



GFAN Call: Update on the Equitable Access Initiative, 2 July 2015

Presenters

- Dominik Zotti, Senior Advisor, Office of the Executive Director of the Global Fund working on cross-Secretariat Initiatives including the EAI
- Prof. Brook K. Baker, Health GAP (Global Access Project) & Northeastern U. School of Law, Program on Human Rights and the Global Economy

Notes

NOTE: For all documents and the most-up-to date details on the EAI, [please visit the Global Fund's dedicated webpage](#)

Dominik Zotti presentation (see PDF)

- The EAI is a multi-partnership with GF with many co-conveners (listed in PDF)
- The income classification was created decades ago and has been used widely within these co-conveners. Shortcomings of this old system: need broader set of information to make informed decisions.
- Potential new indicators are listed in the presentation PDF.
- After [formal launch in February 2015](#), there was a [meeting with representatives](#) from governments, foundations, think-tanks, civil society, ecumenical, etc., nominated by co-convening organizations.
- Economic growth can come from rises in resource prices; levels are 'arbitrary'. Can see in middle-income countries that there are substantial health needs and high levels of inequality.
- To create scope they are now looking for analytic group to help create framework.
- Big challenge is data availability and some indicators are only available through proxy indicators. Hoping through analytical groups they can

development framework where indicators are replicable and relevant. These indicators will need to be finalized over coming weeks and could vary.

Indicators could be replaced based on programmatic needs.

- Work will be finalized for November. July & October analytical groups will meet co-conveners to discuss indicators, etc. Meeting attendees are limited so that it's focused on analytic group's presentation.
- General and technical consultations' dates are not confirmed, but looking for opportunities where they can meet with wide set of stakeholders for comprehensive feedback (outline in PDF). Also looking for feedback from civil society delegations (from UNAIDS, World Bank, etc.) to shape the consultations with civil society.

Prof. Brook K. Baker

- There's been silence from the initiative since mid-February, but there's been a lot of preparatory work that has been done since then. Now there's catch up on communications to partner organizations, civil society, etc.
- The presentation is useful from a civil society perspective and we do require more information in order to take the approaches on board.
- We want donors and countries to invest heavily in country health needs – we need additionality in funding instead of substitution. The eventual outcomes needs to help us advocate for increased funding from donor countries and countries.
- Political commitment is a complicated issue here related to countries. What will the consultation process be with countries that would be most affected by the new formula?
- Would like to have a system that is sensitive to continuums on income, health capacity, political commitment, human rights and vulnerable populations, etc. and provides support to countries along these continuums.
- The proposed flexible approach will offer the most promise as it will be adaptable.
- Requests more disclosure from the group as information comes in. We need to demand transparency during consultations.

- This is a welcome system, but as advocates we just need to be aware of potential use of the proposed funding approaches for drug companies' differential pricing schemes.

Dominik Zotti's response

- Capacity and stage of the process do explain some of the lack of information-sharing. In March, EAI meeting report was circulated, the launch for scope and had delegation meetings at GF board and have subsequently had meetings with other co-conveners. This process took longer than the anticipated 4 weeks to 3 months. This didn't allow any communication as they had nothing to pass along yet.
- 3rd week of July expect update circulated on Phase 1 work. More communication will be happening from now on.

Questions

1. Is the group open to other types of indicators such as conflict-related ones? What about indicator for 'treatment gaps'? Why hospital beds are used when the 3 diseases (HIV, TB, malaria) do not quite relate to this? Countries joining trade blocs – MICs eager to join, but then they confront higher prices for commodities. This indicator is not included here and could be included as variable. Health systems strengthening variables?
 - Presentation is a starting point based on scanning of proposals received, but there are an additional 80 indicators that have recently been presented and that includes political stability.
 - Yes, they're open to all indicators that can be measured and where there's data available for them.
 - The consultation process is there to get feedback on indicators.
 - This initiative is for many organizations and the GF is the only one that deals primarily with the 3 diseases. The other co-conveners have more interests, so that's why it goes beyond HIV, TB and malaria.
 - A flexible approach to indicators will allow different organizations to use what they need.

2. How does this feed into the GF strategy timeline?
 - Ideally this could have been launched a year and a half ago, but it's unfortunate it didn't line up. They are in constant touch with people working on the GF strategy. The analytical group is passing along information as it's developed to the GF so that it's reflected as much as possible.
3. Any qualitative variables being considered?
 - Qualitative indicators have come up in conversations but sense is that they will stay away from these as they are not measurable so it would be a challenge to include. But there will be issues that can't be quantified and so there will need to be more discussion around these.
4. Seems some things we need to be measured may be hard to do so – such as political willingness to fund contentious projects. How will this be considered?
 - Want to challenge group to measure access for vulnerable groups – this has been made as a request for the analysis and will push hard to have some conclusions around this.
5. Transparency and open data in countries – crucial hurdle. Will aid or health initiatives be in these indicators?
 - Data is an important question – can this initiative be the catalyst for greater measurement? Unit of analysis is country level, not multilateral, however.
6. Consultation and involvement with CS – will it be possible to be involved in more analytical conversations?
 - There are CS members on the technical working group. Advisory meeting is co-conveners plus CS members of the TWGs. Want this to be a process now that is outward-looking and is open to feedback.