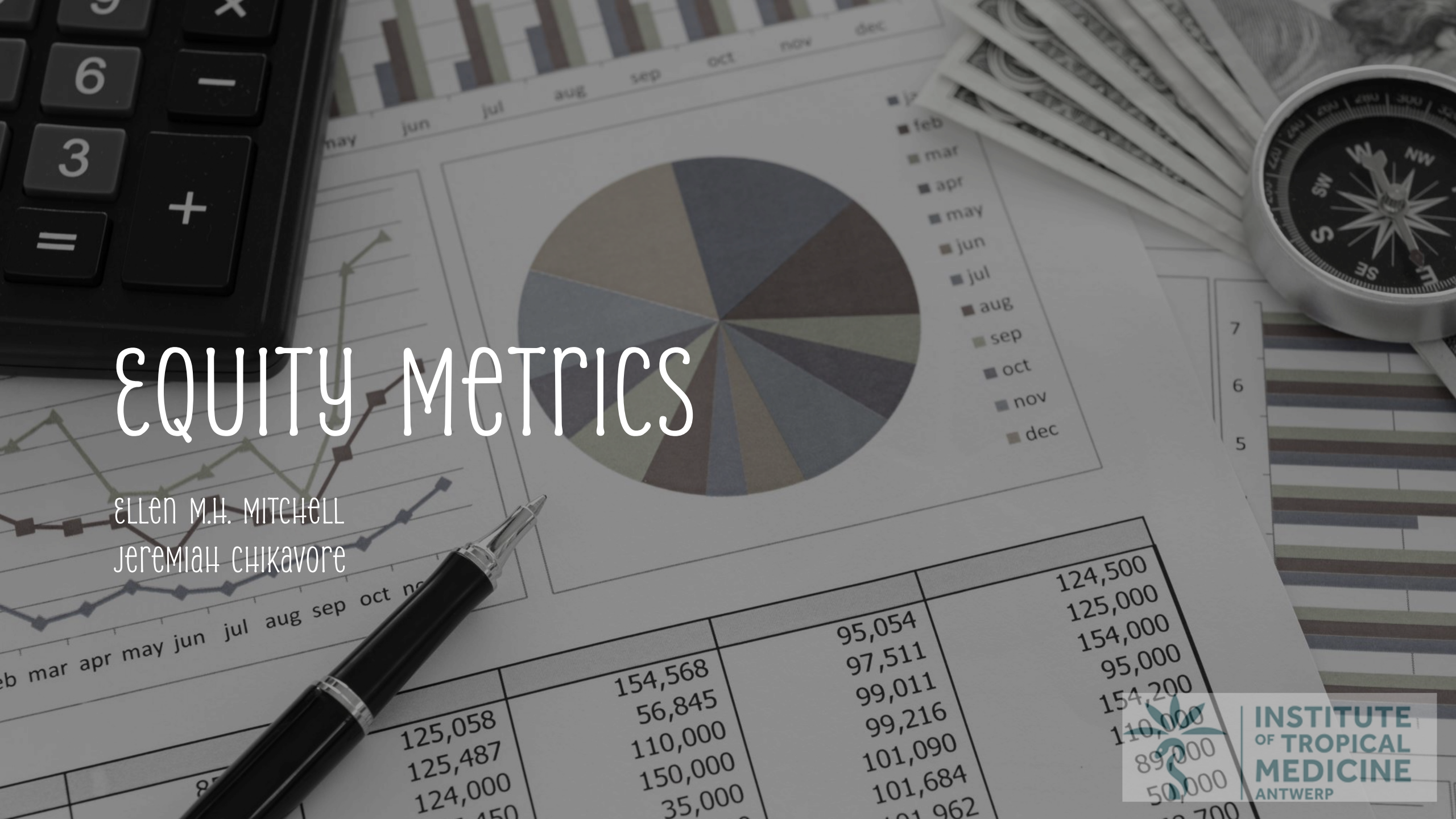

Equity Metrics

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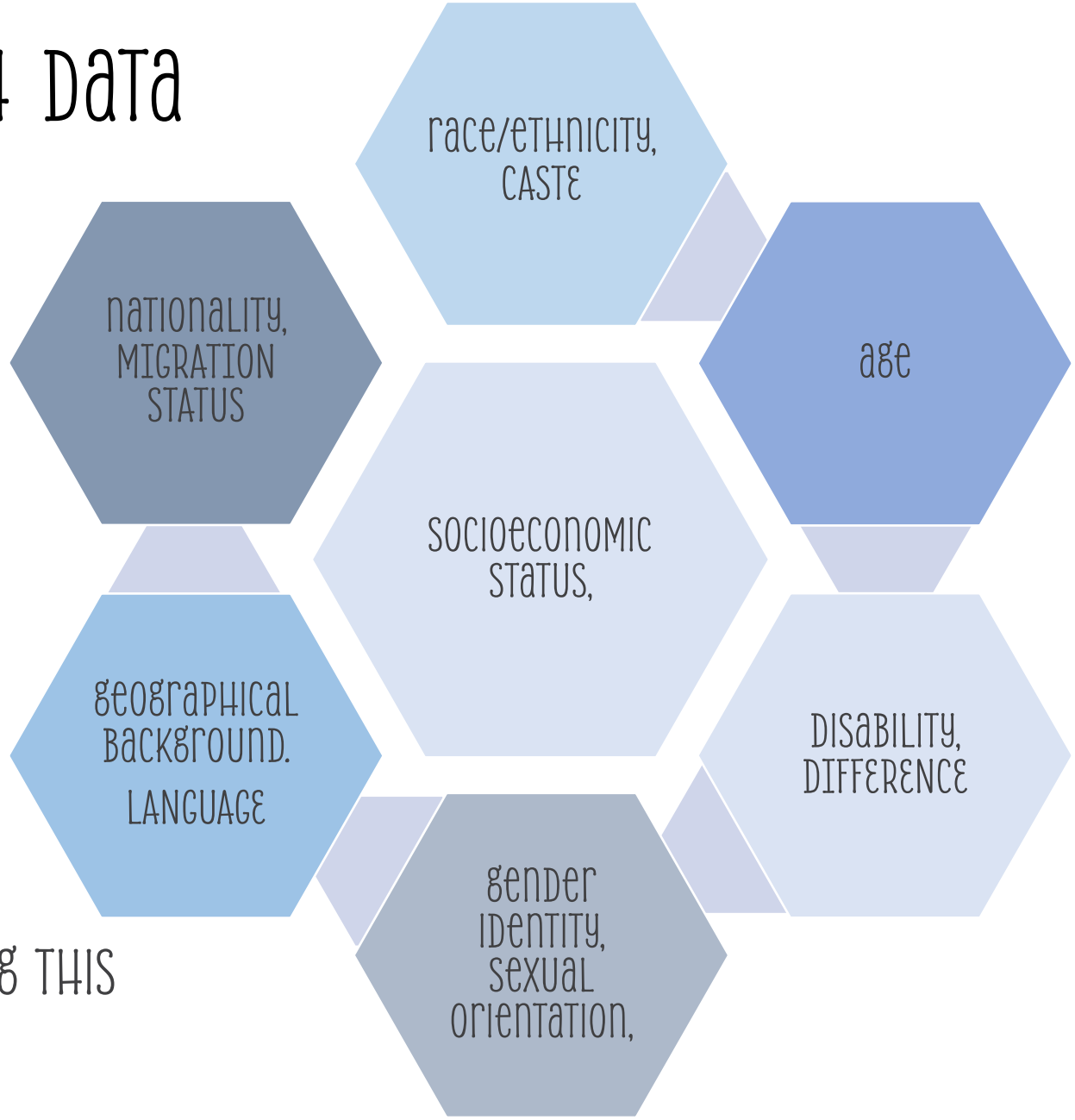
Equity requires so much data

- Health Affairs definition:
- Equity in health care is when every person has the opportunity to attain their full potential of health, and

no one is disadvantaged from attaining this potential due to:



There is an assumption that equity is soft and difficult to measure; however, there are several metrics, and the challenge could be which one to use (Adler 2010).

- Examples of equity metrics (Adler 2010)
  - Cost-benefit analysis with distributive weights
  - Social welfare functions
  - Inequality metrics (e.g., Gini coefficient)
  - Multidimensional poverty metrics
  - "Social gradient" metrics
  - "Incidence" analysis

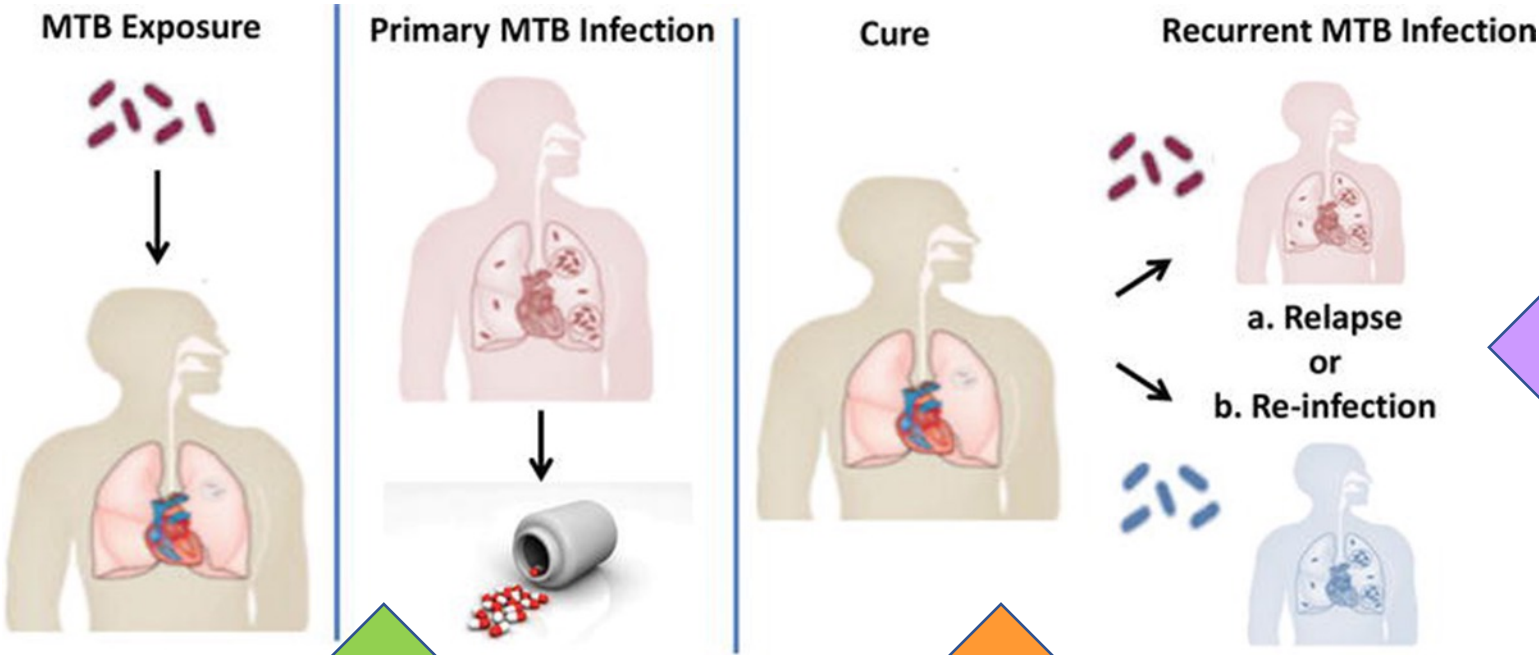
Equal chance of **controlling it** if we do meet MTB

Equal chance of a **timely Dx**

Equal chance of **disability-free cure**

Equal chance of **meeting** MTB

Equal chance of **accessing primary prevention tools**

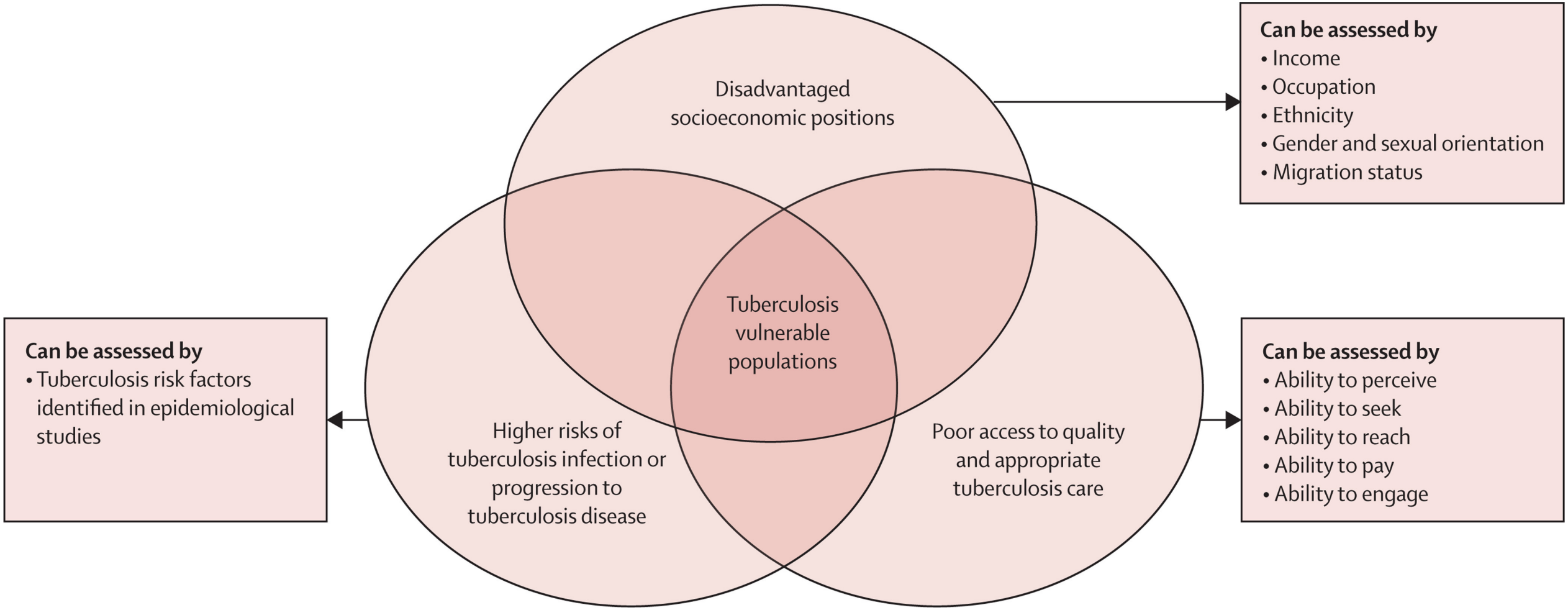


Equal chance of **preventing progression** to disease via 2ndary prevention tools

Equal access to **effective & acceptable Tx**

Equal chance of staying **TB-free**

Equity metrics: epi, social, geo, eco

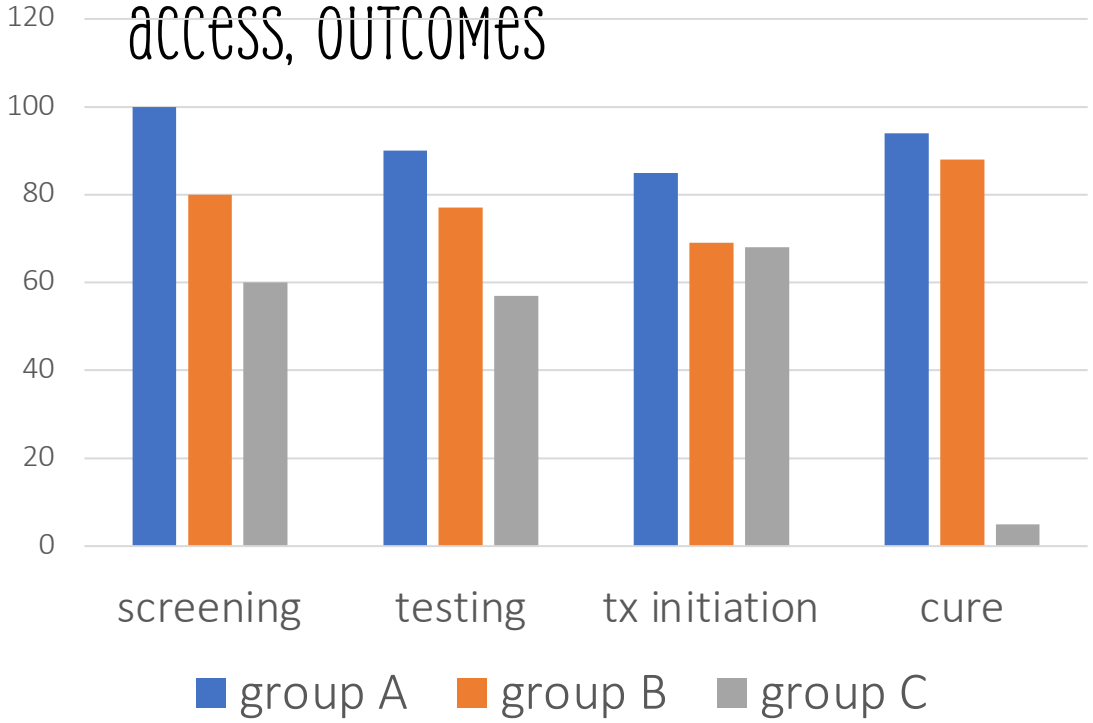


Burden of tuberculosis among vulnerable populations worldwide: an overview of systematic reviews
Stefan Litvinjenko, MPH, Olivia Magwood, MPH, Shishi Wu, PhD, Prof Xiaolin Wei, PhD Lancet. https://doi.org/10.1016/S1473-3099(23)00372-9

Metrics for conceptualizing inequity

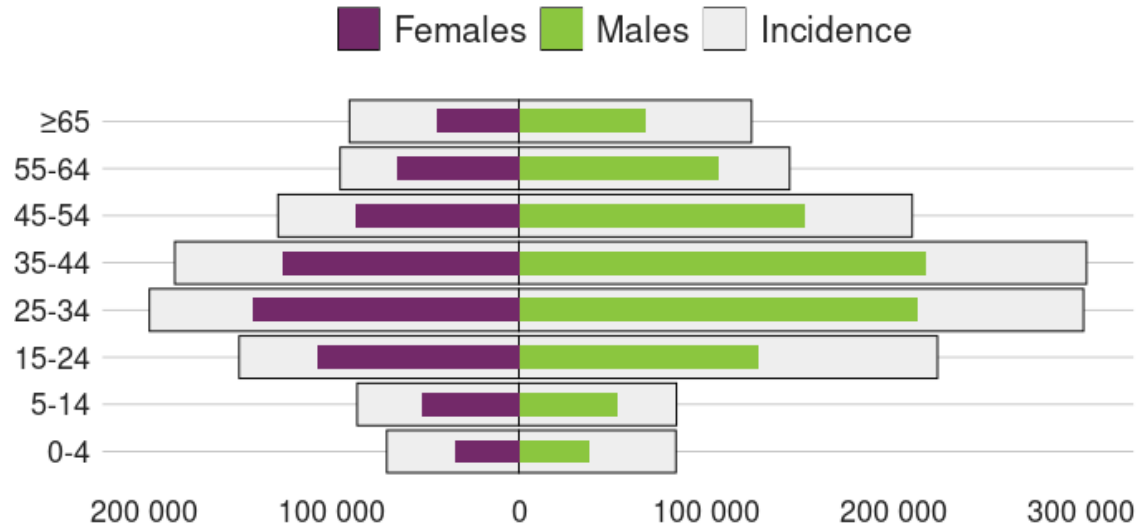
Disaggregated or stratified measurement *that assume parity of need:*

Calculating group-specific differences in access, outcomes

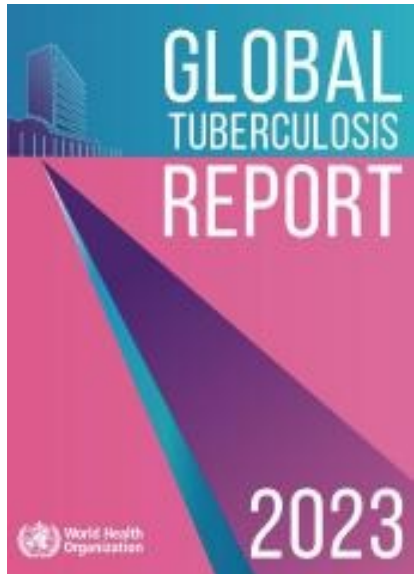


Magnitudes of disparity (gap comparisons) that take into account *varying need*

- Shrinking the size of the gaps in groups' access, outcomes – when gap size differs



WHO GLOBAL TB REPORT 2023

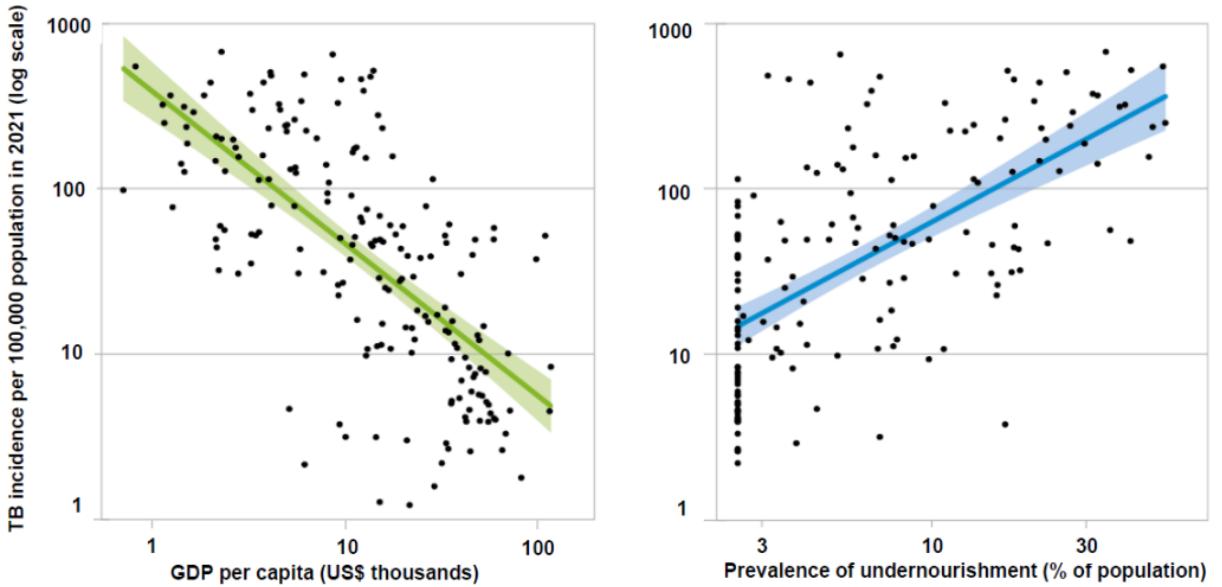


New equity metrics 2023

- Prison notifications & outcomes
- Some of the key equity metrics are still missing or imprecise/not credible:
  - Disaggregated mortality
  - Inequity in data gathering infrastructure -deaths

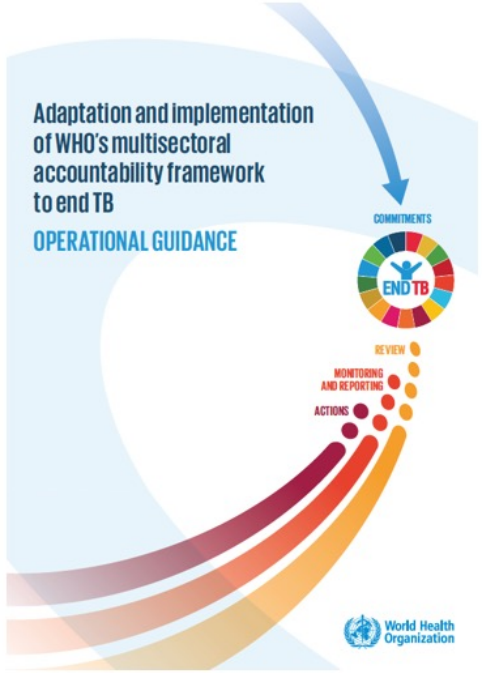
TB determinants

Relationship between TB incidence, income and undernourishment



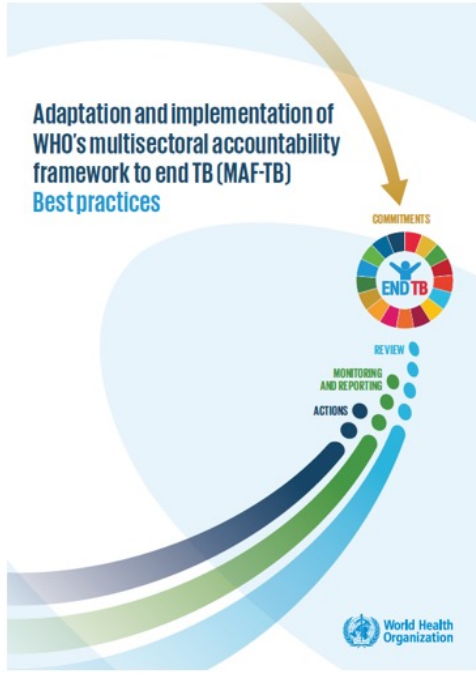
World Health Organization

MAF – Multi-stakeholder accountability framework



Operational guidance

Step 1	Enable a conducive environment to initiate MAF-TB at national/local level, including close engagement with civil society
Step 2	Undertake a MAF-TB baseline assessment
Step 3	Set up or strengthen a national multisectoral coordination and review mechanism
Step 4	Establish links with sectors and ministries beyond health, including the private sector
Step 5	Develop a MAF-TB component or implementation plan
Step 6	Strengthen advocacy and resource mobilization for national MAF-TB implementation
Step 7	Promote universal health coverage and address health-related risk factors in national MAF-TB implementation
Step 8	Facilitate equitable access to ethical, people-centred, rights-based TB services and address the key drivers of the epidemic
Step 9	Undertake regular monitoring and reporting on national MAF-TB implementation
Step 10	Ensure periodic reviews of the multisectoral TB response



Best practice

INCLUSION IN DATA INTERPRETATION

- concern with who is at the table
- whether they are truly representing their constituencies

World Health Organization

III. MONITORING AND REPORTING	Yes	No
a) Civil society and affected communities are involved in regular monitoring meetings of the National TB Programme	☐	☐
b) Civil society and affected communities are consulted in design of major TB-related surveys	☐	☐
c) Civil society and affected communities are involved in design and conduct of gender, stigma and/or legal environment assessment, if done*	☐	☐
d) Civil society audits for service review/access assessment are done*	☐	☐
e) Roles and activities of civil society and affected communities are addressed in annual National TB Report	☐	☐
f) Specific indicators on civil society engagement are measured	☐	☐
g) Indicators are set with or by civil society and affected communities for assessing their own accountability in the TB response	☐	☐
*see Stop TB Partnership related tools for these		

World Health Organization

II. ACTIONS	Yes	No
Have representatives of civil society, affected communities, or civil society coalitions, been identified and engaged to:		
a) Develop an inventory of relevant civil society organizations and key TB-affected communities and advocates to engage to End TB	☐	☐
b) Establish a TB civil society forum or equivalent	☐	☐
c) Help set a transparent process to nominate representatives of civil society and affected communities to serve on any multisectoral and multi-stakeholder coordination and review bodies/mechanisms addressing the TB response	☐	☐
d) Ensure that appointed civil society and affected community representatives in coordination and/or review bodies/mechanisms seek input from broader constituencies and report back on outcomes	☐	☐
e) Participate in national strategic planning and budgeting	☐	☐
f) Participate in yearly operational planning and budgeting	☐	☐
g) Participate in development of national guidance and operational manuals/tools	☐	☐
h) Participate in TB service delivery/community-based TB care ("Engage TB" approach) and patient/affected household support	☐	☐
i) Participate in relevant capacity-building of health workers	☐	☐
j) Participate in any national TB/health research forum or network and national research agenda-setting, including clinical and operational research	☐	☐
k) Collaborate with civil society fora/coalitions addressing other health priorities & sectors	☐	☐
• There is a dedicated yearly operational budget exists to support their work	☐	☐
• There is a dedicated focal point in the National TB Programme to support them	☐	☐

seems to be measuring the extent that TB programs are working together with the various institutions & constituencies responsible for the structural and enabling environment for effective TB services

BUILDING THE EQUITY METRICS VIA PARTNERSHIPS

World Health Organization

MAF-TB - Checklist Annexes

Annex 1: Ministries/Bodies engaged in Ending TB

Note: There is no expectation that answers should be given to all entries below. A specific selection of ministries will be relevant depending on local epidemiology, government structures, ministerial responsibilities etc.

Ministry/Body *Listed in alphabetical order Titles vary by country*	**Engaged with Ministry of Health in Ending TB**	**Budget is assigned for roles**	**Defined roles/activities** (note also if these are formalized through law, cross-ministry MOU, etc., and who is responsible, e.g. Minister, Director, other official)	**Indicators set for performance measurement**
Agriculture	☐	☐		
Defense/Armed Forces	☐	☐		
Education	☐	☐		
Foreign Affairs/External Affairs	☐	☐		
Finance	☐	☐		
Gender/Women's Affairs	☐	☐		
Human Rights Commission	☐	☐		
Information/Communications	☐	☐		
Internal Affairs/Home Affairs	☐	☐		
Justice/Corrections	☐	☐		
Mining/Natural Resources	☐	☐		

Equity metrics as identity politics

- In TB currently we care less about ***what*** we measure than ***who*** is doing the measuring. Anything that is social, is preferably measured by a survivor-
- Community-based monitoring (CBM) is central, even if the metrics are the same as before

DIAGRAM 1: What community-led monitoring is and what it is not

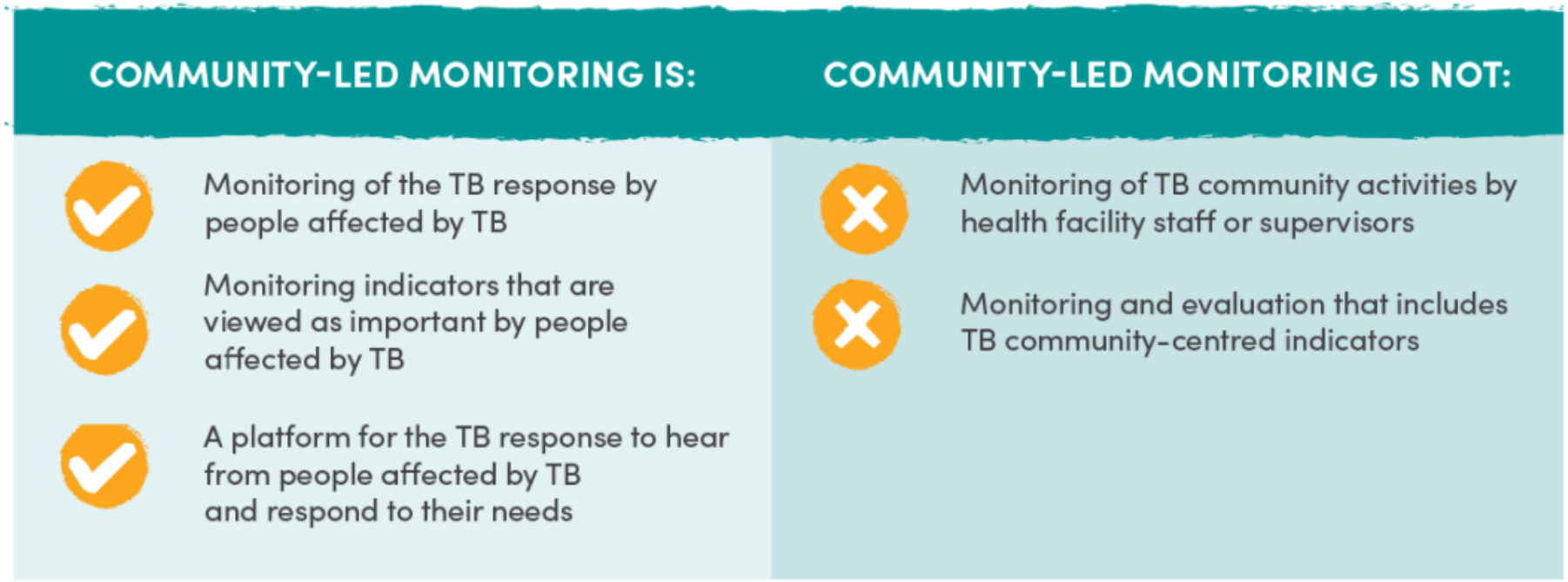


Table 1: Four common models of community-led monitoring[31]

MODEL	KEY APPROACHES	EXAMPLES
MODEL 1 DOWNWARD ACCOUNTABILITY	Community hotlines Complaint handling systems Community feedback meetings	Save the Children's "Complaint and Feedback Mechanism" World Vision's "Citizen Voice and Action" OneImpact
MODEL 2 CITIZENS AS SERVICE DELIVERY WATCHDOGS	Web-based online monitoring and reporting Community-driven operational research and quality improvements (e.g., needs assessments) Citizen charters Advocacy and campaigns	ITPC, Community Treatment Observatories Citizen Health Watch, Zimbabwe Stop Stockouts campaign Community user groups within Bamako Initiative (esp. in Benin, Guinea and Mali) Local health councils, Brazil
MODEL 3 LOCAL HEALTH GOVERNANCE MECHANISMS	Participatory budgeting and procurement tracking via local health committees Community oversight committees	Crisis intervention teams, Avahan—the India AIDS Initiative
MODEL 4 SOCIAL AUDITS	Community Score Cards Public hearings	CARE's Community Score Cards National Rural Health Mission, India STP / O'Neill Institute Enabling Environment Score Cards

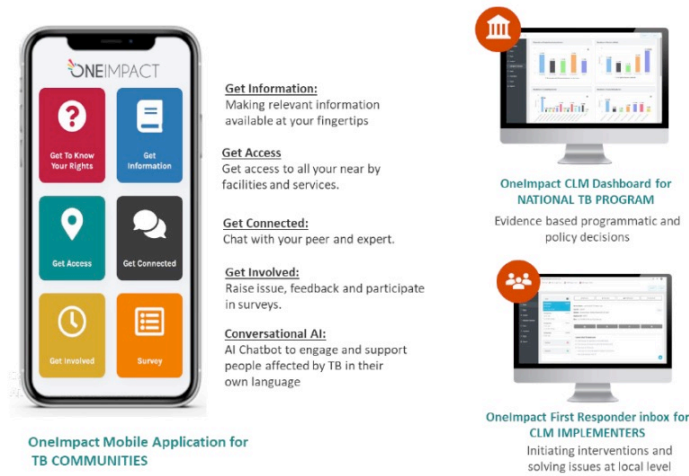
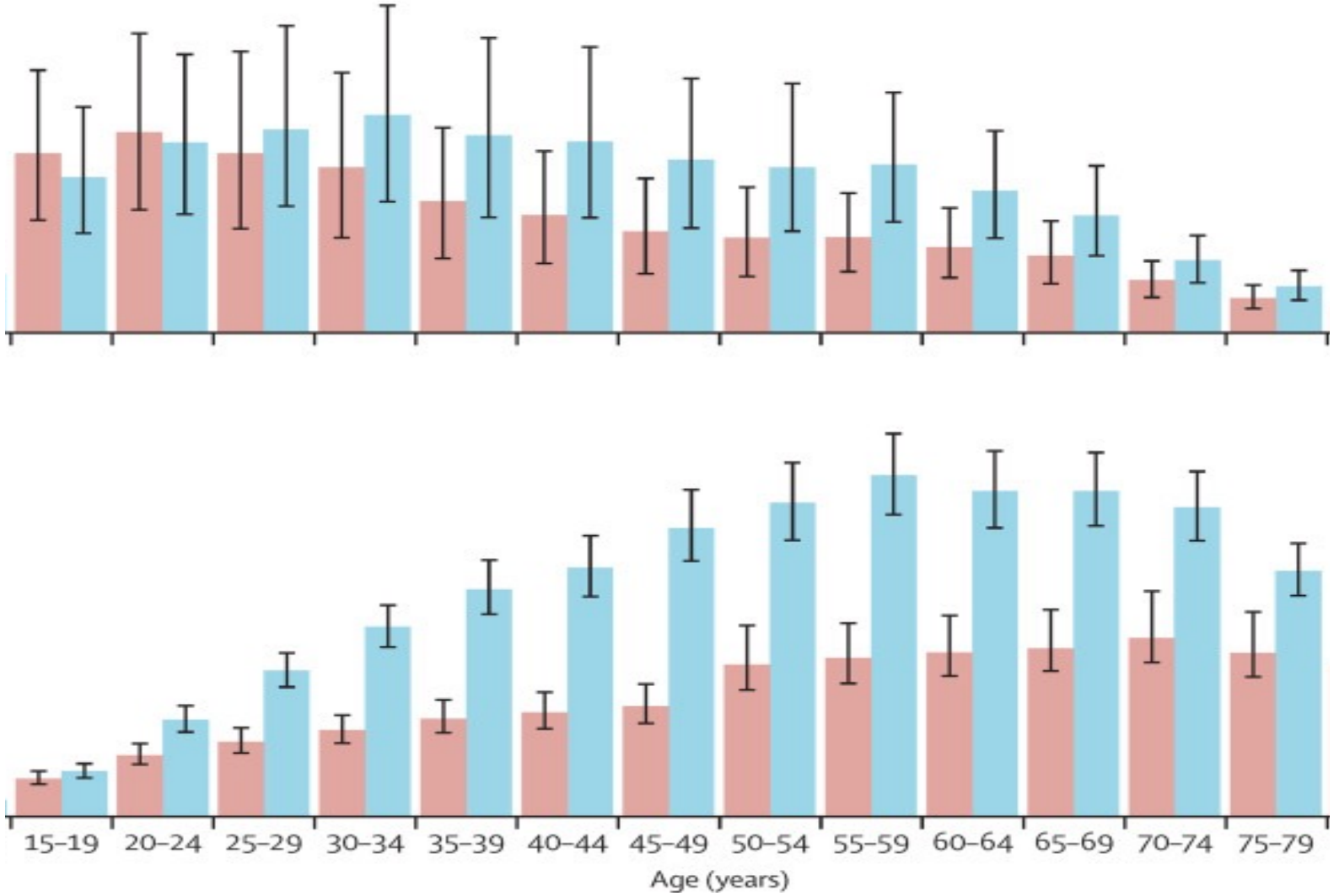


Figure 2: OneImpact Digital Platform

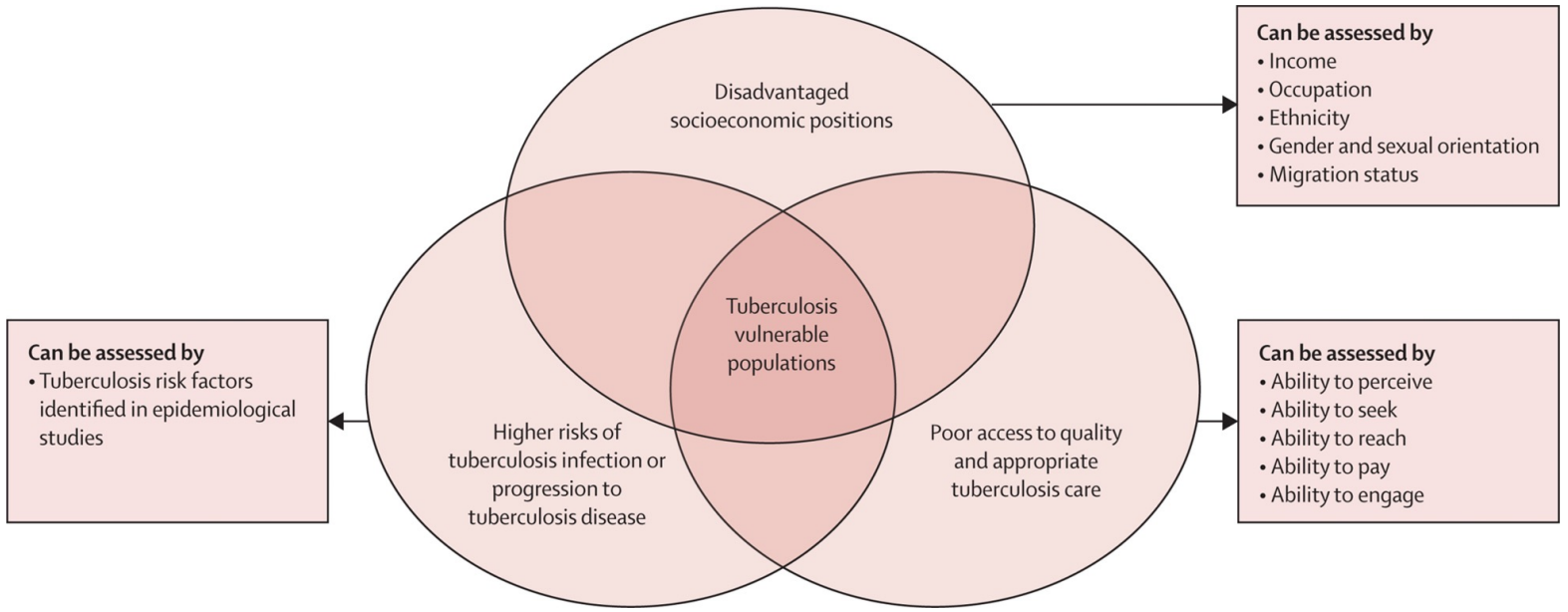
"Dilemma of Intersectionality?"

- Problematic to measure equity on the basis of a single patient dimension, as people have a constellation of characteristics and social positions and may experience multiple forms of marginalization contributing to disparities in care and health outcomes, health care access, community disinvestment, structural racism, and implicit bias



"Clustering of disadvantage"

- joint frequency of deprivations
- Wolff and de-Shalit (2007. *Disadvantage*.) call the "clustering" of disadvantage



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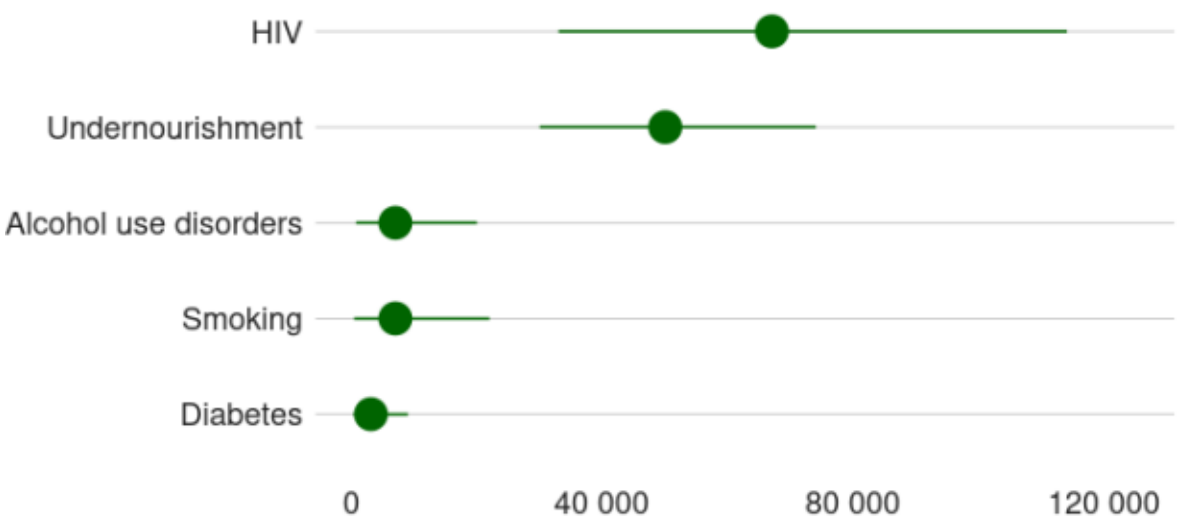
Intersectional Dilemma

- Cost-benefit analysis with distributive weights
  - The question of defining the costs and the benefits.
  - I.e. building the metrics must include **diverse voices of those impacted the costs or benefits**
  - **<u>circumstances in which the benefits or costs rise or fall</u>**
  - Where scales are validated, the validation measures ought to be defined in depth.
  - And in each instance, intersectional lens, is critical
- The dilemma:
  - At what point does one stop with incorporating variables for intersectional analysis?
  - What determines what variable one choses to include in the intersectional analytical point
  - Some values have to be qualitatively evaluated regarding their relevance.
  - Sometimes economic considerations creep in: e.g. when efficiency gains are not possible, fair allocation is prioritized; but when efficiency gains are possible, there is trade off of efficiency gains with fairness of allocation.

PAF: Proportion Attributable Fraction

Who not yet able to deal with intersectionality in a computational way



Metrics

- People can have more than one risk factor in real life
- But even these over-simplified measures have done a great deal to help NTPs to move on these
- Along with good epi reviews

https://www.who.int/teams/global-tuberculosis-programme/data

Conclusion: Equity Metrics

- Equity can be measured epidemiologically, socially, and in terms of QOC
  - Comparing against a standard (target)
  - Comparing size of gaps between groups
- Equity metrics are captured quantitatively and qualitatively (CLM) in TB
- Equity requires massive amounts of measurment and non-trivial AMTS computational skills
- Equity data is much more available now than ever before and it will improve
- There is a focus on *WHO* measures at the moment and who interprets, but
  - The metrics do not seem to differ greatly from the old metrics, hard to tell -
  - Community-led monitoring is less transparent,

References

- Denis Agniel, Irineo Cabreros, Cheryl L. Damberg, Marc N. Elliott, and Rhianna Rogers A Formal Framework For Incorporating Equity Into Health Care Quality Measurement Health Affairs 2023 42:10, 1383-1391 I doi: 10.1377/hlthaff.2022.01483