

EQUITABLE ACCESS INITIATIVE

Draft Project overview and timeline

Equitable Access Initiative (EAI)



Empowered lives.
Resilient nations.

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 based a broad set of economic, epidemiological, health system, performance and governance indicators

More information: www.theglobalfund.org/en/equitableaccessinitiative/

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

Co-convenor	Name of TEC member
Gavi	Judith Kallenberg
Global Fund	Michael Borowitz
UNAIDS	Salil Panakadan
UNDP	Tenu Avafia
UNFPA	Renee Van de Weerd
UNITAID	Gelise Mccullough
WHO	Gabriela Flores Pentzke Saint-Germain
World Bank	Michael Kent Ranson

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

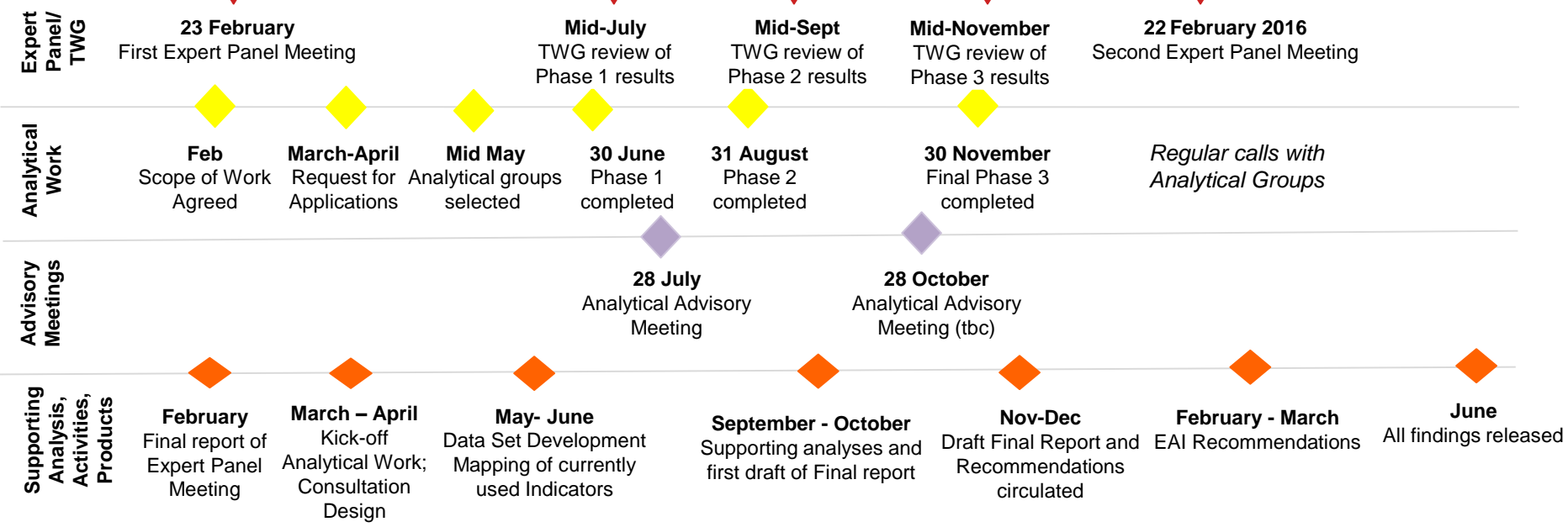
3. Analytical Advisory Meetings

- 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 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

EAI Consultations Plan 2015

