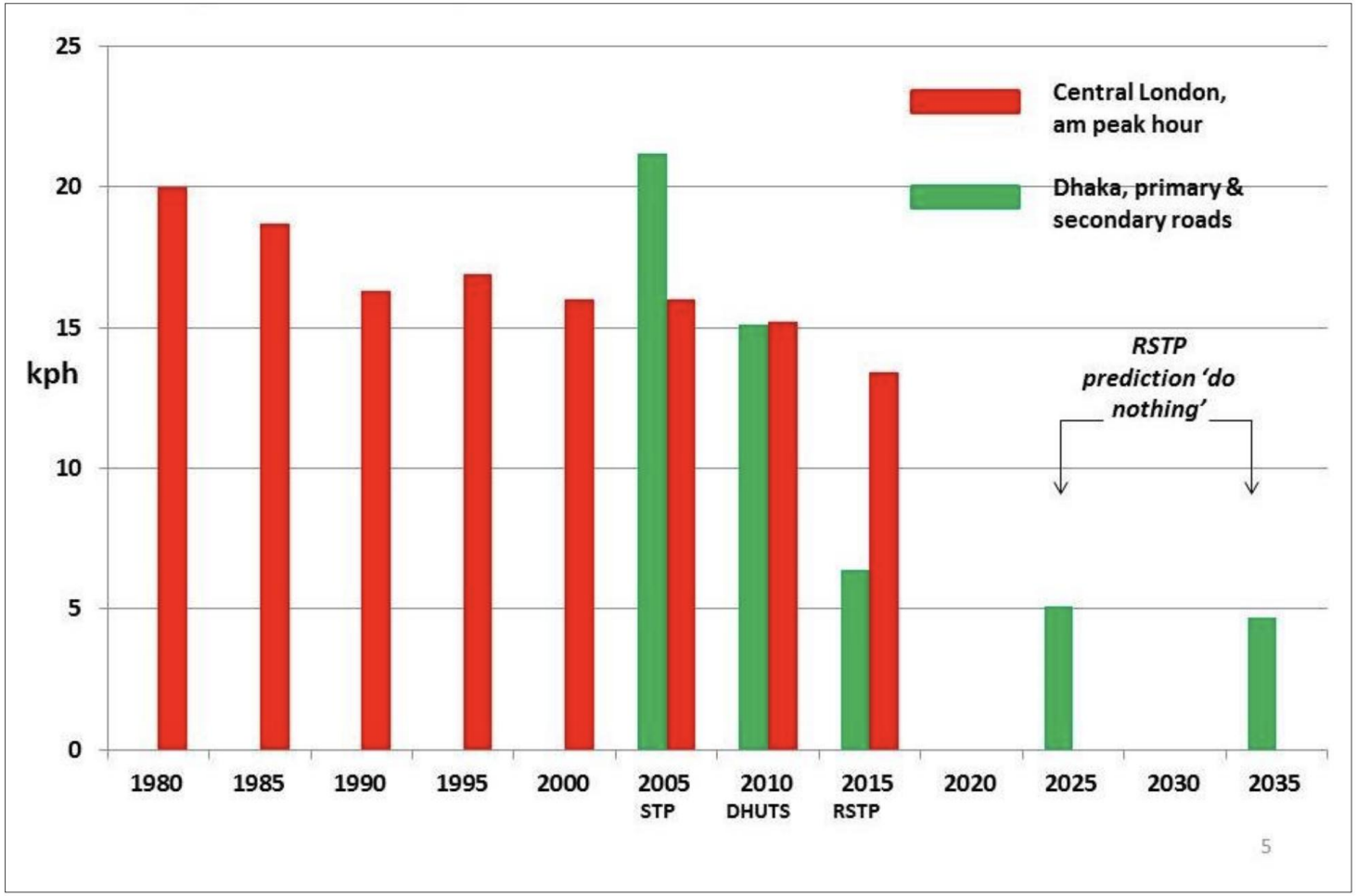
Just the essentials

How to make people care

- Starting point
  - **Nobody cares about your analysis**
- What makes your issue interesting?
  - **Combine interesting and solution**
- Bangladesh bus lanes
  - **Average speed at 7km/hr, could drop to 4.7km/hr in 2035**
  - **But dedicated bus lanes and Bus Rapid Transport could get public transport speeds back to 20-25km/hr**

Dhaka transport speed

Figure 4 Average Traffic Speed in Dhaka and Central London



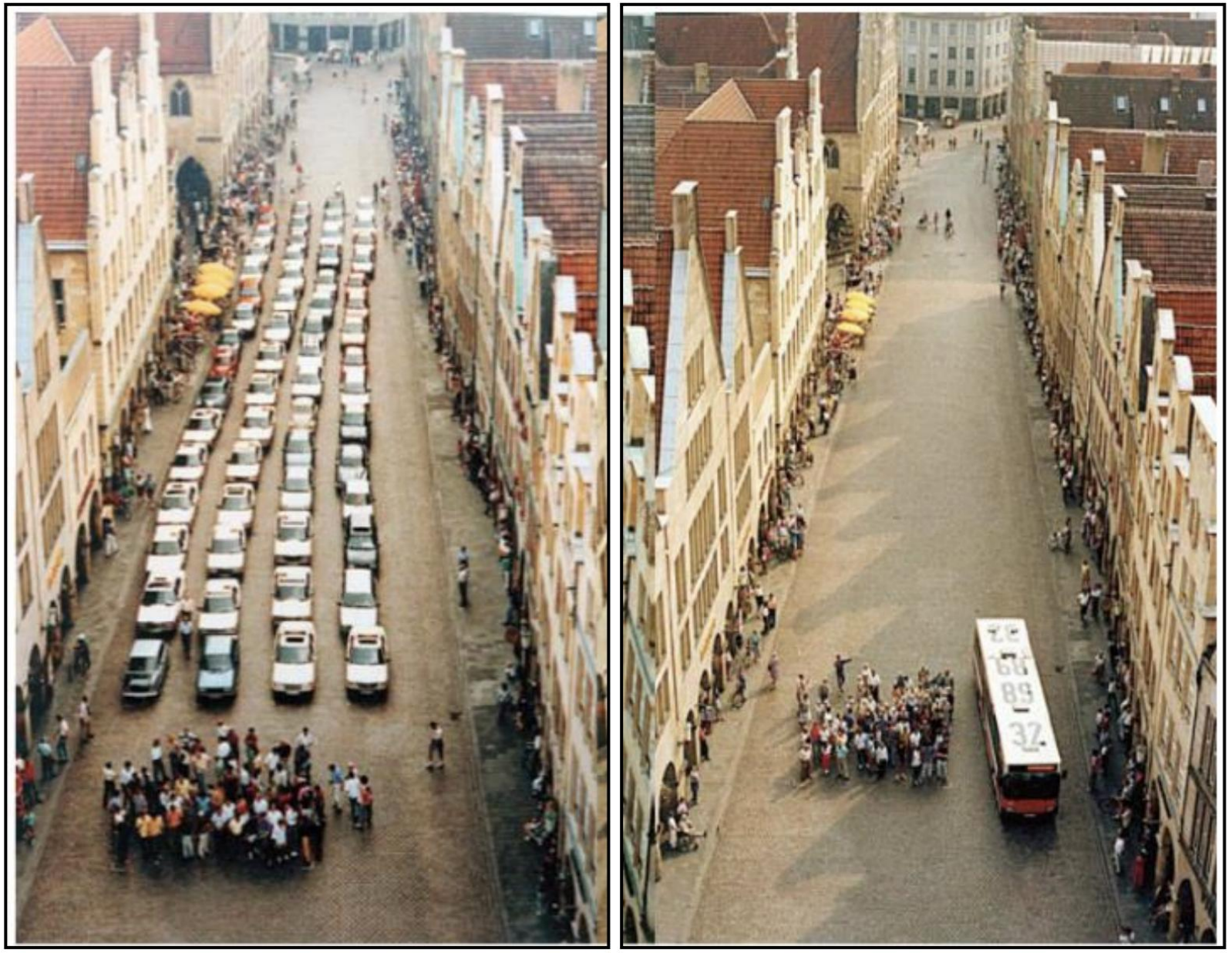
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Gallagher 2015

Car vs Bus

Illustration of road-space taken up by the same number of passengers using (a) cars, (b) buses



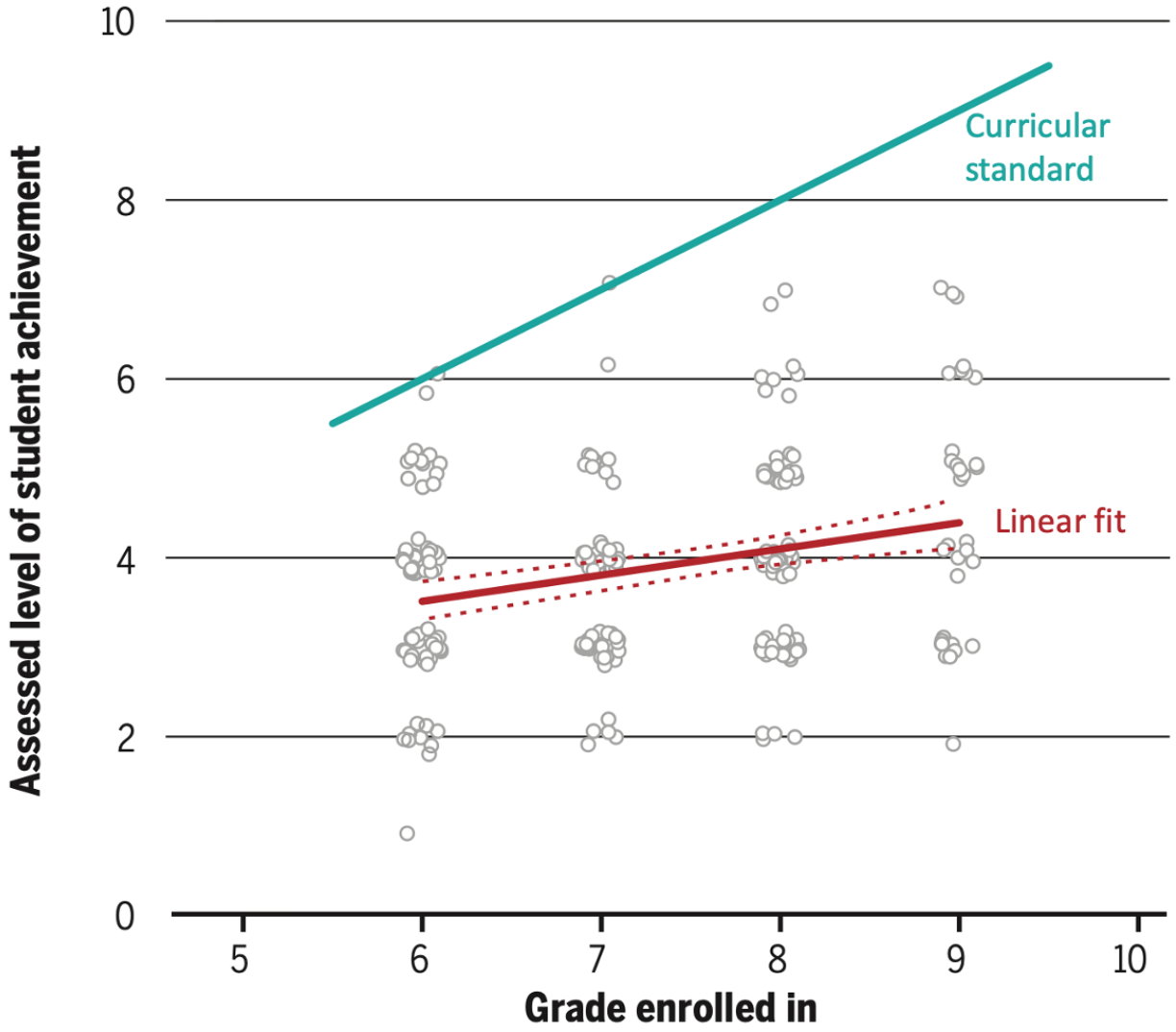
Gallagher 2015

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What makes your issue interesting?

- Education
  - **Vijay has a red hat…**
  - **Grade vs actual grade**
  - **Good quote for tablets**
    - “Busy learning”
  - **Your ideas**



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What makes your issue interesting?

- Health
  - **Malaria used to kill many in 36 states in the US**
  - **Tuberculosis**
    - Killed 1 billion in the past 200 years
    - One-quarter of the world's population is infected with TB
  - **Your ideas**

What makes your issue interesting?

- Ask about interesting factoids
  - **If you work together with an expert, ask them**
    - What is the most interesting fact about your analysis?
    - What do people most often ask you — and what's your answer
  - **Work with journalist to find most interesting way to slice issue**
  - **Don't be shy**
    - It is better if people hear about your analysis than they don't

Why is your *analysis* interesting?

- You've just made a cost-benefit analysis. Congrats.
- How do you get people interested?
  - **Does the analysis show something interesting?**
  - **Is it the first time ever done?**
  - **Why no one dared to ask the question?**
    - "is money on x well spent?"

Why is your *solution* interesting?

- It is likely inherently interesting
  - **Teaching at the right level with tablets**
    - For parents: Helps *your* children
    - For politicians: Is very cheap (and works)

Why is your *solution* interesting?

- If another solution is *really* bad
  - **One laptop per child**
  - **Doubling teacher pay in Indonesia**

Write opeds

- We write 1-3 opeds every month
  - **Summarize the point:**
    - Great policy you haven't heard about, contrast to bad other policy
  - **Put the topic in context**
  - **Write about**
    - how resources limited
    - First time anyone has done a Cost-Benefit Analysis
    - Go through the math
    - Spending a little here can fix big part of problem, while costing little
    - Every shilling delivers x shilling of benefits
    - Show how we can save money by not spending as much on other policy

Example: Maternal and Newborn Health

LATIMES.COM/OPINION Los Angeles Times THURSDAY, DECEMBER 17, 2020 A11

OP-ED

Childbirth doesn't have to be this deadly

Investing in inexpensive, simple interventions could save 162,000 women a year.

By Bjorn Lomborg

EVERY TWO minutes, a woman dies of complications related to pregnancy and childbirth. But it doesn't have to be that way. Most of these deaths are preventable — and the world has been working on a solution for decades. The problem is the funds dedicated to solving the problem never go far enough.

There are inexpensive and effective solutions that could help bring down the number of mothers who die from childbirth. New analysis published last week by Copenhagen Consensus, the think tank I lead, shows how a modest investment of less than $3 billion a year could avert 162,000 maternal deaths, more than 1.2 million newborn deaths and almost as many stillbirths.

That cost is less than a tenth of the more than $30 billion advocacy organizations typically ask for, which would save only a fraction more lives.

The tragedy of pregnant women and their children dying has long been on the global health community's radar. Twenty years ago, the United Nations promised to address the issue with the Millennium Development Goals, but not enough progress has been made.

Since 2000, maternal deaths have declined about a third, from 451,000 a year to about 295,000 today. But the world community had committed to reducing such deaths by more than two-thirds by 2015.

The latest target, set in the 2015 Sustainable Development Goals, is to bring maternal deaths down to 100,000 a year by 2030.

Commitment without action won't save pregnant women and their children. It takes financing and simple medical procedures.

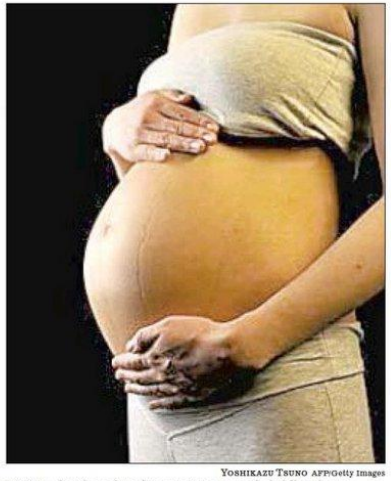
Mothers in the hardest-hit developing countries — predominantly in Africa and South Asia — are still 80 times more likely to die than their counterparts in the richest countries. Their newborns also perish; last year 2.4 million children died during their first 28 days of life. They die because many women either give birth in their own homes, without access to skilled birth attendants, or in facilities with limited basic emergency care. The mothers die of infections that result from low hygiene and high blood pressure that can lead to seizures. Severe bleeding that can happen after childbirth kills 46,000 mothers every year.

Many proposals have been put forward on how to address this global crisis, but trying to eliminate every single problem related to maternal health in all low- and middle-income countries would cost over $30 billion per year, and it is unlikely that such funds can be raised.

Our new research uses cost-benefit analysis to determine which policies would be most cost-effective at preventing maternal and newborn death during childbirth. The study was conducted by maternal health experts and supported by funding from Merck for Mothers.

The researchers focused on the 59 countries with the highest maternal and newborn mortality rates that account for more than 90% of all maternal deaths globally. Using a model developed at the Johns Hopkins Bloomberg School of Public Health, the researchers analyzed more than 30 ways to reduce mortality rates.

While we found all would have an impact, some would help much more per dollar spent.



YOSHIKAZU TSUNO AFP/Getty Images

MOST deaths related to pregnancy and childbirth are preventable, but funds for prevention never go far enough.

Two interventions stood out as the best investments for new spending. They are straightforward and don't require cutting-edge technology.

To obtain the greatest impact for investment, health officials and donor agencies should consider focusing on family planning and what is known as basic emergency obstetric and newborn care.

An estimated 217 million women who want to avoid pregnancy still don't have access to safe and effective family planning methods. If 90% of women in the 59 hardest-hit countries had access to such services, fewer would become pregnant and 87,000 fewer mothers would die each year.

Sometimes it's as simple as getting more mothers into more health facilities while also improving the quality of those facilities. In practice, this means ensuring that adequately trained staff are present with the right equipment and medicines to deliver simple and uncomplicated well-known life-saving procedures. These include immediate drying and thermal protection of the newborn, assisted vaginal delivery and neonatal resuscitation.

Even such seemingly simple measures come with significant costs. Midwives and nurses have to be educated, recruited and salaried; management expanded; drugs procured; and infrastructure paid for. Moreover, women also have to be given an incentive to give birth in facilities.

Still, implementing basic emergency obstetric and newborn care and family planning is relatively inexpensive, costing just $2.9 billion per year. In economic terms, each dollar spent would achieve $71 of social benefits, making it an extremely smart investment — one that could bring billions of dollars of economic and health benefits to people around the world.

While you read this, at least one more mother died. If the world health community focused on these two affordable interventions, millions of other mothers, and their newborns, would live through childbirth.

BJORN LOMBORG is president of the Copenhagen Consensus and a visiting fellow at the Hoover Institution at Stanford University.

How effective altruists get a better return

Give to charities that maximize the impact of your donation, but don't overlook causes close to your heart.

By Lucius Caviola and Joshua Greene

THIS PANDEMIC year, filled with fear and illness, has been a relentless assault on the human spirit. But the well of human kindness runs deep, especially in the holiday season when people open their hearts and wallets to charities in need.

But which charities deserve our support? The effective altruism movement, which began with moral philosophers, encourages people to consider evidence and careful analysis of charities to maximize the benefit of their giving.

The need for such analysis is underappreciated. People tend to greatly underestimate how much charities differ in their effectiveness, as research published this year shows. Whether it's saving lives or improving health and well-being, the most effective charities are not, say, just two or three times more effective than other charities. They can be more than 100 times more effective.

For example, it costs up to $50,000 to train a guide dog to help a blind person in the developed world. By contrast, surgery to prevent blindness due to trachoma can cost less than $50 in the developing world. In the United States, $7 can buy a book for a schoolchild. In Kenya, $7 can remove parasitic worms from the digestive tracts of 10 children, enabling them to attend school, learn and earn a better living.

As these examples suggest, one can often do more good per dollar helping people outside the U.S. GiveWell, an organization founded by two former financial analysts, conducts rigorous research to determine which charities do the most good with every dollar spent. Using this information, ordinary people can save someone's life and improve the futures of dozens more.

Yet, why don't more people support these super-effective charities?

Partly, it's ignorance. We know that better information makes some people give more effectively. And research has found that when people were asked to use a more impartial decision-making procedure, they tended to donate less parochially and more of

Humans may feel empathy for a single child but not much

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Example: Maternal and Newborn Health



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Example: Maternal and Newborn Health



Bjorn Lomborg ✓
@BjornLomborg

Boost

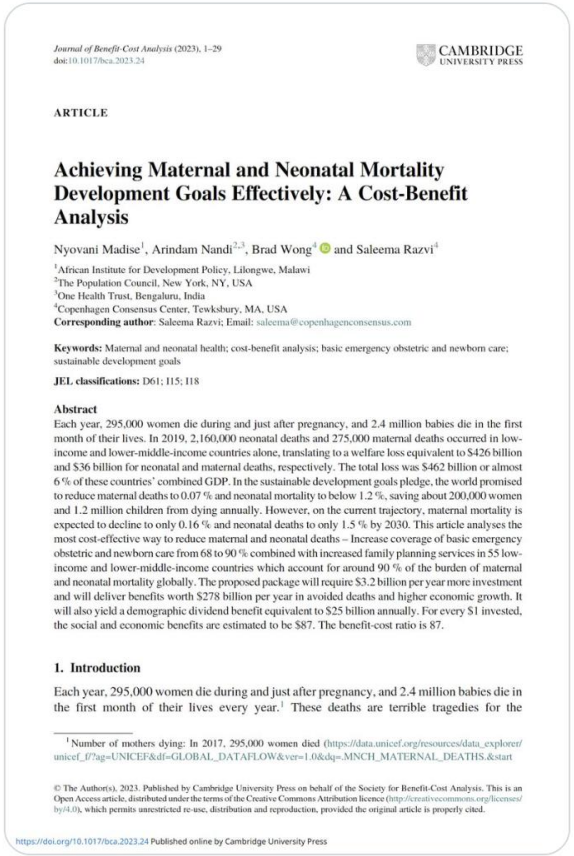
In the next 2 minutes 9 newborn babies die and a mom dies in childbirth.

We can do better: Births in institutions with basic emergency obstetric and newborn care + family planning, cost $3.7bn/year, benefits $322bn/year.

Each dollar, rupee or shilling delivers 87-fold social benefits.

Peer-reviewed SDGs research published by Cambridge University Press

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ARTICLE

Achieving Maternal and Neonatal Mortality Development Goals Effectively: A Cost-Benefit Analysis

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Keywords: Maternal and neonatal health; cost-benefit analysis; basic emergency obstetric and newborn care; sustainable development goals

JEL classifications: D61; I15; I18

Abstract

Each year, 295,000 women die during and just after pregnancy, and 2.4 million babies die in the first month of their lives. In 2019, 2,160,000 neonatal deaths and 275,000 maternal deaths occurred in low-income and lower-middle-income countries alone, translating to a welfare loss equivalent to $426 billion and $36 billion for neonatal and maternal deaths, respectively. The total loss was $462 billion or almost 6 % of these countries' combined GDP. In the sustainable development goals pledge, the world promised to reduce maternal deaths to 0.07 % and neonatal mortality to below 1.2 %, saving about 200,000 women and 1.2 million children from dying annually. However, on the current trajectory, maternal mortality is expected to decline to only 0.16 % and neonatal deaths to only 1.5 % by 2030. This article analyses the most cost-effective way to reduce maternal and neonatal deaths – Increase coverage of basic emergency obstetric and newborn care from 68 to 90 % combined with increased family planning services in 55 low-income and lower-middle-income countries which account for around 90 % of the burden of maternal and neonatal mortality globally. The proposed package will require $3.2 billion per year more investment and will deliver benefits worth $278 billion per year in avoided deaths and higher economic growth. It will also yield a demographic dividend benefit equivalent to $25 billion annually. For every $1 invested, the social and economic benefits are estimated to be $87. The benefit-cost ratio is 87.

1. Introduction

Each year, 295,000 women die during and just after pregnancy, and 2.4 million babies die in the first month of their lives every year.[1] These deaths are terrible tragedies for the

[1]Number of mothers dying: In 2017, 295,000 women died (https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=.MNCH_MATERNAL_DEATHS.&start

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Summary

- From the outset
  - **Very little interest**
- But make it interesting
  - **Interesting factoids**
  - **Interesting that the cost-benefit is so high or others so low**
  - **Write opeds so politicians read about it**
  - **Accept that only a one-in-100 will work**