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Answering the question: are we making a difference?

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Performance-based payment schemes are nothing new for not-for-profit organizations that use commercial business models, such as social marketing and social franchise programs. Perhaps because of their familiarity with using output-based budgeting processes, these programs have advanced the development of different types of modeling techniques for describing impacts on health outcomes, and applied these estimates to monitor programs worldwide. Tried and true estimates of health status have been used in new ways, and innovative estimates of equity are reported. Each of these developments is discussed in this special supplement, and each has something to say about the metrics that are used, and the usefulness of the results they produce.

The disability-adjusted life year metric (DALY) is a well-known measure of a population's disease burden, most commonly known for its use in estimating the global burden of disease. The construction of the DALY statistic has not been without controversy, particularly the relative valuation of some interventions over others and the specification of the weights that are assigned for the measurement of health losses. The Global Burden of Disease Study 2010 provided fresh re-estimations of these weights using large-scale, population-based data sources, representing a major advancement with the DALY metric [1,2]. The variation of the DALY metric to suggest the effectiveness of programs, the DALYs averted metric, is an attractive theoretical premise that several of the papers in this special supplement explore. Through the use of large-scale program performance data across multiple countries, these papers carefully develop original applications of the DALYs averted metric, tracking impact of a single program, and comparing programs across widely different settings. In the process, several interesting issues arise that are surely causing conundrums for managers. For example, the shift from counting the number of products sold to estimating health impact showed that it is the level of disease prevalence (and mortality rates) that will drive the DALYs averted count; smaller programs in high disease burden settings have a larger impact in terms of DALYs averted than large programs in settings with low disease prevalence [3,4].

There are a number of conceptual leaps made in the models being reported, particularly as they move from using products and service utilization statistics to estimat-

made by the number of contraceptive users served (which is derived from the number of products distributed). It is quite a stretch, but the analysis is elegant and the solutions to working around substitution effects are innovative, despite the several underlying assumptions and limitations imposed by the type of data that is used. The results are immediately relevant for national health policy and contribute to making the case for public-private partnership in achieving national health goals. In general, our understanding of the private health sector's expansion far outweighs information about its actual contribution to achieving national health goals. In part, this can be attributed to weak incentives for private sector networks to report utilization statistics to government. Increased understanding of the relative contribution made by private sector organizations will facilitate government regulatory oversight and strengthen public-private partnership linkages. The analytic approach discussed in this supplement is a step in the right direction - let's look for more such evidence as large-scale, not-for-profit programs continue to mature in their operations and relations with government.

Programs that are designed to reach the poor with subsidized services have historically experienced crowding out by the less poor, who are better able to overcome non-financial barriers to access. Ensuring that target populations are reached is an important function of impact metrics, particularly for social marketing and social franchise programs. Wealth quintiles have been an easily recognized and interpretable metric of equity. The concentration index is another measure that has the benefit of being comparable across different settings and times, as well as the drawback of being somewhat difficult to interpret. Additionally, the concentration index is comparable only to itself, thereby making it less useful in sectoral policy dialogue. A practical solution presented in in this supplement by Chakraborty et al. combines the two metrics and incorporates a national reference population for comparative analyses [5]. The results showed that social marketing programs were reaching groups that were wealthier than the national samples, tending towards the higher quintiles rather than the poorer. This challenges the notion that social marketing programs reach a different group than commercial marketing. As this finding goes to the heart of a basic strategy behind the social marketing concept, further evidence is needed to determine if the crowding out phenomenon is taking place and, if so, why. The

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