[Intervention Name]

Intervention Concept Model: Research

Research Lead: Researcher name

Engineering Lead: Engineer name

Data Analyst Lead: DA name

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| **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 GapDifference from minimal model implementation (if applicable)EffectsDifference from minimal model implementation (if applicable)SpecificationDifference from minimal model implementation (if applicable)Existing CoverageDifference from minimal model implementation (if applicable)Treatment AlgorithmDifference from minimal model implementation (if applicable)ScenariosDifference 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) |