[Intervention Name]

Intervention Concept Model: Research

Research Lead: Researcher name

Engineering Lead: Engineer name

Data Analyst Lead: DA name

Intervention Definition	## Case Definitions - CONIC case definition(s) - LIST case definition(s), if applicable: - Other case definitions, if applicable: ## Intervention targets - Case definition(s) and/or proximal GBD outcomes mortality/disability, diseases, risks, important covariates, related targets) - Other important outcomes of the intervention - How well does GBD capture intervention targets (eg. missing risks, aggregate causes, etc.)?
Concept Model Diagram	**< Insert diagram here. See Template on HUB >**
Demographics	## Population - One of: Prospective, Retrospective, Both. - Earliest likely start year, earliest likely end year (approximate): - Smallest simulation time step (approximate): - Locations of Interest (the most likely 1-5 countries to be modeled, or if you need custom locations): - Size of largest starting population (approximate): - Youngest start-age & oldest end-age: - Exit age (at what age to stop tracking simulants): ## Fertility - Fertility (one of: None, Deterministic, Crude Birth Rate, Age-Specific Fertility):

	Other • Extenuating Circumstances (shocks, etc.) (if applicable): • Other population Restrictions (if applicable):
Minimal Model Implementation	## Coverage Gap Review the Hub documentation on coverage gaps. If your intervention fits the framework, provide the following: • Target(s) (risk/cause) • Existing Coverage • Effect size (multiplicative) • Treatment algorithm: likely specify target coverage & linear scaleup. Or describe the intervention scenarios do you want to explore, and what parameters would be useful for that exploration/sensitivity analysis ***If you are NOT using the Coverage Gap framework you must provide detailed description of the following:*** ## Effects • Intervention effect on targets (additive, multiplicative, etc.): • Does the size of the effect depend on the quality of treatment? On how long someone has been receiving the intervention? If so, how? Include equations and graphs where possible. ## Specification • Are the intervention targets specified in terms of something GBD models directly? If not, include a brief description of the targets and reference the relevant disease or risk section where you lay out the alternative modeling strategy for the intervention targets. ## Existing Coverage • Existing Coverage: Is there already coverage of the intervention in your target populations? How should we account for it? ## Treatment Algorithm • How do we alter the coverage of the intervention in the target population?

	• At what timestep (or date) does your change go into effect? Eg. one-time intervention; distributed over time; provided due to a specific event (eg health outcome or facility visit). ## Scenarios • What scenarios are you analyzing (e.g. community vs healthcare delivery platform)
Full Model Implementation	## Coverage Gap • Difference from minimal model implementation (if applicable) ## Effects • Difference from minimal model implementation (if applicable) ## Specification • Difference from minimal model implementation (if applicable) ## Existing Coverage • Difference from minimal model implementation (if applicable) ## Treatment Algorithm • Difference from minimal model implementation (if applicable) ## Scenarios • Difference from minimal model implementation (if applicable)
Risk Specifications If applicable	## [GBD Risk Name Here] (for each gbd risk) • rei_id • distribution of exposure data (One of: dichotomous, ordered polytomous, unordered polytomous, normal, lognormal, or ensemble) • Does your intervention require an alternative model of exposure? If so, what is it? Can we easily translate between your alternative model and the GBD model? • What diseases and measures (e.g. incidence rate, excess mortality, etc.) are affected by this risk? If you have an alternative exposure model, how is the effect size related? • Is this risk mediated by any other risks in your model. If so, how should we handle the mediation? • Are there any PAF of one relationships with causes in your model? If so, what do they mean and how should we handle them?

	- Does this risk apply only to certain ages or sexes? Any other restrictions? - What data sources are used to inform your risk model (if applicable)?
Cause Specifications	### [GBD Cause Name Here] (for each gbd cause…) - **cause_id** - Modelable_entity_id (if applicable) - What outcomes are affected by this cause? Either mortality, disability, or both. - Should this model include sequelae? - Should this model include etiologies? - Does this cause apply only to certain ages or sexes? Any other restrictions? - What data sources are used to inform your cause model? - Epidemiology Type, one of SI (susceptible-infected), SIS (susceptible-infected-susceptible), SIR (susceptible-infected-recovered), Neontal, Other (include description): - Deviation from standard calculation (if applicable):
Costing Strategy If applicable	### Unit Cost - How and when is the unit cost incurred? ### Programmatic Cost - Are your programmatic costs tied directly to the unit cost? If not, how and when are they incurred?
Desired Outputs	### Primary Model Outcomes - Total lives saved (total, and cause-specific) at country level (yearly & aggregate) - Change in (all-cause, and cause-specific) deaths per live birth (yearly) - Total intervention cost at country level (yearly & aggregate) - ICERs for all-cause & cause-specific deaths & YLLs (using aggregated costs, deaths, and YLLs) ### Secondary Model Outcomes - Change in U5MR per 100K (all-cause & cause-specific, yearly) - Change in risk exposure (yearly) ### Non-Standard Model Outcomes - For each non-standard outcome, provide a detailed description of how the outcome is calculated ### Stratification of Metrics

	• How should outputs be stratified? (Eg. by age, sex, risk exposure level, treatment category)