Center for Global Development

Learning While Doing:
A 12-Step Program for Policy Change

By Lawrence MacDonald and Ruth Levine

ABSTRACT

This essay, prepared for the Advocacy Impact Evaluation Workshop at the Marc Lindenberg Center at the University of Washington Evans School of Public Affairs, describes one emerging set of CGD practices related to advocacy for policy change. We identify elements that we believe have been particularly useful, as well as areas where we are unsure how to proceed, including especially the evaluation of impact. This is followed by three short case descriptions and a brief discussion of other approaches that the Center also employs. We conclude with observations about the difficulties of doing in-house evaluations of policy advocacy and a suggestion that those interested in advocacy impact evaluations explore the possibility of supporting independent, external evaluations. The ideas in this final section draw heavily on concepts from the CGD working group report on the evaluation of social sector interventions, *When Will We Ever Learn? Improving Lives through Impact Evaluation.*

Learning While Doing:
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Lawrence MacDonald and Ruth Levine[1]

Abstract:

Since the Center for Global Development was established in 2001, its leadership and staff have worked to realize the founders' vision of using rigorous research to improve rich world policies and practices in ways that make it less difficult for poor people in developing countries to escape poverty. Or, as the CGD tag line puts it, we strive to provide "independent research and practical ideas for global prosperity." In the process we have developed—through trial, error and a dollop of luck—a set of practices that we have found to be remarkably effective in achieving policy change. Independent observers agree. A 2005 independent evaluation found that CGD "has established a worldwide reputation for research, policy analysis, and initiatives that shape global development."[2]

The practices that we use to influence policy emerged through *ad hoc* decisions reflecting the interests and proclivities of the Center's leadership and of the senior staff who lead specific initiatives. Those practices have been facilitated by an institutional culture that focuses on problem solving and the availability of significant unrestricted and flexible funding that permits experimentation and exploitation of new opportunities. The approach is constantly evolving and is applied differently to each policy problem that we tackle. To call this body of knowledge a "theory of change" suggests a fixedness and formality that does not yet and may never exist. Even so, there is a broad consistency how we develop our major initiatives.

How we organize our work is closely related to how we evaluate the extent to which we succeed or fail. Many (albeit not all) of our major efforts have the aim of stimulating observable short-term changes in policies or practices, and we can tell if those changes have occurred. Because strong communications is a hallmark of our work, and we make an effort to "brand" some of our ideas (as discussed later), we can often trace how our work has complemented others' efforts in stimulating the changes in policies or practices. We never have the benefit of a true counterfactual – we do not know what the world would be like in the absence of our initiatives – but we have a reasonable means of knowing that our work is making a difference via a combination of (a) close tracking of activities, outputs and "touches" with communities that influence policy; (b) strategies to identify CGD "fingerprints" on shaping policy and (c) an independent external

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[1] MacDonald is director of communications and policy at the Center for Global Development; Levine is a senior fellow and the vice president for programs and operations

[2] *Center for Global Development: Evaluation of Impact* (Arabella Philanthropic Investment Advisors, 2006) http://www.arabellaadvisors.com/CGDreport/CGDWeb.pdf

evaluation.

We recognize that the field of evaluation is particularly underdeveloped for policy advocacy activities. Our work at CGD reflects this situation. Like other organizations that seek to influence public policy for the public good we are learning while doing. Moreover, we write as practitioners rather than professional evaluators. The demands of getting on with the work often compete with the requirements of systematic impact evaluation. We hope that ongoing methodological improvements in advocacy impact evaluation will help us and other organizations with similar goals to manage these tensions more effectively.

This essay, prepared for the Advocacy Impact Evaluation Workshop at the Marc Lindenberg Center at the University of Washington Evans School of Public Affairs, describes one emerging set of CGD practices related to advocacy for policy change. We identify elements that we believe have been particularly useful, as well as areas where we are unsure how to proceed, including especially the evaluation of impact. This is followed by three short case descriptions and a brief discussion of other approaches that the Center also employs. We conclude with observations about the difficulties of doing in-house evaluations of policy advocacy and a suggestion that those interested in advocacy impact evaluations explore the possibility of supporting independent, external evaluations. The ideas in this final section draw heavily on concepts from the CGD working group report on the evaluation of social sector interventions, *When Will We Ever Learn? Improving Lives through Impact Evaluation.*[3]

The CGD Twelve-Step Program to Policy Change

1. **Choose an important problem that can be solved.** CGD has been particularly effective at achieving policy change when we select an important problem for which new knowledge, consensus building, and getting attention from new stakeholders or higher-level (potential) champions can make a difference. Selecting the right problem seems self-evident but is often overlooked. If you deliberately look for problems that can be solved in this manner, you will NOT select a research topic where the goal is merely to increase knowledge or understanding (e.g., not "Donor Harmonization: Theory and Practice"), or to bring visibility to a broad cause (e.g., "Improving Access to Sexual and Reproductive Health Services in South Asia").[4] Similarly, you will NOT be selecting a high-profile debate where the entrenched beliefs are so powerful that new knowledge is unlikely to make a difference (e.g, "Pro-Choice vs. Pro-Life: Should the US Fund Safe Abortion Services in Developing Countries?"). Instead, the "right" type of problem is one that is reasonably neutral, from a political point of view, but clearly important with respect to commonly agreed goals. Examples from CGD's work include: how to provide debt relief for Nigeria, how to accelerate R&D

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[3] *When Will We Ever Learn: Improving Lives Through Impact Evaluation*
http://www.cgdev.org/section/initiatives/_active/evalgap
[4] Some CGD work is nonetheless aimed at providing new ways of thinking about a problem rather than suggesting a specific proposal. This approach, evident for example in CGD writing about inequality, is aimed at achieving a gradual change in the "mind set" of a particular group.

for neglected diseases; and how to generate more and better evaluations of development programs.

2. **Find the right person or persons to lead the team.** In practice, the selection of the team leader is often done simultaneously with the selection of the problem. Finding the right team leader (or co-leaders) is crucial to increasing the likelihood of success. An effective team leader must understand the problem well and is usually already active in an informal network of people who view it from a variety of perspectives. She or he will have the technical skills to synthesize new knowledge about the problem and the interpersonal skills to effectively manage a diverse group of collaborators.

3. **Get the money.** If CGD does not already have the necessary financial support it's the team leader's job to help get it. Fund raising often requires writing a description of the problem and the approach to solving it—and thus is an opportunity to further refine these ideas. Fund raising also provides a way to gather additional perspectives on the problem and ideas for possible solutions, and to create a shared consensus about the importance of the problem that can be tapped once it has been found. These feedback loops also occur in subsequent steps; making the most of these throughout the process is a part of CGD's 12-step approach. Importantly, interactions with potential funders can also help to identify those who may eventually support some aspect of implementing the report's recommendations.

4. **Recruit the team.** One of the team leader's early tasks is to identify the group that will work together to solve the problem. This may be a formal working group, such as those convened by CGD's Global Health Policy Research Network, for example, *Millions Saved*,[5] *Making Markets for Vaccines*,[6] and work now leading to the creation of the International Initiative for Impact Evaluation (3IE or "Triple I E.").[7] Or it may be a loose affiliation of collaborators, as is the case for the analytical work that underpins CGD's Commitment to Development Index (CDI). Or it may be a group of in-house researchers and analysts, as with the HIV/AIDS Monitor and MCA Monitor. Whatever the nature of the team, it is important that participants are drawn from a variety of backgrounds with different perspectives.

Within the working group context, it is invariably useful to have people participate on a voluntary basis and in their individual capacities, rather than as representatives of organizations (even if they are employed at key institutions). It is also valuable to bring in people outside of the "usual suspects," including people who bring a truly new perspective to bear. This may mean inviting someone who works in a different sector, or who works in the developed world on some similar problem. Individuals

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[5] *Millions Saved: Proven Successes in Global Health*
http://www.cgdev.org/section/initiatives/_active/millionssaved
[6] *Making Markets for Vaccines: Ideas to Action*
http://www.cgdev.org/section/initiatives/_active/vaccinedevelopment
[7] *When Will We Ever Learn? Closing the Evaluation Gap*
http://www.cgdev.org/section/initiatives/_active/evalgap

who have knowledge of private sector / business settings are particularly helpful when the problems being tackled involve public sector bureaucracies; they have an ability to bring attention to opportunities for efficiencies, responsiveness to clients, and collaboration that are often discussed by rarely manifested within the public sector alone.

5. **Sharpen the problem definition and begin working on the solution.** Work at this stage varies greatly depending on the problem being tackled but often includes collaborative thinking—in face-to-face meetings, e-mails, conference calls and online work spaces—to clarify the nature of the problem and its underlying causes. This analysis underpins the eventual solutions, so having agreement on the nature of the problem and the terms used to describe it are crucial. As solutions emerge they are tested with various stakeholder audiences through a variety of channels, as described below.

6. **Establish a small secretariat to do the real "work."** While some working group members make substantial contributions, more typically they are senior individuals who are generous with their knowledge, advice and connections but lack the time to deliver a solid analytical product for CGD; getting written content from them is particularly difficult. Often this falls to a junior CGD staff member who works under the direct supervision of the team leader. Tasks for this person may include drafting or editing the document, corresponding with working group members and the broader community of interested parties, and informing other CGD staff of the goals and progress. We have had remarkable success with bright, dedicated, highly motivated young people for whom this is the first job of such importance.

7. **Names matter: brand early and carefully.** We have used names and brands to good effect: Advance Market Commitments (AMCs), MCA Monitor (which tracks the progress of the U.S. Millennium Challenge Account, the Bush administration's signature aid initiative), and Commitment to Development Index (CDI), and the 3IE ("Triple I E"). This requires careful consideration of the name early in the process, and benefits from consultations with key stakeholders. For the 3IE, brainstorming for the name during a stakeholder meeting in Bellagio, Italy, helped to strengthen the sense of ownership and commitment.

8. **Communicate with stakeholders early and often.** Initiative team leaders work closely with CGD's communications and policy team to identify and expand the circle of stakeholders. This is done by sharing information and inviting inputs throughout the process, for example, with an announcement of the topic, announcement of the membership in the working group, posting of working papers, online Q&A, and events. Major initiatives are often supported by a dedicated e-mail newsletter and by being featured in CGD's weekly Global Development Update.[8] E-

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[8] Initiative-specific e-letters include: The HIV/AIDS Monitor, The MCA Monitor, The Global Health Policy Research Network, The Evaluation Gap, Confronting Climate Change, and Demand Forecasting. For a full list, see https://secure2.convio.net/cgdev/site/SPageServer?pagename=register

mail newsletters have proven to be particularly valuable for building broad interest in an initiative, and for informing stakeholders who otherwise would not have known about the work until it was completed and seeking their views.

9. **Circulate a consultation draft—and pay attention to the feedback!** Consultation drafts have a gotten a bad rap from being used by organizations as a means to legitimize work that is largely completed. At CGD we take them seriously and have been more than repaid for the additional effort. We circulate them widely and think hard about the responses. The feedback helps to tell us whether our ideas are feasible, and (perhaps more importantly) whether we have presented the ideas a way that is broadly understood as we had hoped. Building a customized e-mail newsletter list early in the process helps in reaching the intended audience with the draft.

10. **Refine the product and activity mix to suit the goal.** As the research and analytical work continues, the initiative team works with the communications and policy team to refine the schedule and the product and activity mix to increase the chances of achieving the goal. Products and activities may include, for example, a series of public and private events, Hill briefings, a specialized Web site, short and long form printed materials, and online Q&As.

11. **Identify key decision makers and ways to reach them.** During the course of the research and analytical work, participants identify the specific actors that would be needed to implement the desired outcome, and the channels for reaching them. Channels may include media and public activities for raising the visibility of the issue and drawing attention to the proposed solution but these alone are rarely sufficient. We develop an outreach and dissemination plan for major products, and get others (e.g., in the working group) to provide input to refine those plans. People buy ideas from people, so relationships matter. Throughout the problem-solving process recruitment of people who can be helpful to the implementation of the cause goes hand-in-hand with consultations and the research and analysis.

12. **Hand off the initiative to others—or not.** One of the most difficult decisions that we face is how long and at what level to pursue an initiative, and at what point to let go. The decision depends on several factors: the nature of the problem, the availability of allies to carry it forward, and the opportunity cost to CGD of continuing to invest in a solution versus proceeding to a new (and probably more exciting!) problem. Disengaging from an initiative too soon risks failure where there might otherwise have been success. Holding onto an initiative too long raises the opportunity costs to the Center and risks undermining the ownership of other stakeholders, also thereby endangering success.

Working Group Timeline: This slide is used in explaining the CGD process to new working groups

Working Group Timeline

- **Initial Conceptualization**
  - Problem definition
  - Conceptual framework/summary of empirical research
  - Identification/invitation of working group members
  - Development of timeline
  - Outline of outreach strategy and goals for policy impact

- *Background paper*

- **Working Group Meetings**
  - In-depth topic exploration
  - Targeted analyses
  - Analysis of potential solutions
  - Proposed policy recommendations

- *Consultation draft*

- **Stakeholder Consultations**
  - Staff draft distributed for feedback from broad set of stakeholders
  - Considered by WG & reflected in revised product

- *Final report launch*

- **Outreach & Dissemination**
  - Materials developed for specific audiences
    - Briefs, journal articles, etc.
  - Large & small events

- **Policy Impact**

CGD Work and Political Agenda Setting

Whether CGD policy initiatives are successful depends not only on the Center's own efforts but also on the broader national and international policy context. We have found the academic literature on political agenda setting to be a useful guide as a way to understand CGD's particular role in shaping ideas and policy alternatives, and in securing support from key opinion leaders. This came to our attention in the work of Jeremy Shiffman, a visiting CGD fellow and Associate Professor of Public Administration at the Maxwell School of Syracuse University, who has written extensively about agenda setting and global health, with a particular focus on maternal mortality. In a CGD Brief,[9] Shiffman writes that national advocates for specific health causes are more likely to make their cause a political priority and thereby achieve success if they focus on six key tasks:

- **Unify:** Coalesce into unified policy communities, using their political power to press national leaders to act.

- **Find a leader:** Bring into their communities respected political champions with track records in placing public health issues on national agendas.

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[9] *Generating Political Priority for Public Health Causes in Developing Countries: Implications From a Study on Maternal Mortality* http://www.cgdev.org/content/publications/detail/13821

- **Have evidence:** Develop credible indicators and deploy these strategically so that political leaders become aware of the problem and cannot plausibly deny its existence.

- **Organize a big event:** Convene large-scale focusing events such as national forums to generate widespread attention to the issue.

- **Present practical solutions:** Present leaders with clear policy solutions proven to be effective so that they come to believe the problem can be surmounted.

- **Understand country context:** Understand the distinct characteristics of their political environments and use an intuitive understanding of agenda-setting mechanisms to develop political strategies appropriate to the national context.

CGD does not attempt to tackle all of these tasks; our comparative advantage lies primarily with tasks 3 (have evidence) and 5 (present practical solutions). Nonetheless, the Center can often be helpful with the other tasks working in collaboration with other groups. And we certainly utilize other elements ourselves, such as organizing events and understanding the country context. In addition, the list is a useful diagnostic tool for considering which problems are more likely to yield to CGD solutions (i.e. those where other conditions have been or could easily be met, and where the lack of evidence and practical solutions is a major impediment).

Three CGD Policy Initiatives that More or Less Followed the 12-Step Process

The following three examples illustrate similarities and differences in the application of CGD's approach to policy advocacy, and our (rather limited and *ad hoc*) efforts at impact evaluation.

Commitment to Development Index

Published annually since 2003, the Commitment to Development Index (CDI) reminds the world that reducing poverty in developing countries is about far more than giving money. The CDI assigns points in seven policy areas: aid (both quantity as a share of income and quality), trade, investment, migration, environment, security, and technology. Within each component, a country receives points for policies and actions that support poor nations in their efforts to build prosperity, good government, and security. The seven components are averaged for a final score. The scoring adjusts for size in order to discern how much countries are living up to their potential to help.

As the Center's signature product, the Index embodies the Center's core message that rich world policies matter to the lives of poor people in developing countries. It also exemplifies our approach to research, analysis and communications. The Index itself is highly technical; each of the seven components comprises from multiple weighted sub-components. Underpinning the Index are literally thousands of calculations. Yet the output is simple and elegant and can be understood by anybody who is able to read bar graph and basic text (country reports are translated into more than a dozen languages).

The Index is the focus of extensive strategic communications program. For the past two years this has included an interactive Web site and an extensive press campaign that has annually resulted in more than a hundred print, broadcast and Internet news stories, including editorials in the Financial Times (2007) and the Washington Post (2006) urging that the U.K. and the U.S. respectively improve their overall policies towards development. Initially published for CGD by Foreign Policy Magazine, the Index is now solely produced and published by CGD. In 2007 we created for the first time a suite of print publications including a four-color booklet that introduces each of the components with a photo spread, bar chart and accessible explanatory text.

While the Index is not focused on the implementation of a specific solution, it is nonetheless a problem-solving product, in that it attempts to solve the problem of policy coherence—getting rich countries to think broadly about how their policies and practices impact poor people, and to adjust them accordingly. Many of the 12 steps described in the first section of this essay are evident in the creation and dissemination of the Index. On the final step—when and whether to hand off to others—we decided in the case of the Index to not only retain ownership indefinitely but to strengthen our commitment by taking full responsibility for Web and print-based publishing.

While the Index is primarily a communications vehicle, delivered largely via media reports and by the Index Web site, relationships are also crucial to its success. Two years ago we invited the 21 countries that are ranked in the Index to support it by becoming members of a CDI Consortium by making an annual contribution to support the work of the Index. Membership has its privileges, in this case participation in an annual CDI Consortium members' meeting and advance access to the CDI rankings and Web site. Eleven of the 21 countries ranked by the Index have now joined, significantly increasing the resources available to support the initiative. In nearly every case, the branch of government joining the Consortium is the aid or development ministry. This reflects the fact that officials in these organizations value the Index as a tool for engaging in policy coherence discussions with other branches of government.

Evaluating the impact of the Index is especially challenging, given the huge scope of the policies covered. Yet some evidence of impact is available. Two countries—Finland and the Netherlands—have adopted the Index as their measuring stick for how their policies are affecting developing countries. At the 2007 launch event, a senior official from the Netherlands, which again ranked No. 1, said that he was concerned that his country's score had slipped and that its lead over No. 2, Denmark, was shrinking. Beyond this anecdotal evidence of impact, demand-driven measures of reach—media citations and Web visits—provide important intermediate measures of impact that can be more easily quantified and tracked over time.

Making Markets for Vaccines: Ideas to Action

Perhaps no initiative better illustrates CGD's approach to policy advocacy than *Making Markets for Vaccines: Ideas to Action*, which led directly to an international commitment to a $1.5 billion pilot Advance Market Commitment (AMC) for the development of a vaccine against pneumococcal disease (pneumonia, meningitis, and other killers), which annually claims the lives of up to one million children a year.

The idea of an AMC was not new. A "pull mechanism" for a future vaccine had been proposed, among other places, in several papers disseminated through the Brookings Institution, where its main proponent, Harvard Professor Michael Kremer,[10] has an affiliation. What was lacking was the means to move the idea to a practical policy proposal. There were significant obstacles: no government had ever before contracted to buy a health product that did not yet exist. Nobody knew how large a commitment was necessary to incentivize the desired research. And nobody knew what sort of contractual language would be needed to make a credible commitment to pay, when and if the desired vaccine was developed. In addition, the health authorities and global health advocates whose support would be essential for implementation discounted the idea as "academic" and impractical.

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[10] Concurrent with the AMC working group, CGD helped to fund an academic book by Kremer: *Strong Medicine: Creating Incentives for Pharmaceutical Research on Neglected Diseases* Princeton University Press (2004)

These and other problems were addressed by a working group co-chaired by Kremer, CGD senior fellow Ruth Levine, and Alice Albright, vice president and chief financial and investment officer of the Vaccine Fund. Convened in February 2003, the group comprised 20 people drawn from academia, governments, multilateral institutions, foundations, public-private health partnerships, the law, and top professionals from other aspects of global health. Through one of the working group members, CGD was able to obtain the *pro bono* services of a senior attorney specializing in life sciences contract law, who took the lead in creating the "term sheets" that laid out the specifications of the "deal" that constituted the AMC. The attorney also participated in the group's consultations with each of the vaccine manufacturers, providing an invaluable bridge to the business sector.

The group's analytical contributions, set forth in a 120 page report that came to be known in vaccine finance circles simply as the "blue book," included identifying the size of commitment needed to incentivize research and development on a new block-buster pharmaceutical ($3 billion)[11] and provided the term sheet—essentially a draft contract—that could be used by sponsors to credibly commit to buy a vaccine in the future. Much of the drafting of both the consultation draft and the final report was done by Owen Barder, a CGD policy associate on leave from the U.K's Department for International Development (DfID). A successful blogger in his own right, Barder launched CGD's first policy blog, Vaccines for Development, where he not only provided updates on the initiative's progress but also celebrated vaccine news from other organizations that might otherwise have seen AMCs as competition for scarce funds or attention.

Naming the report (Making Markets for Vaccines) and the mechanism (Advance Market Commitment or AMC) was the subject of considerable internal discussion and external consultation. The chosen title for the report reflected an effort to make the basic concept readily accessible, including to finance ministers who may know relatively little about pubic health programs but generally know a lot about the potential power of markets. A dedicated e-mail newsletter drawing from the blog, and a high-profile launch event at Covington & Burling, the prestigious Washington law firm that had provided *pro bono* assistance with the report's contract language,, helped to build a sense of momentum and excitement around the initiative. Soon after the launch, members of the working group from the World Bank and GAVI were tapped by several G-8 countries to manage the additional analytic work and consultation required to design a pilot of the AMC concept.

The independent evaluation of CGD conducted by Arabella Philanthropic Investment Advisors on behalf of four of the Center's main foundation funders, selected the AMC initiative as one of three case studies. The evaluation credited the Center with:

> "Delivering an innovative solution to a major issue of poverty and inequality
> when there was an appetite for such an idea was a major strategic success for the

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[11] The pilot for pneumococcal disease is half of what the CGD report recommended, since a successful vaccine against the bacteria is already on the market in rich countries and needs only to be adapted to developing countries, where the strains of the disease are different.

Center. The smooth handoff of the proposal to international bodies that can advance the political process and manage the program is another feather in CGD's cap. That CGD has both made a market for this idea and helped to leverage real resource commitments are the most significant impacts of the initiative."

Having an independent evaluation affirm the Center's contribution in this area is of course very pleasing to those of us who were involved in the project and it is valuable to CGD to be able to share this information with others. Of course, many policy organizations do not have such a luxury.

International Monetary Fund and Health Spending

One of the most controversial aspects of the IMF's work in low-income countries has to do with potential impacts on spending on health. Critics posit that the IMF's macroeconomic programs, which many countries sign up to so they can obtain debt relief and other types of donor assistance, have the effect of constraining both domestic health spending and the ability of countries to make use of donor support. Particularly in low-income countries heavily burdened by HIV/AIDS, stories abound about how IMF programs have led to health worker shortages and shortfalls in budget allocations to health. For the most part, the dialogue between the IMF and its critics has been characterized by dramatic, impassioned accusations that describe the health-related hardships wrought by the Fund's programs, followed by officious defensive responses written in opaque language, invoking terms like "macroeconomic stability," and "inflation targets," and "compliance with IMF conditionalities."

In fall 2006, the CGD convened a working group to take a close look at this issue, and to try to bring a factual basis to bear on the question. The leader of the group was David Goldsbrough, who had recently retired from the IMF after a long career, and wished to undertake the work, largely on a voluntary basis. David is well respected in many quarters, both among key Ministers of Finance and former colleagues at the Fund. In putting together the group, he thought carefully about the mix of individuals who would bring both the technical knowledge that would garner attention among decision makers at the IMF, on one hand, and advocacy viewpoints that would help to establish credibility with some of the more vocal and influential anti-IMFers.

With input from the group on the terms of reference, David developed background analyses and detailed case studies of Mozambique, Rwanda, and Zambia. Through deep background research and careful deliberations, the working group concluded that IMF-supported fiscal programs have often been too conservative or risk-averse; that the IMF Board and management have not made sufficiently clear what is expected of IMF staff in exploring the macroeconomic consequences of alternative aid scenarios; and that wage bill ceilings have been overused in IMF programs and should be limited to circumstances where a loss of control over payrolls threatens macroeconomic stability. These findings along with six concrete recommendations for change are outlined in the final report (*Does the IMF Constrain Health Spending in Poor Countries? Evidence and an Agenda*

for Action), and a companion policy brief, which were launched at a standing-room only event in September 2007.[12]

The goal of all CGD working groups is to see report recommendations put into action. On that count, the report has begun to have an impact on the debate inside and outside the IMF. The report was disseminated widely within the IMF, which issued a formal response on its website; recent decisions by the IMF board have already begun to modify policies in the direction called for in the report, including to cut back sharply on the use of wage bill ceilings and to take greater account of the long-term consequences of expenditure decisions when setting fiscal policy.

Limitations of CGD's 12-Step Approach

The approach described above has proven to be remarkably effective for some aspects of CGDs work but it is not appropriate for all of our policy-change oriented activities; nor is necessarily a suitable model for a wide range of other policy advocacy organizations. The approach requires having a solid research capacity and staff with a practical problem-solving bent of mind. It tends to work better in the absence of hardened positions when a consensus can be shaped around a technical issue. In our view it is not likely to work well for advocacy organizations that are strongly ideological, nor for those that run mostly on youthful idealism and lack research and technical expertise. On the other hand, the approach is also unlikely to work in traditional academic settings, although academic research often is an input to more policy-oriented work.

Sometimes policy reform can be possible despite entrenched views by focusing on a sub-set of the more controversial issue. Such was the case with CGD's work on the impact of the policies of the International Monetary Fund (IMF) on health spending in developing countries, which can be seen as a sub-set of a broader collection of social justice concerns raised by some IMF critics. Efforts to grant duty-free and quota-free U.S. market access already enjoyed by poor African countries to other Least Developed Countries (LDCs) is a similarly modest policy initiative within the larger trade debate. U.S. trade policy toward non-African LDCs has proven to be more resistant to change than IMF policies impacting health care, but progress on the LDC issue remains a much more likely possibility than resolution of the broader development-trade debate.

Among the advantages of the 12-step approach is that it lends itself to informal impact evaluation: we can easily see if we have reached our intended goal, and we can directly link our activities to the intended outcome. That said, better impact evaluation tools, more resources for evaluation and, most importantly, as discussed below, more regular recourse to an independent evaluation mechanism, could all improve our understanding of how to increase the impact of our work.

Moreover, many development policy issues do not lend themselves to the 12-step process at all but are nonetheless of great importance. Within CGD, there remains an important

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[12] See the CGD initiative: International Monetary Fund Programs and Health Spending: http://www.cgdev.org/section/initiatives/_active/imfprograms

role for policy-oriented research outputs that reframe an issue, inject fresh ideas into a policy debate, provide data, or help to identify a research agenda in a specific field, and building public support for better policies, to name just a few of the alternative approaches. In each of these situations and others, CGD's work has made significant contributions to a broader, ongoing change process with many actors besides the Center, but the challenges of impact evaluation are much larger than with the 12-step approach described above. Examples include:

- **Reframing an issue:** In a series of papers and in her 2005 WIDER (World Institute for Development Economics Research) lecture, *The World is not Flat: Inequality and Injustice in our Global Economy*, CGD president Nancy Birdsall has argued that the inherent asymmetries of a global economy pose new problems that require new thinking. Such work aims not at a single, concrete policy goal but at a re-examination of a wide range of known and new policy instruments.

- **Injecting fresh ideas into the policy debate:** In the CGD book, *Let Their People Come: Breaking the Gridlock on Global Labor Mobility*,[13] non-resident fellow Lant Pritchett argues for a new approach and a significant increase in guest worker programs as a global poverty reduction tool. Although the book's many practical proposals have yet to take hold—indeed in late 2007 the U.S. migration debate seemed to be headed in the opposite direction—its fresh ideas are enriching the policy debate. For example, Pritchett's work was the subject of an extended feature in the *New York Times Magazine*.

- **Providing data:** CGD's work on climate change includes a global, Web-based initiative called Carbon Monitoring for Action (CARMA) that creates incentives for power plants and the companies that own them to reduce greenhouse gas emissions by disclosing the CO_2 emissions of 50,000 power plants and 4,000 power companies world wide. The initiative draws upon public disclosure techniques that have cut conventional pollution in both developed and developing countries. The release of the database in mid-November 2007 generated more than 600 news stories in the first week and generated record Web traffic for CGD.[14] Less visibly, a new database compiled by CGD research fellow Michael Clemmens on the migration of African doctors and nurses is challenging conventional wisdom concerns about the so-called "brain drain."[15] The data provision approach is especially useful in situations where a policy consensus is lacking or the ability to design and implement effective policies is otherwise constrained.

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[13] *Let Their People Come: Breaking the Gridlock on Global Labor Mobility* http://www.cgdev.org/content/publications/detail/10174/
[14] CARMA is a free-standing CGD Web site at http://www.carma.org
[15] See *Do Visas Kill: The Health Effects of African Health Professional Migration* http://www.cgdev.org/content/publications/detail/13123

- **Identifying a research agenda:** As a small organization, CGD cannot directly undertake research in all areas relevant to our mission, nor are we necessarily the best organization to do so. We can be helpful by using our convening power and links with development policy practitioners to define a research agenda for others to consider. *The Population Dynamics and Economic Development Research Agenda* [16] created by CGD's Population and Development Working Group, serves as a resource for donors and research institutions seeking to contribute to population and development research, with the aim of developing, over time, the body of evidence that will inform good policymaking.[17]

- **Building public support for better policies:** For many advocacy groups, this is their primary focus. At CGD, we recognize that far-reaching changes in rich world policies and practices are only possible with broad public support. While we cannot create this support alone, we can help foster it by providing easily accessible, well-researched materials to partner organizations and individuals. CGD's work in this area has recently extended from the text-based *Rich World, Poor World* briefs to an online video site (*Global Development Matters: Our Choices, Others' Lives*) focused on building public support for sound development policy ahead of the 2008 U.S. elections. Impact evaluation of such initiatives is particularly difficult because of the large number of actors involved; we therefore rely heavily on measures of reach (i.e. Web site visits, media coverage) and other intermediate indicators, such as stronger partnerships with organizations pursuing similar goals.[18]

Evaluating the Impact of CGD's Work

Evaluation of performance has been an important concern for CGD management since the earliest days. In 2002, our Board of Directors agreed to the following three-component approach to performance measurement:

- ■ Set targets and assess performance for a limited number of highly visible activities. Each year at the Board of Directors meeting the president presents the annual targets for major initiatives; typically these follow some version of the 12-step process described above. The president reports each year on progress toward these targets – both the "good" news and the "bad."

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[16] *Population and Development Research Agenda,*
http://www.cgdev.org/section/initiatives/_archive/populationanddevelopment/

[17] The Arabella independent evaluation of CGD found: "the impact of the work is difficult to assess. Given the lag time between research and publication in academia, it is too early to judge the report's influence on specialist researchers in the field directly or indirectly through the analysis of citations of CGD's research report. Most of the impact of this initiative on actual policy decisions can likewise not be judged, because the desired impact depends on the research of others in the field."

[18] Global Development Matters will launch in early November at
http://www.globaldevelopmentmatters.org

- ■   Track selected indicators. For our full portfolio, we track the production of large and small outputs, media coverage, and reach or "touches." We make year-on-year comparisons of output relative to our budget to obtain estimates of efficiency.

- ■   Seek independent external evaluation. From the start, we anticipated requesting that our key foundation funders support an independent external evaluation after several years. (Initially, we had hoped for an evaluation after three years, but it took more time than we had anticipated to obtain financial support for this effort and it was undertaken during CGD's fifth year.)

The first component of our performance measurement approach is the most complex. In concept, as implied by the 12-step approach, CGD's success or failure rests on whether we have contributed to eventual policy impact. In this case, impact means a real-world, observable change in policies – either adoption of a new policy, or modification of existing ones – or a significant change in the practices of institutions that are important in setting or implementing development-related policies. Impact takes a variety of forms, but would include, for example, new legislative initiatives in the US Congress or the UK Parliament; the creation of a new public or private entity to solve a particular development policy or finance problem; the modification in implementation of development programs and/or trade policies; a change in official position on a key international treaty or compact; or new development-related grant making by major foundations.

This working definition of "impact" is an ambitious one for an institution of modest size (45 staff, $7m/year budget) whose main instruments are research and communication, but our major initiatives are structured to contribute to that impact. For these major initiatives, where we work with others to put forth a specific recommendation or "policy ask," our assessment of success or failure is based largely on gathering information about the outputs and reach to key audiences at intermediate steps; and at the end whether the recommendations put forth are adopted. Where CGD has coined a new phrase—as with the AMCs—seeing that phrase in official communiqués and media coverage provides evidence of the link to our work, even when the Center is not cited directly.[19]

The second component is reasonably straightforward, but we place special emphasis on looking at reach, rather than simply at outputs. There are clear limits to a linear tracking of intermediate and final outcomes. Not every initiative leads directly to success, and often the outcome is less than crystal clear. Moreover, success has many mothers and fathers, so even when we have been closely involved throughout the process, identifying CGD's contribution and distinguishing it from the work of our friends and partners can

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[19] An example of this arose as we were writing this paper: the Global Health Council announced an event titled "From Theory to Action: Accelerating Worldwide Access to Life-Saving Vaccines." The main topic: an update on the pilot AMC. Speakers included Alice Albright, co-chair of CGD's AMC working group. CGD itself was not involved in the event and is not mentioned, but the Center's impact is clearly evident. http://www.globalhealth.org/news/article/9254

be both technically challenging and politically dumb. Waiting for the outcome of an initiative in order to evaluate impact misses the opportunity for information that could lead to a mid-course correction. And finally, much of CGD's work follows paths other than a variation of the 12 steps; tracing impact for these other approaches is often more difficult.

For these reasons, CGD relies heavily on measures of *reach* as an interim indication of potential impact. These are not primarily *output* measures such as books or working papers published, press releases drafted and sent, or web pages posted. While we track these numbers an undue focus on such supply-driven data can distort incentives. Instead we prefer to rely on measures of reach that reflect the *demand* for CGD ideas: media citations, subscriptions to CGD e-letters, Web traffic analysis, attendance at CGD events, and "touches" with NGOs and U.S. Congressional staff.[20] CGD's communications and policy team collects these data and reports totals to the Board of Directors twice a year. We also monitor the data informally on an initiative-specific basis and are exploring options for routine comparative analysis of reach across major initiatives and by initiative over time.

The third component of our performance measurement approach, the independent external evaluation, employed a range of methods. These included an e-mail survey of key audiences, a large number of in-person and telephone interviews, and detailed review of our policies and procedures by experts in the institutional development of policy research and advocacy organizations. (CGD did not have any say in the selection of evaluators, the timing of the evaluation, the selection of initiatives to do in-depth assessment of, or the methods used. Interested readers should consult the Arabella report, which is publicly available at the URL noted in footnote 2 on page 1.)

The evaluation was extremely useful in providing us and others with information about how we "stack up" in various dimensions with comparator organizations; in generating feedback about how members of various key audiences view our work; and in examining our contribution in three policy initiatives (AMCs, Nigerian debt relief, and the Population Dynamics and Economic Development Research Agenda)

Combined, the implementation of this three-component approach to performance measurement gives us valuable insights about where we succeed and fail, but had obvious weaknesses. The most apparent is that the nature of our work and the methods applied to measure its impact do not compare what happens to a genuine counterfactual – what would have happened in the absence of CGD's efforts. Moreover, the "impact" that we talk about is not the eventual impact that we seek. We do not know, for example, whether the $1.5 billion allocated for an AMC for pneumococcal vaccine, which certainly was stimulated by CGD's efforts, will lead to the 5.4 million lives saved that has been estimated. We will not know for many years, and even after the program has been implemented it will be very difficult to trace that very real-world impact.

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[20]CGD's policy and outreach associates tally their contacts with NGO and Hill staff through a consolidated count that includes phone calls (made and received), meetings, e-mail conversations, and requests for information. We call the consolidated count "touches."

Recognizing these limitations, CGD is actively looking for new ways to better measure impact, both within our organization and in partnership with others. For example, one might imagine the possibility of measuring the effects of different communication strategies using randomized methods; or doing very careful before-after measurement of public opinion as part of implementation of an initiative designed to change views on some aspect of development policy. To date, CGD has not engaged in this type of work, but would welcome the opportunity.

A Collective Approach to Improving the Evaluation Policy Advocacy

As the preceding account makes clear, evaluation of the impact of CGD's policy change efforts is mostly informal and *ad hoc*. Yet CGD is perhaps much better placed to evaluate the impact of our work than many other organizations that have similar policy change goals. We have an institutional culture that is deeply committed to rigorous, empirical research. Our staff includes highly trained researchers, several with substantial expertise in impact evaluation. We are reasonably well resourced, and we have had the good fortune to be the focus of an extensive independent evaluation of the impact of our work. If CGD is unable to systematically evaluate the impact of our own efforts, then other policy advocacy organizations are likely in a similar predicament. Yet our own evaluation efforts come down to a combination of anecdotes and demand-driven output measures—valuable to be sure but well short of passing tests for scientific validity that our researchers would apply to their own investigations.

This is perhaps not surprising. CGD is subject to the same constraints of any organization attempting to evaluate the impact of its own work—perhaps the greatest of these is the natural tension between getting on with the considerable challenge of the work itself—research, analysis, and policy engagement to achieve specific goals—and the substantial resources required to do sound evaluations. Moreover, the knowledge generated about how research can change policy is partially a public good, with benefits that exceed those we could gain as an individual institution. Thus, it would not be a sound management decision to "over"-invest in evaluation efforts, beyond what we narrowly require for the proper execution of our institutional mandate. These and other tensions are fully described in *When Will We Ever Learn*, and there is no reason to believe that CGD and other organizations working for policy change are immune to them.

For this reason, it may be worthwhile to consider whether and how the arguments put forth in *When Will We Ever Learn* for an independent evaluation entity might apply to organizations working for policy change. Although the evaluation of social sector interventions and the evaluation of policy advocacy undoubtedly are different in important ways, the structural advantages of having an independent evaluation entity appear to be broadly the same. The several key tasks for good evaluation that would benefit from a collective approach include:

- clustering studies around priority issues to permit comparisons and generalizable inferences about more and less effective policy advocacy approaches;
- developing creative evaluation methodologies and ensuring that studies are reliable and valid; and
- creating a register of on-going studies, to offer both a means to widely disseminate results and a clearinghouse of data for analysis.

Various organizational models – both tangible and virtual – could be explored by policy advocacy organization interested in pushing the envelope on evaluation, and by their funders. These models could range, for example, from a virtual network of policy advocacy organizations dedicated to information-sharing, all the way to participation in the International Initiative on Impact Evaluation. These approaches could help CGD and other policy advocacy organizations to do a better job of learning while doing.