

July 11, 2013

**MEMORANDUM**

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Coalition for Evidence-Based  
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TO: Board of Advisors of the Coalition for Evidence-Based Policy

FROM: Jon Baron

RE: Update - Coalition for Evidence-Based Policy

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We're pleased to report important new developments related to our work, as follows:

- **We're launching a new initiative in cooperation with the White House Office of Science and Technology Policy and the Office of Management and Budget: Demonstrating How Low-Cost Randomized Controlled Trials (RCTs) Can Drive Effective Social Spending ([overview](#)).** The initiative will include a high-profile competition to select and fund at least six low-cost RCTs over the next three years that are designed to build valid, actionable evidence about “what works” in U.S. social spending. This demonstration effort builds on our earlier work with federal officials to advance low-cost RCTs. For example, as you’ll recall, OMB prominently featured the concept of low-cost RCTs in its May 2012 memo to the heads of the federal agencies on [Use of Evidence and Evaluation](#), and cited the [brief](#) we developed on such studies. The President’s FY 2014 budget does the same (as shown [here](#), page 94). We expect to release the first request for applications under this new initiative at the end of 2013.
- **The U.S. Agency for International Development now has a highly-promising evidence-based initiative – [Development Innovation Ventures \(DIV\)](#) – patterned on the domestic “tiered evidence” initiatives we’ve helped advance.** Similar to domestic [initiatives](#), DIV holds a competition for innovative ideas in development assistance, pilots them through small funding awards that include rigorous evaluations, and scales those that demonstrate widespread impact and cost-efficiency. Uniquely, DIV is open to funding and rigorously testing virtually any idea/intervention that has the potential to be a breakthrough in improving people’s lives.

**DIV’s evidence focus is the real deal: Over 60% of DIV grantees are conducting RCTs, and DIV recently [awarded](#) its first scale-up grant for an intervention that, based on our [impartial review](#), is backed by credible evidence of a sizable impact.** The intervention is a low-cost Chlorine Dispenser System, placed next to a spring or well where families get their drinking water, that, with the turn of a level, adds the correct amount of chlorine to a bucket of water to kill illness-causing bacteria. Evaluated in a well-conducted randomized controlled trial in western Kenya, the System increased the percent of households whose water tested positive for chlorine from 14% (in the control group) to 56% (in the treatment group) over a 2-3 year follow-up period. The policy significance of this result is

underscored by the findings of a recent Cochrane Collaboration evidence review: (i) in developing countries, diarrhea accounts for 17% of deaths of children under 5; and (ii) interventions that improve water quality produce sizable reductions in prevalence of diarrhea.

We hope this update is helpful. Any thoughts or suggestions you have on our work would be much appreciated.

Jon

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*Please visit the Coalition's [Help Desk](#), providing impartial expert advice. We also offer an [open online workshop](#) in evidence-based reform (optional accompanying phone sessions providing hands-on experience will be offered next in late September – contact [Allison Taylor](#), 202-713-9553).*