



METHODS

Exemplars overview

Exemplars in Global Health (EGH) brings together experts, funders, and collaborators around the globe with the mission of identifying positive global health outliers, analyzing and understanding what makes these countries successful, and disseminating the core learnings so they can be replicated in comparable settings. EGH aims to help country-level decision-makers, global partners, and funders make strategic decisions, allocate resources, and craft evidence-based policies in consultation with both their global peers and technical advisors.

EGH is incubated at Gates Ventures, the private office of Mr. Bill Gates, in collaboration with the Bill & Melinda Gates Foundation.

Exemplar country selection process

GENERATE INITIAL SHORTLIST

- 1 Select output variable and relevant control variable.
- 2 Select time period.
- 3 Plot change in output variable against change in relevant control variable over period.

Filter out countries that fail to meet other important criteria for inclusion:

- » e.g., political stability and conflict, size, income level, availability of recent nationally representative data

- 4 Identify shortlist of high-potential countries.

DISCUSS COUNTRIES WITH EXPERT INPUT

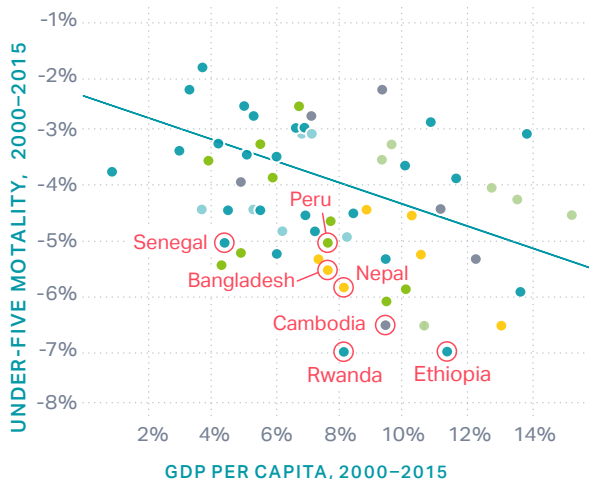
Work with technical advisory group to narrow down shortlist while considering additional qualitative criteria:

- » Feasibility of conducting research
- » Availability and accessibility of data

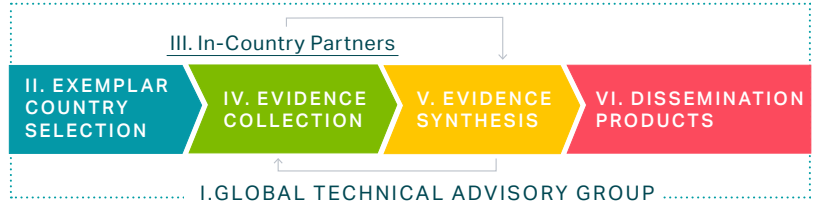
SELECT EXEMPLAR COUNTRIES

Example, under-five mortality

- AFRICA ● EASTERN MEDITERRANEAN
- SOUTH-EAST ASIA ● THE AMERICAS ● EUROPE
- WESTERN PACIFIC ○ EXEMPLAR COUNTRIES



EGH RESEARCH APPROACH



I. TECHNICAL ADVISORY GROUP SELECTION AND ACTIVITIES

For each topic, EGH selects and convenes a technical advisory group (TAG) of global experts to advise on technical decisions, push for rigor, offer new ideas and avenues for exploration, and facilitate connections with in-country research partners and dissemination partners. The TAG is continuously engaged through all aspects of the project, including methods and inferences, strengths/limitations, prior knowledge, discourse on dissemination, and partnerships.

II. EXEMPLAR COUNTRY SELECTION

EGH identifies positive outlier countries based on their exceptional performance in key health or health systems outcomes relative to secular trends. Economic factors are strong correlates of health and development, particularly in low- and middle-income countries. EGH aims to identify true positive outliers by conditioning country selection on relevant economic measures, such as GDP or GNI per capita or program-specific expenditures while seeking diverse geographic representation. These become Exemplar countries.

III. ASSEMBLING MULTI-DISCIPLINARY TEAMS

Multi-disciplinary research teams and in-country collaborators are foundational to EGH research studies. Research partners are typically global experts in the topic, and lead the collecting, generating, and synthesizing of evidence for each topic and country. In-country research partners and collaborators coordinate and contribute to all aspects of the research process for their context. They are selected from diverse and complementary disciplines—such as epidemiology, medicine, behavioral science, health services research, implementation science, political science, public policy, business, operations research, and sociology—to highlight the lived experience and multi-factoral nature of change.

IV. EVIDENCE COLLECTION & COLLATION

First, EGH comprehensively reviews existing evidence to identify knowledge gaps that could be filled with empirical analysis, and to ground subsequent research in evidence-based theory. Next, EGH conducts novel retrospective qualitative, quantitative, and policy analyses to study the timeframe of interest. EGH research employs a range of mixed-methods for studying and developing strong evidence-based narratives for case study. These are briefly described below:

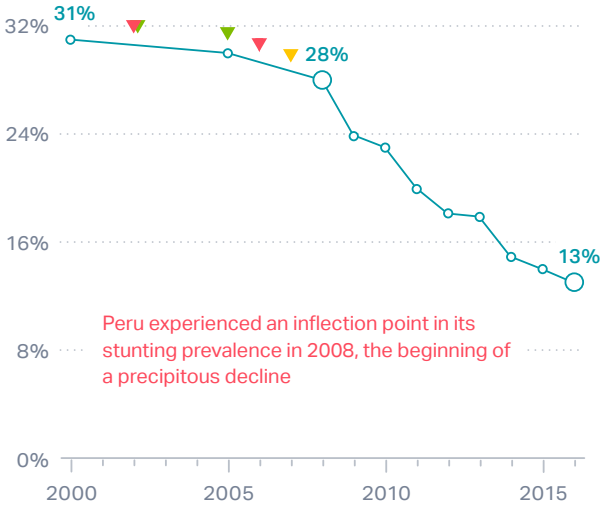


Policy and program timeline

Example, stunting Peru

UNDER-FIVE STUNTING PREVALENCE, PERU

- ▼ Increased demand for health services
- ▼ Political ownership driven by civil society advocacy
- ▼ Nutrition-specific and –relevant programs



2002

- ▶ National Agreement
- ▶ Roundtable Against Poverty
- ▶ The Seguro Integral de Salud (SIS) social insurance program

2005

- ▶ Juntos anti-poverty conditional cash transfer program

2006

- ▶ Initiative against Chronic Infant Malnutrition (IDI)

2007

- ▶ CRECER national strategy
- ▶ Strategic Maternal-Neonatal Program (PSMN)
- ▶ Articulated Nutrition Program (PAN)

A note on limitations:

Despite strengths of the EGH mixed-methods approach, several limitations should be noted. Retrospective, ecological analyses make causal inference challenging. Direct measures of some exposures were not collected, were poorly measured, or were not accessible due to poor institutional memory. Reliance on proxy variables for key dimensions could threaten reliability and accuracy. Confounder data for important exposure-outcome relationships were sometimes unavailable. Choice of statistical models may influence results and inferences require careful interpretation. Respondent and recall bias may have been present in survey data and stakeholder consultations.

Literature review: For each topic, EGH undertakes one or more literature reviews with the objective of assembling the latest evidence from which insights can be extracted and gaps identified. The scope of the review depends on several factors, including (1) the existing breadth of information available; (2) the need to assess evidence systematically versus more broadly; (3) the intended final output (e.g., a meta-analysis or descriptive summary); (4) the available time and financial resources.

Qualitative analysis: EGH consults key informants as a core part of the research approach. Informants are typically topic and/or country experts who can provide valuable insights for understanding results and context. These could include international experts, donors, researchers, current and former Ministry of Health members, program implementers, front-line workers, and community members or direct beneficiaries of programs implemented at scale at the local level. Depending on type of stakeholder and sensitivity of the study question, EGH conducts consultations in the form of in-depth interviews and/or focus group discussions as required.

Quantitative analysis: EGH uses a range of primary and secondary data sources—such as household surveys (e.g., Multiple Indicator Cluster Surveys, Demographic and Health Surveys), administrative and health management information systems, and estimates of disease burden and context from agencies such as World Bank or the Global Burden of Disease Study—where feasible and relevant to the topic of study. EGH conducts a series of descriptive and causal quantitative analyses (e.g., Oaxaca-blinder decomposition) to understand burden, distribution, trends and determinants of key outcomes.

Policy and program analysis: Understanding a country’s policies, programs, and financing during the time period of evaluation can enable a clearer understanding of how that country was able to attain success. Each EGH study undertakes a rigorous and comprehensive policy/program analysis informed by literature, published and unpublished data, and insights from country experts.

V. EVIDENCE SYNTHESIS & TRIANGULATION OF EVIDENCE

EGH undertakes a rigorous and iterative data triangulation process (i.e., synthesizing research results from each method collectively and iteratively) in an effort to build a coherent and evidence-based narrative. Analyses are periodically updated to capture the latest data and ensure relevant and timely results. The research team, country experts, and members of the TAG are typically part of this process.

VI. DISSEMINATION PRODUCTS

Finally, EGH works with a team of writers and web designers to translate dense, technical findings from each Exemplar country into linguistically simple and visually appealing country narratives. These findings are presented on our online platform alongside interactive visualizations which users can explore and engage with independently. Through this medium, users can choose between high-level and in-depth versions of each story and can follow references to supporting material. Further, EGH offers a variety of services to help translate the research findings into action in new contexts, which range from Q&A with our network of experts to novel analysis by the EGH team. By actively supporting interpretation and adaptation, EGH aims to make this research accessible by and applicable to a wide range of audiences.