

Monitoring and Evaluating Fairness in Scaling up ARTs

Norman Daniels, HSPH

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Overview

- **Basic Concepts**
 - “Fairness” as Equity, Accountability, Efficiency
 - Key aspects of equity
 - Accountability --For what? To whom?
 - Fair process and reasonable disagreements about equity/efficiency tradeoffs
- **Monitoring and Evaluating**
 - Disaggregated data
 - Some key indicators
 - Impact on accountability, harmonization

Goals of Health Policy

1. Improve population health

- Maximally improve traditional aggregate measures of outcomes

2. Distribute health fairly

- Equity
- Reduce disparities
- Legitimacy in priority and limit setting

***OBLIGATIONS OF JUSTICE TO PURSUE 1
& 2***

GOALS 1 & 2 MAY CONFLICT

Historical Development of the Benchmarks of Fairness

- 1993 Clinton Task Force
- 1996 *Benchmarks of Fairness for Health Care Reform* - Oxford University Press.
- Pilot work in Pakistan, 1997
- 1999-2000 Adaptation: Pakistan, Thailand, Colombia, Mexico:
 - Daniels, Bryant et al *Bulletin of WHO*, June 2000
- 2001-3 Demonstration Phase: Mexico, Portugal, Pakistan, Thailand; Vietnam, Cameroon, Ecuador, Guatemala, Chile, Yunnan (China), Zambia; Brazil, Colombia, Guatemala
 - Daniels, Flores et al *Bul WHO*, 2005
 - Daniels *AJPH* 2006

Nine benchmarks and corresponding concerns of fairness

Benchmark	Concern of Fairness
B1 Intersectoral Public Health	EQUITY
B2 Financial Barriers to Equitable Access	
B3 Nonfinancial Barriers to Access	
B4: Comprehensiveness of Benefits and Tiering	
B5 Equitable Financing	
B6 Efficacy, Efficiency, and Quality Improvement	EFFICIENCY
B7 Administrative Efficiency	
B8 Democratic Accountability and Empowerment	ACCOUNTABILITY
B9 Patient and Provider Autonomy	

Equity--key aspects

- Unjustifiable inequalities across demographic groups (Whitehead/Dahlgren-- avoidable, unnecessary, unfair; Daniels-- result of unjust distribution of socially controllable factors affecting population health)
 - Gender inequality in prevalence
 - Urban/rural inequalities in access
 - Children/adult access
 - Vulnerable, stigmatized groups
 - Immigrants-- large numbers in some countries untreated

Accountability

- Upward (to Congress)
- Horizontal (among global partners)
- Downward (beneficiaries, focus countries)
 - Fair process in setting goals, implementation
 - “accountability for reasonableness

Reasonable Disagreements

- Cost recovery
- Patient selection criteria
- Site selection
- Preferred Groups

(Daniels *Lancet* 2005, also
background paper for WHO 2004)

More reasonable disagreements

- Forms of equity/maximization tradeoffs
 - Best outcomes vs fair chances Problem
 - Aggregation Problem
 - Priorities Problem

All arise in different scale-up decisions

(accountability downward) accountability for reasonableness

- Publicity (transparency)
- Relevant reasons (as judged by appropriate stakeholders)
- Revisability (in light of new evidence, arguments, appeals)
- Enforceability (assurance that other conditions are met)
 - Daniels and Sabin, *Setting Limits Fairly*, OUP 2002; see also WHO Guidelines for Equity (2004) and IOM *Valuing Health* Ch 4; Daniels *Lancet* 2005.

Health maximization and sustainability

- Getting treatment numbers up ASAP
 - Vs some equity issues
 - Vs some quality issues
- Integrating treatment with rest of health system
 - Primary care integration
 - Impact on health personnel
 - Sustainable financing

M & E--key issues, indicators

- Basic equity issues
 - Disaggregated treatments by gender, age, distance from treatment center or urban/rural vs prevalence, employment status or other SES measure, vulnerable groups & immigrants
- Integration with health system
 - Treatments by type of site/local prevalence
 - Impact on other primary health care, health workers; levels of health workers deployed
 - Integration with essential drugs/stockout measures
- Fair process in setting goals, implementation
 - Stakeholder involvement,
 - Transparency--publicly available documentation

M & E--accountability

- Uniformity of key indicators for comparability
 - uniformity in reporting, data collection
- Importance of pattern vs index
 - Goal is to know what to improve (has accountability implications in all directions)
- Publicity of M & E results
 - Key to ongoing downward accountability
 - Important to horizontal accountability
 - What works?
 - Improved coordination among donors, other partners
 - More than aggregate numbers relevant to upward accountability

M & E-- harmonization

- Uniform data collection and M&E facilitates harmonization by allowing specific grasp of what is working well and what not
- Working toward agreement on aspects of equity, accountability, and efficiency that will be focus of M&E also promotes harmonization
- Since countries must take ownership of efforts within them, there must be room within the framework of M&E for differences in some judgments about priorities

Bottom Line

- Room to improve M&E for PEPFAR
- More aspects of equity
- Accountability Downward and other directions
- Health System Integration and sustainability
- Harmonization