EQUIST:
Putting data to work for the most deprived

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Institutionalizing Community Health Conference
EQUALITY VS. EQUITY

Treat everyone the same way

Treat different people differently - so that there is true equality of opportunity
Equity in Child Survival, Health, and Nutrition 2

The comparative cost-effectiveness of an equity-focused approach to child survival, health, and nutrition: a modelling approach

An equity focus
- Is cost effective
- Accelerates progress
EQUIST LINKS AND COMPLEMENTS EXISTING TOOLS

- Budgeting and Fiscal Analysis tools
- Epidemiological Analysis tools
  - IGME/CHERG
  - DHS/MICs
  - Bottleneck Analysis
- LiST
- Issue specific planning & analysis tools
- Health sector Costing planning tools
LIFE SAVING STRATEGIES USING A SIMPLE 7-STEP APPROACH

1. Identify priority **populations**
2. Determine which **disease** explain inequity
3. Determine right balance **interventions**
4. Identify **bottlenecks** that disrupt service
5. Pinpoint **causes** of bottlenecks
6. Select **strategies**
7. Compare **impact and cost effectiveness** of scenarios

Causal analysis

Theory of change
STEP 1: IDENTIFY PRIORITY POPULATIONS

Based on patterns of deprivation by geographic location, residence, wealth status, and ethnicity

Cameroon IGME 2014 disaggregated based on MICS subnational distribution 2014
STEP 2: DETERMINE WHICH DISEASES EXPLAIN INEQUITY AMONG CHILDREN AND WOMEN

Estimated through LiST applied on Cameroon MICS 2014
STEP 3: DETERMINE WHICH INEQUITY IN INTERVENTIONS COVERAGE RESULT IN EXCESS DEATHS

Excess Deaths by Wealth Quintile due to Inequity of Coverage

Estimated through LiST applied on Cameroon MICS 2014
**STEP 3: DETERMINE THE RIGHT BALANCE OF THESE INTERVENTION BY SERVICE DELIVERY MODE**

<table>
<thead>
<tr>
<th>Community Practices</th>
<th>Preventative Services</th>
<th>Clinical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>Family planning</td>
<td>Curative services for children</td>
</tr>
<tr>
<td>Environmental safety/ITNs</td>
<td>Antenatal care</td>
<td>Skilled birth attendance</td>
</tr>
<tr>
<td>Neonatal &amp; infant feeding and family care</td>
<td>Immunization</td>
<td>Emergency Obstetric and neonatal Care</td>
</tr>
</tbody>
</table>

*Images depicting community practices, preventative services, and clinical care.*

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*[Image credit: UNICEF]*
Steps 1-3: Results-focused “Vertical” approaches (emphasis on specific diseases/programmes/technologies)

Once Priority interventions (technologies) → Group them by package/delivery platform, i.e., health Sub-system.

Analyze Subsystem bottlenecks
STEP 4: IDENTIFY BOTTLENECKS THAT DISRUPT SERVICE DELIVERY

**Supply**
- Availability of commodities
- Availability of Human Resources
- Geographic Accessibility

**Demand**
- Financial Affordability
- Sociocultural acceptability

**Continuity**
- Initial Utilization
- Adequate coverage
- Effective Coverage

**Quality**

Bottleneck can occur at any juncture
STEP 4: IDENTIFY BOTTLENECKS THAT DISRUPT SERVICE DELIVERY

Use of quantitative proxy indicators to assess each of the bottlenecks

- Availability of commodities
- Geographical Accessibility
- Availability of Human Resources
- Financial affordability
- Socio Cultural Acceptability
- Initial Utilisation
- Adequate coverage
- Effective Coverage
**STEP 5: PINPOINT ROOT CAUSES OF BOTTLENECKS WITHIN A POPULATION**

<table>
<thead>
<tr>
<th>Bottleneck</th>
<th>Common Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability</strong></td>
<td>Delayed or insufficient procurement</td>
</tr>
<tr>
<td></td>
<td>Inadequate storage and distribution</td>
</tr>
<tr>
<td></td>
<td>Capacity gaps for local supply management</td>
</tr>
<tr>
<td></td>
<td>Inadequate equipment for local storage and distribution</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>Insufficient number of providers</td>
</tr>
<tr>
<td></td>
<td>Inadequate numbers/distribution of access points/ facilities</td>
</tr>
<tr>
<td></td>
<td>Inadequate deployment of providers to remote locations</td>
</tr>
<tr>
<td></td>
<td>Contextual challenges (insecurity, informal settlements, difficult terrain, nomadism)</td>
</tr>
<tr>
<td><strong>Affordability</strong></td>
<td>Direct, OOP at point of service</td>
</tr>
<tr>
<td></td>
<td>Indirect, transport, opportunity costs, etc.</td>
</tr>
<tr>
<td><strong>Socio-Cultural Acceptability</strong></td>
<td>Lack of awareness and misconceptions regarding interventions/practices</td>
</tr>
<tr>
<td></td>
<td>Weak social support for desirable practices (traditional beliefs and social norms)</td>
</tr>
<tr>
<td></td>
<td>Poor interpersonal communication skills among providers</td>
</tr>
<tr>
<td></td>
<td>Discriminatory attitudes of providers towards target population</td>
</tr>
<tr>
<td><strong>Continuity/Timeliness</strong></td>
<td>Lack of awareness/ misconceptions about the importance of timely and continued care-seeking</td>
</tr>
<tr>
<td></td>
<td>Weak social support for desirable practices (traditional beliefs and social norms)</td>
</tr>
<tr>
<td></td>
<td>Inadequate management/ incentives for providers</td>
</tr>
<tr>
<td></td>
<td>Unpredictable/ unreliable means of transportation</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Providers lacking required skills</td>
</tr>
<tr>
<td></td>
<td>Provider lacking required equipment or infrastructure</td>
</tr>
<tr>
<td></td>
<td>Provider lacking motivation to ensure quality of care</td>
</tr>
</tbody>
</table>
STEP 6: EMPIRICALLY EVALUATE AND SELECT FROM A HOST OF EFFECTIVE STRATEGIES

- To mitigate the causes of key bottlenecks.
- A comprehensive review of the quantitative evidence of HSS strategies has recently been completed.

### Conditional Cash Transfers

<table>
<thead>
<tr>
<th>Sub-Strategy</th>
<th>Outcome</th>
<th>Prepared for</th>
<th>Consensus (Low, Medium, High)</th>
<th>Level of evidence (Low, Medium, High)</th>
<th>Additional note (Low, Medium, High)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditional Cash Transfers</td>
<td></td>
<td>1.49</td>
<td>Medium</td>
<td></td>
<td>Honduras only</td>
</tr>
<tr>
<td>Pregnancy in 3rd trimester visits</td>
<td>0.68</td>
<td>Inconclusive</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of pentavalent vaccine</td>
<td>1.10</td>
<td>Replace with</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of first dose DPT3 pentavalent vaccine</td>
<td>1.07</td>
<td>Appropriate</td>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage of coverage for pregnant woman</td>
<td>1.08</td>
<td>Low to High</td>
<td>M</td>
<td></td>
<td>Honduras only</td>
</tr>
<tr>
<td>Coverage of measles vaccine</td>
<td>1.03</td>
<td>Replace with</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children 12-23 months with current vaccinations</td>
<td>1.97</td>
<td>Low to High</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>Mean diff</td>
<td>0.05</td>
<td>0.01 to 0.34</td>
<td>M</td>
<td>2 studies only</td>
</tr>
<tr>
<td>% of people testing who picked up HIV test results</td>
<td>1.00</td>
<td>Rejected</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added by HSS: Full age appropriate vaccinations</td>
<td>Not proposed</td>
<td>-0.01 to 0.10</td>
<td>M</td>
<td></td>
<td>Immunization coverage was already high in Honduras (72%)</td>
</tr>
</tbody>
</table>
Quantifying the number of lives saved and the associated cost, if these generated strategies are implemented.

**Impact: Estimated number of lives saved by cause**

- **Prematurity**: 7,000 deaths avertible
- **Diarrhea**: 6,000 deaths avertible
- **Sepsis**: 5,000 deaths avertible
- **Pneumonia**: 4,000 deaths avertible

Estimates based on LiST applied on Cameroon MICS 2014.
EQUIST 1.0 Launched Jan 2016
- Review of Evidence base for HSS strategies
- Ongoing development of Version 2.0:
  - New thematic areas: Adolescent health, reproductive health, nutrition,
  - Inclusion of updated evidence base for HSS strategies
  - Stronger focus on district level analysis
PARTNERSHIPS

- BMGF, World Bank, WHO, USAID – Active engagement and support
- Other partnerships with academic institutions: U. Pelotas, IHME, University of Melbourne, New York University..
INITIAL ROLLOUT

- Orientation/training to government, H6 staff, partners.
- Support GFF investment case development (DRC, Cameroon, Mozambique,...)
- Support development of national health strategies, UNICEF country programme development (Bolivia, Haiti, Sudan, Guinea Bissau, Kenya, Ghana, Sierra Leone, Malawi, Senegal,...)
Agreements with academic institutions to provide support to countries.

Training modules under development

Partnership with WHO, WB, USAID, others to provide support/capacity building.
EQUIST: PUTTING DATA TO WORK FOR THE MOST DEPRIVED

www.equist.info

EQUIST DEMONSTRATION VIDEO