Evidence Action Accelerator

Developing the most cost-effective programs to reduce global poverty.

We cut the time it takes to transform robust research into impact for millions of people.
About

Evidence Action’s engine for new program development, our Accelerator selects evidence-based and cost-effective interventions with the highest potential to measurably improve the lives of millions of people in the poorest places. Through a rigorous process, interventions are tested so that only those with the greatest potential for cost-effective impact are scaled up.

The Need for the Accelerator

Evidence Action was founded in 2013 to fill an important gap—taking robust research about what works in development, and building programs that would scale only the most cost-effective interventions. We believed that doing so would lead to significant improvements in the quality of life for millions of people within a few years of implementation.

Our approach worked. In less than a decade, our two flagship programs, Deworm the World Initiative and Dispensers for Safe Water have grown to measurably benefit over 280 million people each year.

Now, our Accelerator is driving the identification and design of additional cost-effective and evidence-based solutions that can be scaled to reach millions more people. By 2024, our goal is to double Evidence Action’s impact.

Why It Works

The Accelerator looks primarily for “ready-to-scale” interventions—those that have a strong evidence base endorsing the solution and that could be grown to reach significantly more people. To leverage the expertise and experience gained from our flagship programs, we prioritize health solutions and those in adjacent sectors including nutrition and water, sanitation, and hygiene.

Our process is honed to only consider the most cost-effective interventions. For example, if evaluating a child health solution, we would only consider those that have several studies showing significant improvements to the health of the child—like a decrease in mortality or disability—and that can be delivered at a relatively low cost when compared to other solutions.

This unique focus has allowed us to identify interventions that deliver an exceptionally high impact per dollar spent, and that could benefit millions of people. Many of the interventions under consideration have been neglected or underfunded, sometimes for decades, despite evidence they could save or improve more lives than virtually any other solution in their field. We then deploy our capabilities and experience in scaling to bring these interventions to people in need.
Iron and folic acid supplementation

Iron deficiency anemia is a health condition that affects approximately 300 million children globally. In India, this problem is particularly severe: it is one of the leading causes of disability in the country, diminishing the health and cognitive abilities of the next generation of Indians. Iron deficiency anemia can be treated with weekly iron and folic acid (IFA) supplementation, a very effective and cheap treatment.

In 2019, we began helping the Government of India to expand their existing program that delivers this supplementation to children and adolescents through schools. We are currently working in four states to test the cost-effectiveness and scalability of our support in improving delivery. In 2019, the program reached 13.3 million children and adolescents in these states; with our assistance, we are aiming for an additional 8.2 million children annually by 2022. We are also exploring expansion of our support to additional states in India, and other countries with high anemia rates.

Maternal syphilis

Approximately one million pregnant women around the world are infected with active syphilis, a disease that can cause severe problems for both mother and child. Each year, these infections result in a combined 200,000 stillbirths and neonatal deaths—more than the child mortality caused by HIV—as well as over 100,000 cases of disabilities in children, including blindness, neurological issues, and hearing loss.

Much of this suffering is treatable with a single inexpensive injection, which can prevent over 80% of the adverse outcomes to the child. We are working with the government of Liberia to launch a new dual HIV/syphilis rapid test—which will leverage the country’s existing HIV infrastructure—to detect and treat the disease before it causes complications to the child. Today’s testing rate for maternal syphilis in Liberia stands at 6%; we aim to increase it to 80% within five years.
THE SELECTION PROCESS

For an intervention evaluated by the Accelerator to become a flagship program of Evidence Action, it has to undergo a six-stage process of program development: taking it from an evidence-based concept to a fully-developed solution that can be replicated in multiple geographies.

Since the Accelerator’s launch in 2019, we have considered dozens of interventions. Due to the rigor of our process, most of them are not examined beyond the first two stages, which is when we conduct the initial review of the evidence and assess potential for impact and cost-effectiveness at scale.

Two interventions have reached the final stages. Maternal syphilis is currently at Stage 5, when we first launch and test whether an intervention can reach the levels of impact and cost-effectiveness we set to achieve. Iron and folic acid supplementation is at Stage 6—the final stage of evaluation—when we expand an intervention that has proven to be cost-effective, and test its capacity to scale and benefit an even larger number of people.

About Evidence Action

Evidence Action scales evidence-based and cost-effective programs to reduce the burden of global poverty. We bridge the gap between research about what works and solutions for people in need, to effectively serve hundreds of millions of people in the world’s poorest places.

FOR MORE INFORMATION CONTACT:
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