Interventions	Milestones	First discovery	Ideation	Patent approved	First reference of intervention	Application to begin testing submitted to SRA
What to input		Date of discovery for the original product or intervention which the current intervention is adapted from.	Date of discovery or idea for specific intervention	Date of patent approval	Date that intervention was first found in the literature in relation to its potential impact	Date that new device, drug, or diagnostic application was submitted to an SRA body for initial approval to begin testing. For devices of nonsignificant risk (date of IRB submission)
Additional details/ examples to help input data						
Intervention						
Source*						
Link						
Quality*						
Confidence*						

Quality types:	Confidence types:
Journal article, Report, News article, News release, Webpage, Interview, Database, and Other (with a option for free text)	High, Medium, or Low

Proof of Concept	Phase III complete	Application for product approval submitted to SRA	SRA approval	Post-marketing trial or equivalent	1st in-country launch
Date intervention demonstrated to be safe and effective for intended purpose in humans (Date results shared from clinical trials for drugs, diagnostics, and other interventions that require SRA approval (Phase IIb studies or equivalent). If no SRA approval necessary, then date that efficacy was demonstrated (RCT or equivalent published).	Date of completion of Phase III clinical trial	Date that application for drug, device, or diagnostic was submitted to stringent regulatory authority (SRA)	Date of Stringent Regulatory Authority (SRA) approval or clearance	Date results shared from post-marketing research or new evidence that impacts L&S	Date the intervention was used in a LMIC country for the first time outside of a research study
				includes phase IV clinical trials, studies/research that	

WHO Emergency Use Listing	Application submitted to WHO approval body or other global procurement list	WHO Site Inspection	WHO Lab Evaluation	Approval by WHO body or other global procurement list	WHO initial policy guidelines
Date that intervention listed by the WHO for emergency use	Date of application for list (WHO Prequalification or equivalent) that is referenced for country procurement	Date of completion of Site inspection for WHO Prequalification	Date of Laboratory Evaluation for WHO Prequalification	Date of intervention approved for global list (WHO prequalification, endorsement or equivalent)	Date that the WHO recommended the intervention in an official guideline

WHO policy update	WHO latest policy guidelines	Global Uptake of Intervention at 20%	Global Uptake of Intervention at 50%	Global Uptake of Intervention at 80%	Intervention no longer in use
Date of updated WHO recommendation (if any between initial and latest)	Date of most recent recommendation update	Date that coverage of the intervention reached uptake level (20, 50, or 80%) globally (across LMICs) using one of the global uptake indicators (see data dictionary). Keep track of all coverage information separately			Date intervention data showed lack of effectiveness for specific indication

Intervention no longer being produced		**Scientific Name**	**Commercial Name(s)**	**Description* (stars indicate required field for all interventions)**
Date intervention was pulled out of the market or manufacturing stopped		(Free text) Scientific name for drug or general product name for devices, diagnostics, etc. Use the INN (International Nonproprietary Name) for drugs.	(Free text) Brand name for specific intervention we are following	(Free text) One to two sentence text description of the intervention.

*Required characteristics

Description
Intervention type
General health topic
Specific disease
target population
Source is not required except for some of the characteristics noted, but we might need ar

Intervention Type*	**General Health Topic***	**Specific Disease / Health Topic***	**Developer**	**Type of Developer**
Categorical: 1. Drug 2. Device 3. Diagnostic 4. Procedure 5. Supplementation/Fortification 6. Vaccine 7. Behavioral 8. Infrastructure 9. Service delivery 10. Vector control 11. Other (option for free text to specify)	Categorical: 1. Infectious disease 2. Neglected tropical disease 3. Maternal, newborn, and child health 4. Nutrition 5. Non-communicable disease 6. Trauma/Injury 7. Other (option for free text to specify)	**Add to as we go.** Current categories include: HIV, malaria, TB, postpartum hemorrhage, club foot, jaundice, neonatal sepsis, preeclampsia, abnormal fetal heart rate, diarrhea, Syphillis, Human African trypanosomiasis, contraception, vitamin A deficiency, COVID-19	Name of original developer that made the product. Free text list (option for up to 5 of the main developers)	Categorical 1. Private company 2. Non-profit or NGO 3. Academic Institution 4. Collaboration between public and private 5. Other (option for free text to specify)
		should have source	should have source	should have source

ı option for multiple sources

Target Population	Dissemination partners	Type of pathway to scale	WHO PQ approved or equivalent	WHO Essential Medicines List (EML) or Essential Diagnostics List (EDL)
Description of population that the intervention is intended to reach.	Names of main global dissemination partners. List 3 to 5 top partners.	Categorical: 1. Open Source/licensing 2. Organic Growth 3. Organic growth with selective outsourcing 4. Multi-stakeholder partnership 5. Licensing out 6. Acquisition 7. Other (free text to specify)	Binary: 1. WHO approved 2. Not WHO approved	Binary 1.On List 2. Not on List
E.G. pregnant women with preeclampsia for Magnesium Sulfate	E.G. Bill and Melinda Gates Foundation	See page 5 and 11 in the CII report : https://www.usaid.gov/sites/default/files/documents/1864/Pathways-to-	Equivalent to WHO PQ would be something like WHOPES	
should have source			should have source	should have source

Continuum of care	Centralized buying environment	Main market type	Clear champion(s)	Requires targeting	Requires behavior change (on the part of the individual end-user)
Categorical: 1.Prevention/Wellness 2.Awareness 3.Screening 4.Diagnosis 5.Treatment 6.Monitoring/ After Care	Categorical: 1. Centralized 2. Decentralized 3. N/A	Categorical: 1. Global 2. Institutional 3. Consumer	Binary: 1. Clear champion(s) 2. No clear champion(s)	Binary: 1. Requires targeting 2. Does not require targeting	Binary: 1. Requires behavior change 2. No/Little behavior change
	E.G. Centralized--LLINs are mostly procured through large global	E.G. LLINS are global because they are procured and finalized	E.G. Global health campaign intiated for product like for Sayana	E.G. Interventions like Sayana Press that require targeting at	E.G. LLINs require the end user to put up and sleep under the net.
	should have source		should have source		

Sig. improv. in standard of care	Public vs. mixed target channel	Low and middle-income country specific	Cost to develop	Significant product competition	Cost-effective
Binary: 1. distinctly more effective than current practice (including previous generations of the product) 2. incremental improvement / not significantly more effective	Categorical: 1. Public 2. Private 3. Mixed	Binary: 1.LMIC specific 2. Not LMIC specific	Free text (number)	Binary: 1. Significant product competition 2. No significant product competition	Binary: 1. Demonstrated cost-effective 2. No evidence cost-effective
	E.G. LLINS are Public mostly, MiracleFeet is Private, and Sayana				
should have source	should have source		should have source		should have source

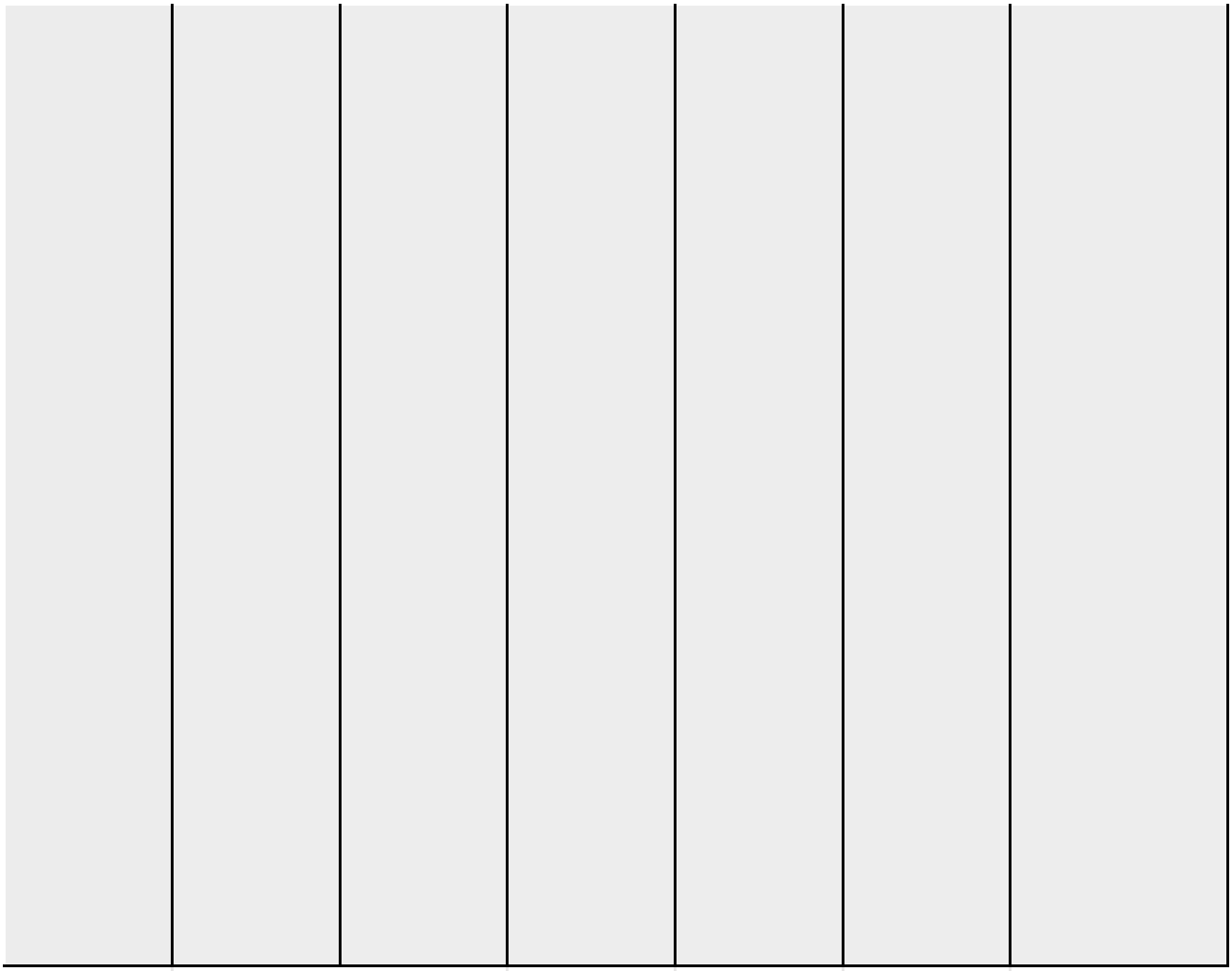
Significant safety concern	**Global pricing agreement in place**
Binary: 1. Significant safety concern 2. No significant safety concern	Binary: 1. Global pricing agreement 2. No global pricing agreement
E.G. Tafenoquine is risky for people with a certain genetic marker	E.G. Negotiated global price by partners such as for Sayana Press or
should have source	should have source

Interventions	Milestones	First discovery	Ideation	Patent approved	First reference of intervention	Application to begin testing submitted to SRA
What to input		Date of discovery for the original product or intervention which the current intervention is adapted from.	Date of discovery or idea for specific intervention	Date of patent approval	Date that intervention was first found in the literature in relation to its potential impact	Date that new device, drug, or diagnostic application was submitted to an SRA body for initial approval to begin testing. For devices of nonsignificant risk (date of IRB submission)

Additional details/ examples to help input data						
PrEP			15-Jan-08		15-Jan-08	
		17-Nov-95				

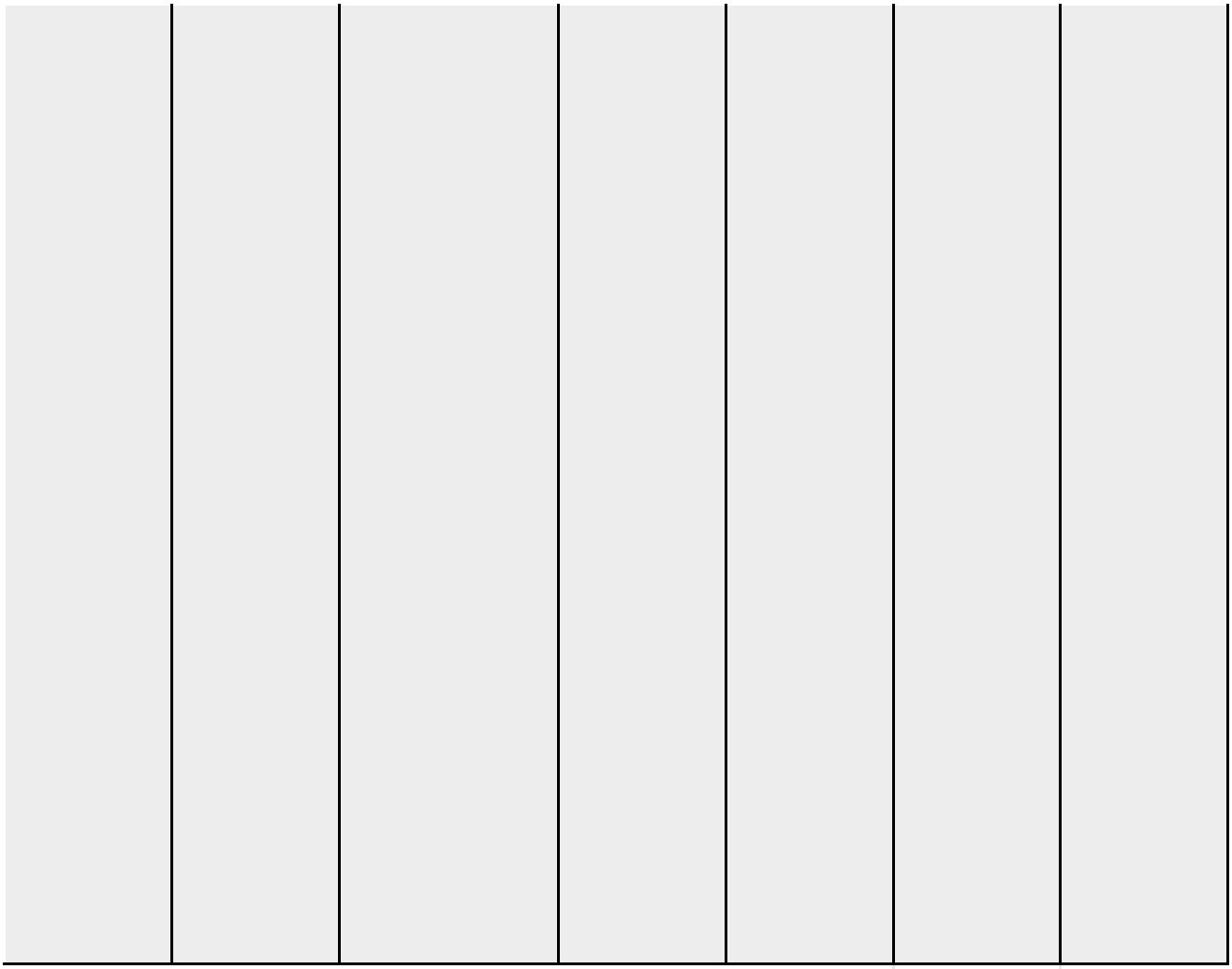
Source		Tsai, C. C., Follis, K. E., Sabo, A., Beck, T. W., Grant, R. F., Bischofberger, N., ... & Black, R. (1995). Prevention of SIV infection in macaques by (R)-9-(2-phosphonylmethoxypropyl) adenine. Science, 270(5239), 1197-1199.	Denton, P. W., Estes, J. D., Sun, Z., Othieno, F. A., Wei, B. L., Wege, A. K., ... & Garcia, J. V. (2008). Antiretroviral pre-exposure prophylaxis prevents vaginal transmission of HIV-1 in humanized BLT mice. *PLoS medicine*, *5* (1), e16.	Denton, P. W., Estes, J. D., Sun, Z., Othieno, F. A., Wei, B. L., Wege, A. K., ... & Garcia, J. V. (2008). Antiretroviral pre-exposure prophylaxis prevents vaginal transmission of HIV-1 in humanized BLT mice. *PLoS medicine*, *5* (1), e16.
link		https://www.ncbi.nlm.nih.gov/pubmed/7502044	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2194746/	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2194746/
Quality		Journal article	Journal article	Journal article
Confidence		red	yellow	yellow

Proof of Concept	Phase III complete	Application for product approval submitted to SRA	SRA approval	Post-marketing trial or equivalent	1st in-country launch	Application submitted to WHO approval body or other global procurement list
Date intervention demonstrated to be safe and effective for intended purpose in humans (Date results shared from clinical trials for drugs, diagnostics, and other interventions that require SRA approval (Phase IIb studies or equivalent). If no SRA approval necessary, then date that efficacy was demonstrated/RCT or	Date of completion of Phase III clinical trial	Date that application for drug, device, or diagnostic was submitted to stringent regulatory authority (SRA)	Date of Stringent Regulatory Authority (SRA) approval or clearance	Date results shared from Post-marketing research or Phase IV clinical trial	Date the intervention was used in a LMIC country for the first time outside of a research study	Date of application for list (WHO Prequalification or equivalent) that is referenced for country procurement


30-Dec-10
16-Jul-12
December 2015
2-Dec-16

Grant, R. M., Lama, J. R., Anderson, P. L., McMahan, V., Liu, A. Y., Vargas, L., ... & Montoya-Herrera, O. (2010). Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine* , *363* (27), 2587-2599.	FDA.(2012). Truvada for PrEP Fact Sheet:Ensuring Safe and Proper Use.	Avert. (2019). 'Pre-exposure Prophylaxis (PREP) for HIV prevention'	WHO. (2016). Application for inclusion of medicines for pre-exposure prophylaxis (PrEP) to the WHO Model List of Essential Medicines (EML).
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3079639/	https://www.fda.gov/media/83586/download	https://www.avert.org/professionals/hiv-programming/prevention/pre-exposure-prophylaxis	https://www.who.int/selection_medicines/committees/expert/21/applications/EMLapplicationPrEP2016.pdf
Journal article	Fact sheet	Webpage/Report	Report
green	green	yellow	green

WHO Site Inspection	WHO Lab Evaluation	Approval by WHO body or other global procurement list	WHO initial policy guidelines	WHO policy update	WHO latest policy guidelines	Global Uptake of Intervention at 20%
Date of completion of Site inspection for WHO Prequalification	Date of Laboratory Evaluation for WHO Prequalification	Date of intervention approved for global list (WHO prequalification, endorsement or equivalent)	Date that the WHO recommended the intervention in an official guideline	Date of updated WHO recommendation (if any between initial and latest)	Date of most recent recommendation update	Date that cove reached uptak globally using indicators (see Keep track of a separately


8-Jun-17
11-Jul-12
July 2014
November 2015
Oct-21

	Avert. (2017) 'PrEP now included on the WHO Essential Medicines List'	WHO. (2012). Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV Recommendations for use in the context of demonstration projects.	WHO. (2014). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations	WHO. (2015). WHO expands recommendation on oral pre-exposure prophylaxis of HIV infection (PrEP).	Global PrEP Tracker. (2019). PrEP Watch website, data updated October 2019.
	https://www.avert.org/news/prep-now-included-who-essential-medicines-list	https://www.who.int/hiv/pub/guidance_prep/en/	https://www.who.int/hiv/pub/guidelines/keypopulations/en/	https://www.who.int/hiv/pub/prep/policy-brief-prep-2015/en/	https://www.prepwatch.org/in-practice/global-prep-tracker/
	News Release	Report	Report	Policy brief	Data from website
	green	green	green	green	yellow

Global Uptake of Intervention at 50%	Global Uptake of Intervention at 80%	Characteristics	Scientific Name	Commercial Name(s)	Description* (stars indicate required field for all interventions)
rage of the intervention e level (20, 50, or 80%) one of the global uptake data dictionary). ll coverage information			(Free text) Scientific name for drug or general product name for devices, diagnostics, etc. Use the INN (International Nonproprietary Name) for drugs.	(Free text) Brand name for specific intervention we are following	(Free text) One to two sentence text description of the intervention.

			Pre-exposure prophyla*xis* (combination of tenofovir and emtricitabine)	Truvada	PrEP is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The pill contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV

Intervention Type*	**General Health Topic***	**Specific Disease / Health Topic***	**Developer**	**Type of Developer**	**Target Population**
Categorical: 1. Drug 2. Device 3. Diagnostic 4. Procedure 5. Supplementation/Fortification 6. Vaccine 7. Behavioral 8. Infrastructure 9. Service delivery 10. Vector control 11. Other (option for free text to specify)	Categorical: 1. Infectious disease 2. Neglected tropical disease 3. Maternal, newborn, and child health 4. Nutrition 5. Non-communicable disease 6. Trauma/Injury 7. Other (option for free text to specify)	**Add to as we go.** Current categories include: HIV, malaria, TB, postpartum hemorrhage, club foot, jaundice, neonatal sepsis, preeclampsia, abnormal fetal heart rate, diarrhea, Syphillis, Human African trypanosomiasis, contraception, vitamin A deficiency	Name of original developer that made the product. Free text list (option for up to 5 of the main developers)	Categorical 1. Private company 2. Non-profit or NGO 3. Academic Institution 4. Collaboration between public and private 5. Other (option for free text to specify)	Description of population that the intervention is intended to reach.

					E.G. pregnant women with preeclampsia for Magnesium Sulfate
Drugs / Medicines	Infectious Diseases	HIV	Gilead	Private company	At-risk HIV populations

Dissemination partners	Type of pathway to scale	WHO PQ approved or equivalent	WHO Essential Medicines List (EML) or Essential Diagnostics List (EDL)	Continuum of care	Centralized buying environment
Names of main global dissemination partners. List 3 to 5 top partners.	Categorical: 1. Open Source/licensing 2. Organic Growth 3. Organic growth with selective outsourcing 4. Multi-stakeholder partnership 5. Licensing out 6. Acquisition 7. Other (free text to specify)	Binary: 1. WHO approved 2. Not WHO approved	Binary 1.On List 2. Not on List	Categorical: 1.Prevention /Wellness 2.Awareness 3.Screening 4.Diagnosis 5.Treatment 6.Monitoring / After Care	Categorical: 1. Centralized 2. Decentralized 3. N/A

E.G. Bill and Melinda Gates Foundation	See page 5 and 11 in the CII report : https://www.usaid.gov/sites/default/files/documents/1864/Pathways-to-Scale-Guide_20161013_online-508.pdf	Equivalent to WHO PQ would be something like WHOPES			E.G. Centralized--LLINs are mostly procured through large global buyers like GF Decentralized--Uterine balloon tamponades
PEPFAR, UNITAID, Global Fund		Not WHO Approved	On EML	Prevention	Centralized

https://www.avert.org/professionals/hiv-around-world/global-response/funding

https://www.avert.org/news/prep-now-included-who-essential-medicines-list

Main market type	Clear champion(s)	Requires targeting	Requires behavior change	Sig. improv. in standard of care	Public vs. mixed target channel
Categorical: 1. Global 2. Institutional 3. Consumer	Binary: 1. Clear champion(s) 2. No clear champion(s)	Binary: 1. Requires targeting 2. Does not require targeting	Binary: 1. Requires behavior change 2. No/Little behavior change	Binary: 1. distinctly more effective than current practice (including previous generations of the product) 2. incremental improvement / not significantly more effective	Categorical: 1. Public 2. Private 3. Mixed

E.G. LLINS are global because they are procured and finalized through centralized channels. Chlorhexidine is Institutional because national insitutions (like MoHs) purchase for newborn care. Sayana Press is a consumer market mainly because consumers purchase it for their own use.	E.G. Global health campaign intiated for product like for Sayana Press with multiple partners or the TB Alliance.	E.G. Interventions like Sayana Press that require targeting at specific sub-populations (mostly young women in need of modern contraceptive) to be cost-effective	E.G. LLINs require the end user to put up and sleep under the net. Chlorhexidine requires parents to spread the substance on the newborn instead of traditional materials.		E.G. LLINS are Public mostly, MiracleFeet is Private, and Sayana Press is mixed
Global	Clear champion(s)	Requires targeting	Behavior change	1) distinctly more effective than current practice	Public

Low and middle-income country specific	**Cost to develop**	**Significant product competition**	**Cost-effective**	**Significant safety concern**	**Global pricing agreement in place**
Binary: 1.LMIC specific 2. Not LMIC specific	Free text (number)	Binary: 1. Significant product competition 2. No significant product competition	Binary: 1. Demonstrated cost-effective 2. No evidence cost-effective	Binary: 1. Significant safety concern 2. No significant safety concern	Binary: 1. Global pricing agreement 2. No global pricing agreement

				E.G. Tafenoquine is risky for people with a certain genetic marker and so there must be an test for the gene prior to prescribing the drug. Also Chlorhexidine was recalled for packaging that led to people putting it in infants eyes and blinding them.	E.G. Negotiated global price by partners such as for Sayana Press or for Xpert.
Not LMIC specific		No sig. competition	Demonstrated cost-effective	No sig. safety concern	


http://ncbi.nlm.nih.gov/pmc/articles/PMC6543190/a

Interventions	Country		Ethics committee submission	Ethics approval in-country	Country's first definitive Research Study starts	Country's first definitive research study complete
What to input			Submission date to the country IRB or Ethics Committee to do the first definitive research project (including clinical trials or other RCT) with the intervention	Date of approval of the first definitive research project by Ethics Board	Start date of first definitive research study in country with intervention (e.g. country clinical trials, validation studies, or demonstration/ implementation trials)	Date study results of first definitive research study/studies entered public domain (e.g. country clinical trials, validation studies, or demonstration/ implementation trials)

Details	Milestones				
Intervention					
Country 1					
Source					
Link					
Quality					

Confidence		
Intervention	*Country 2*	
Source		
Link		
Quality		
Confidence		
Intervention	*Country 3*	
Source		
Link		
Quality		
Confidence		

***Required for milestones**
Year of the date (if they have milestone)
Source
Quality
Confidence

Country pilot starts	Country pilot complete	Product Dossier Submission to Country Regulatory Body	Emergency Use Authorization	Country Regulatory Approval (NRA approval)	National Essential List (medicines, diagnostic, or other list)
Start date of country implementation pilot for intervention	Date implementation pilot results entered public domain	Submission date to the country regulatory body (e.g. NRA)	Date intervention was authorized for emergency use in the country	Approval date of intervention from the country regulatory body	Date intervention is added to a national list of essential health products (e.g. Essential Medicines List (EML) or Essential Diagnostics List (EDL))

Pilot projects are generally outside of pure research studies (but they might involve researchers to evaluate the pilot). These are sponsored projects (usually by the government) to test the implementation of an intervention prior to roll-out.	Pilot projects are generally outside of pure research studies (but they might involve researchers to evaluate the pilot). These are sponsored projects (usually by the government) to test the implementation of an intervention prior to roll-out.				

Date (Year n

Open text / option for hy

Categorical: Journal article, Report, News article, News re

H

National policy guidelines	Implementation plan-national level	Implementation plans-subnational level	Budget Allocation Request	Budget Allocation approved	Launch of intervention in country
Date of recommendation of the country for the intervention within the country's national guidelines	Date of the implementation plan released by the Ministry of Health	Date that the first implementation plans are released for the first sub-national level	Date that budget request is made for procurement/ implementation plans by the Ministry of Health	Date that budget allocation request for procurement/ implementation plans are approved	Date the intervention was used (launched / commercialized / procured) in a LMIC country for the first time outside of a research study in any part of the country

ecessary, Month / Day optional)

berlink; ability to add more than one source

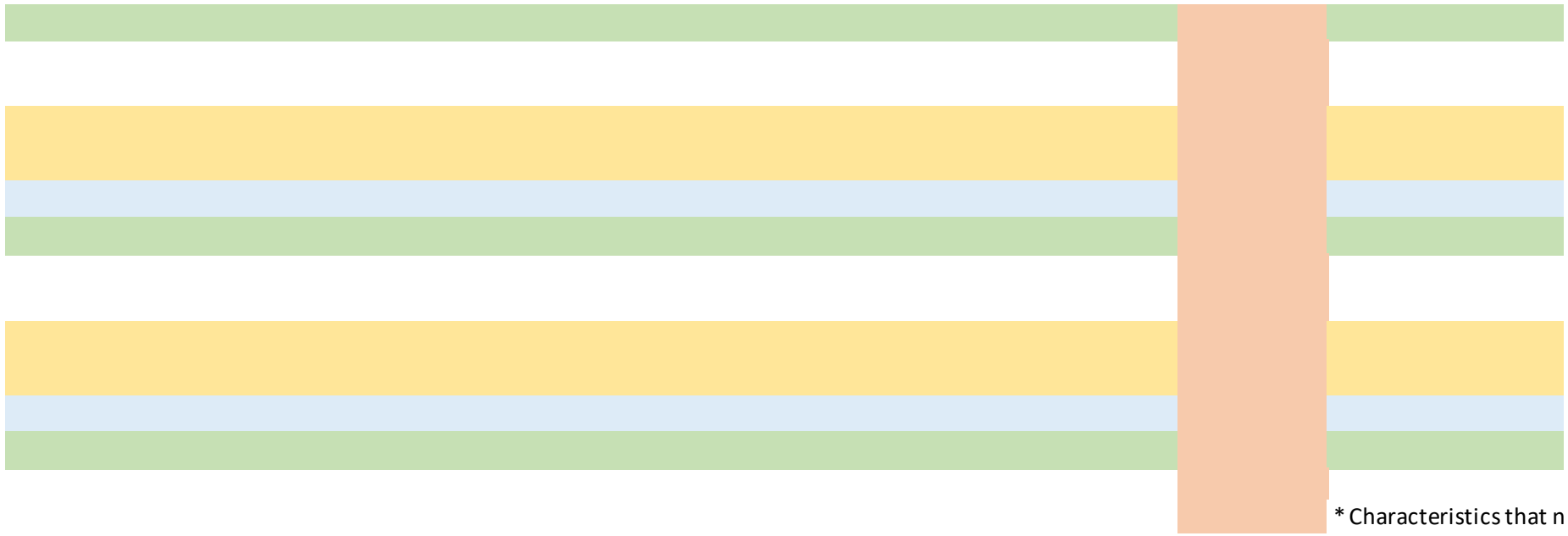
Source Link

lease, Webpage, Interview, Database, and Other (with a option for free text)

igh, Medium, or Low

First Procurement request sent by country	First Shipment with intervention clears customs	20% uptake of Intervention across country	50% uptake of Intervention across country	80% uptake of Intervention across country		National procurement cycle - frequency of funding request opportunities for health products*
Date the procurement request was sent by country to supplier or centralized global buyer	Date that first shipment of the product clears customs	Date that coverage of the intervention reached uptake level (20, 50, or 80%) in country using one of the country uptake indicators (see data dictionary). Keep track of all coverage information separately in coverage indicators tab				Annual, biannual, other

					Characteristics	Refers to the public health sector's procurement procedures for the type of intervention/health product (may be different for drugs and devices for instance). If the intervention is not procured in the public sector, choose N/A.
						Categorical: 1. Annual 2. Biannual 3. Other (free text option to specify) 4. N/A (intervention not procured in public sector)



* Characteristics that n

Existence of national health product distributor*	Frequency of product delivery from national distributor to local levels*	Pricing agreement*	Price of intervention *	Free or subsidized for end user	Ease of regulatory pathways
National distributor exists OR No national distributor (public or private)	Monthly, Quarterly, Semi-Annual, Upon Request	Country-specific pricing agreement OR No agreement	Price-agreement price of intervention	Free/subsidized for end user OR No significant cost support of end user	Clear pathway OR Not clear pathway

National distributor can refer to either the public sector or private sector but they must be the distribution is centralized for the country	The frequency of delivery from the national distributor (public or private) to the sub-national or local levels.	Refers to a price agreement negotiated by the MoH or public health sector *(not a global price for all countries)* and applies to the price of purchasing from manufacturing or global buyer, not cost for end user.	Specific price of the intervention specified by the country -specific pricing agreement	Intervention is provided for free or at a significant discount (subsidized) for the end user. E.g. LLINs are often provided for free through mass distribution campaigns	Clearly defined pathway for intervention to move through the regulatory process. (E.g. Often countries have clear pathways for drugs that must follow clinical trial guidelines and have specific submission requirements.)
Binary: 1. National distributor 2. No national distributor	Categorical: 1. Monthly 2. Quarterly 3. Semi-annual 4. Upon request	Binary: 1. Country-specific pricing agreement 2. No agreement	Free Text(Number in US$)	Binary: 1. Free or subsidized for end user 2. No significant cost support for end user	Binary: 1. Clear pathway 2. Unclear pathway

eed sources (most can be the common source listed on the country data spreadsheet)

Speed of regulatory pathways	High-level country champion	Names of Champions	Cultural acceptance	Corruption Index*	Disease/health topic burden in country*
Fast OR Not fast/slow Pathway	Champion OR No champion	Name the main country champions (no more than 3)	Cultural acceptance issue OR No cultural issues	Score of country on Corruption Perception Index in 2018	High, Medium, OR Low

Pathway for regulatory approval that moves relatively quickly compared to other countries or even to similar health products for different health issues (e.g. approval can be granted with WHO approval and no additional country requirements)	Can be a person or group in the public or private sector at the country level that helps launch and scale the intervention. E.g. Minister of Health, Head of Regulatory Agency, etc.		Intervention not easily accepted in country or parts of the country due to social norms of the population or policy-related acceptance issues. There is any cultural acceptance issue in the country for the intervention specifically or for the use of similar health products. (E.g. contraceptive drugs or devices and generally SRH interventions can be considered taboo in	The CPI is published by Transparency International every year	Determined by the ranking of the relevant health issue for death or disability of the country. Access IHME country profiles to consult the top 10 health issues for health and disability. If the health issue for which the intervention addresses is in the top 5 for either death or disability, mark high burden. If the health issue is in the top 10, mark medium burden. If the health issue is not in the top 10 for either death or disability, mark low burden. (e.g. Neonatal disorders are #1 for causing death in Ethiopia in 2017 so Chlorhexidine would be an intervention for a high burden disease).
Binary: 1. Fast pathway 2. Slow pathway	Binary: 1. Champion 2. No champion	Free text (3 possible entries)	Binary: 1. Cultural acceptance issue 2. No cultural issues	Free text (number range 0 to 100)	Categorical: 1. High (health issue in top 5 for death or disability) 2. Medium (health issue in top 10 for death or disability) 3. Low (health issue NOT in top 10 for death or disability)

Burden numbers*	**Gender inequality***	**Poverty ***	**Quality of Healthcare system***	**Health spending per person***
Number of people with health issue or disease in 2019 (or latest available)	WEF gender gap report ranking from 2019 (range of 1-149)	Poverty headcount ratio from latest year available (% of population)	Score on IHME Healthcare Access and Quality Index from 2016 (range of 0 to 100)	Health expenditures (US$) per person in the country from latest year available (source: IHME)

Prevalence or incidence of health issue or disease based on what is reported and relevant (e.g. Malaria incidence (estimated cases) from the past year is reported in the World Malaria Report)	The Gender Gap Report is published by World Economic Forum	The poverty headcount ratio based on US$1.90 is published by the World Bank	The Healthcare Access and Quality Index is published by the Institute for Health Metrics and Evaluation	Health expenditures per person is published by the Institute for Health Metrics and Evaluation in their country profiles
Free text (number)	Free text (number range 1-149)	Free text (number range 0 to 100)	Free text (number range 0 to 100)	Free text (number in US$)

Global Indicators		Measurement	
Demand-side (Population reached by intervention)	1	Total global **population in LMICs reached** by intervention through distribution or use of the intervention	Numerator
		Source	
	1	Global LMIC population with health issue or disease*	Denominator
		Source	
Supply-side (Availability of intervention)	1	Total **number of units** of intervention procured by LMICs	Numerator
		Source	
	1	Global LMIC population with health issue or disease* (in some situations can also be the addressable market or the unmet need, e.g. contraception)	Denominator
		Source	
	2	Total **# of LMIC countries providing** the intervention (where it is available)	Numerator
		Source	
	2	Total # of LMICs that have populations with health issue or disease*	Denominator
		Source	
	3	Global **sales** of intervention in terms of value (US$) in LMICs	Numerator
		Source	
	3	Target global sales in terms of value (US$) in LMICs	Denominator
		Source	
Policy (Support of intervention)	1	Total **# of LMICs with policy** or implementation plans supporting roll-out of intervention^	Numerator
		Source	
	1	Total # of LMICs that have populations with health issue or disease*	Denominator
`		Source	

Country Indicators		Measurement	
Demand-side (Population reached by intervention)	1	Total **country population reached** by intervention through distribution or use of the intervention	Numerator
		Source	

	1	Country population with health issue or disease* (in some situations can also be the addressable market or the unmet need, e.g. contraception)	Denominator
		Source	
Supply-side (Availability of intervention)	1	Total **number of units** of intervention procured for country	Numerator
		Source	
	1	Country population with health issue or disease* (in some situations can also be the addressable market or the unmet need, e.g. contraception)	Denominator
		Source	
	2	Total **# of subnational country units providing** the intervention (where it is available)	Numerator
		Source	
	2	Total # of subnational country units that have populations with health issue or disease	Denominator
		Source	
	3	Total **country purchase amount** of intervention in terms of value (US$)	Numerator
		Source	
	3	Target country purchase amount in terms of value ($)	Denominator
Policy (Support of intervention)		Source	
	1	Total **# of subnational units with policy** supporting intervention	Numerator
		Source	
	1	Total # of subnational country units that have populations with health issue or disease^	Denominator
		Source	

* Denominator generally applies to intervention in order to calculate coverage rate. Each intervention is different though and requires specific calculations for that intervention (e.g. diagnostics need to be procured at a higher rate than population with disease). Some may also require incidence of disease (e.g. TB) and some require prevalence (e.g. HIV).

Denominator should focus on low- and middle-income countries (LMICs) with the health issue/disease. In some cases, it may be that international efforts are focused on a subset of particularly burdened LMICs with the health issue/disease (e.g. FP 2020 60+ countries it focuses on for increased access to contraception). This would be a good denominator in this case if most of the data was specific to this subset of countries. Explain the denominator in the Notes section.

^ Most likely o
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Notes	1990	2000	2001	2002	2003	2004
place to add more detail about the data						
And describe/ defend the denominator						

Notes	1990	2000	2001	2002	2003	2004
place to add more detail about the data						

And describe/ defend the denominator	

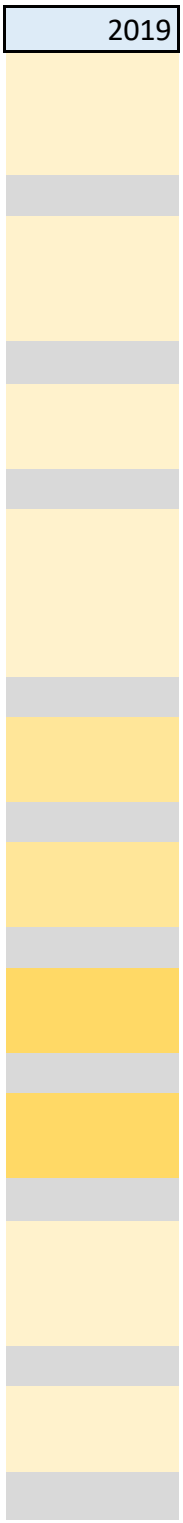
nly applies to public level health
include: recommendation in a
ational) health policy, inclusion in
national) implementation plan for
, inclusion on the national EML, or
atory authority approval

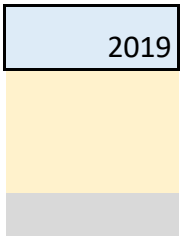
2005	2006	2007	2008	2009	2010	2011

2005	2006	2007	2008	2009	2010	2011

2012	2013	2014	2015	2016	2017	2018

2012	2013	2014	2015	2016	2017	2018


2019


2019