EQUITABLE ACCESS INITIATIVE
Draft Project overview and timeline
Equitable Access Initiative (EAI)

Joint Initiative by nine convening organizations

Objective

Develop a more differentiated approach than traditional country classification by income to better understand countries health needs and capacities and inform decision making

Expected Outcome

A new health framework based on a broad set of economic, epidemiological, health system, performance and governance indicators

Conclusions from the First EAI Expert Panel Meeting
Convenors invited a high-level group of Experts to launch the initiative in Feb 2015

• Use of GNI/capita as a sole indicator inadequate
  • Masks poverty and inequality levels
  • Does not capture important dimensions of health and health-related capacities
  • Does not inform about capacity for domestic investments in health
• Increase in GNI/capita due to economic growth, natural resource prices or statistical recalculations
• Many countries recently transitioned to MIC status show high levels of inequality and health need
• MICs: 105 countries, 70% of the world’s population, 73% of world’s poor, 70% of disease burden
• Need to identify alternative indicators that better reflect health and development needs
Four Analytical Groups were shortlisted by a Technical Evaluation Committee (TEC) comprised of the convening organizations.

- **TEC members scored each of the proposals** based on technical approach/experience.
- TEC members convened on 12 May to review proposals and select the groups.
- TEC acknowledged a **broad range of approaches** and noted the high quality.
- TEC agreed on shortlisting four groups.
- Based on **very competitive final commercial bids**, currently contract negotiations with each.

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<th>Co-convener</th>
<th>Name of TEC member</th>
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<td>Gavi</td>
<td>Judith Kallenberg</td>
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<td>Global Fund</td>
<td>Michael Borowitz</td>
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<td>UNAIDS</td>
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<td>WHO</td>
<td>Gabriela Flores Pentzke Saint-Germain</td>
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**Shortlisted Analytical Groups**

- Norwegian Institute of Public Health
- University of Oxford
- University of Sheffield / Imperial College London
- University of Washington - Seattle / IHME
Illustrative list of variables considered by the analytical groups

**Epidemiological**
- Infant mortality rate
- Disease burden (Infectious disease)
- Life expectancy
- Child immunization
- Maternal mortality
- Premature death

**Economic**
- GNI per Capita
- GINI coefficient
- Poverty burden
- DALYs
- Cur. public health spending
- Out of pocket health spending
- Potential Gov. spending (Proxy)

**Health System**
- Number of doctors per 10,000 people
- Skilled birth
- Number of hospital beds per 10,000 people
- Number of other health workers per 10,000 people
- Waiting time to see a doctor

**Governance**
- Quality of governance
- Available tax base

**Other indicators**
- Quality of health services (Proxy)
- Absorptive capacity (Proxy)
- Health system efficiency (Proxy)
Different approaches adopted by the analytical groups

**Simple Formula based approach**
- Adjusting GNI per capita with indicators on inequality & health system quality

**Complex Formula based approach**
- Includes measurements of country level funding gaps by considering
  - Total and unmet health needs, financial risk protection, country effort & performance

**Comparative approach**
- Matrix of currently used indicators and frameworks
- Consultations and surveys to factor in preferences of different stakeholders
- Build a new framework based on findings that will include
  - Unmet health needs, inequality in health needs, access to service, efficiency of DAH

**Flexible overarching framework**
- Adjusts to unique programmatic needs of convening organizations and includes
  - Health needs, Disease burden, Absorptive capacity, Domestic resources, Gaps in funding for vulnerable populations
EAI Project Governance and Analytical Work

Expert Panel, TWG, Analytical Work and Advisory meetings

1. Expert Panel and Technical Working Group (TWG)
   - Two Expert Panel meetings and regular review of analytical work (electronically, conference calls) by TWG

2. Analytical Work
   - Conducted in three phases by multiple analytical groups
   - Phase 1 (June): Design Phase – preliminary analysis and draft methodology
   - Phase 2 (July-August): Proof of Concept – detailed methodology; set of indicators and variables; illustrative framework; first simulation; draft Report
   - Phase 3 (Sept-Nov): final methodology, framework and indicators; final simulations; final report

3. Analytical Advisory Meetings
   - Presentations by analytical groups to co-convenors for feedback from scientific advisors

4. Supporting Analysis
   - Development of a relevant data set
   - Mapping of indicators, allocation strategies, eligibility policies, transition and sustainability policies
EAI Project Timeline 2015-2016

**EAI Launch**

- 23 February: First Expert Panel Meeting
- Mid-July: TWG review of Phase 1 results
- 30 June: Phase 1 completed

**Analytical Work**

- Feb: Scope of Work Agreed
- March-April: Request for Applications
- Mid May: Analytical groups selected
- Mid-July: TWG review of Phase 1 results
- 31 August: Phase 2 completed
- Mid-Sept: TWG review of Phase 2 results
- Mid-November: TWG review of Phase 3 results
- 30 November: Final Phase 3 completed
- Regular calls with Analytical Groups

**Advisory Meetings**

- 28 July: Analytical Advisory Meeting
- 28 October: Analytical Advisory Meeting (tbc)

**Supporting Analysis, Activities, Products**

- February: Final report of Expert Panel Meeting
- March – April: Kick-off Analytical Work; Consultation Design
- May-June: Data Set Development Mapping of currently used Indicators
- September - October: Supporting analyses and first draft of Final report
- Nov-December: Draft Final Report and Recommendations circulated
- February - March: EAI Recommendations
- June: All findings released

**EAI Conclusion**

- 22 February 2016: Second Expert Panel Meeting
EAI Consultation Plan
Consultations in parallel to analytical work

1. General consultations
   - Inclusive stakeholder consultations to take place after Phase 2 and Phase 3 of the analytical work

2. Technical consultations
   - Four technical consultations with academic experts, ODA & civil society and private sector partners
     Potential venues and participants:
     • Milan: International Health Economics Association (iHEA) Conference (Host), Conference participants
     • London: Wellcome Trust, DFID, Oxford, Imperial, Sheffield, York U, NICE, and others
     • D.C.: Gates, CGD, USG, World Bank, IMF, IADB, Georgetown, Johns Hopkins, and others
     • Paris: Notre Europe Foundation, OECD, Science Po, AFD, MFA, and others

3. Civil Society and Private Sector consultations
   - Virtual and in-person consultations with civil society and private sector partners

4. Governance body consultations
   - Co-convenor consultations with respective governance bodies during their board and committee meetings