Guidance for Evidence-Informed Policies About Health Systems to Achieve “25 x 25”

World Heart Federation Emerging Leaders Think Tank Seminar
Hamilton, ON, Canada

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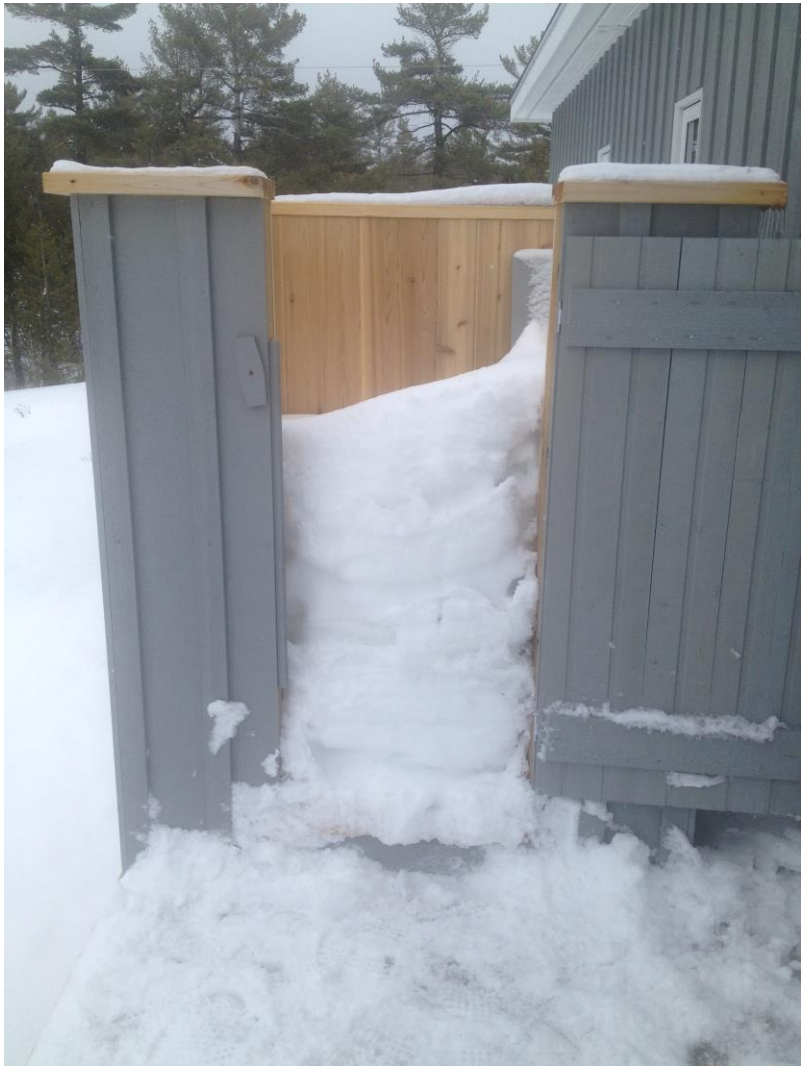
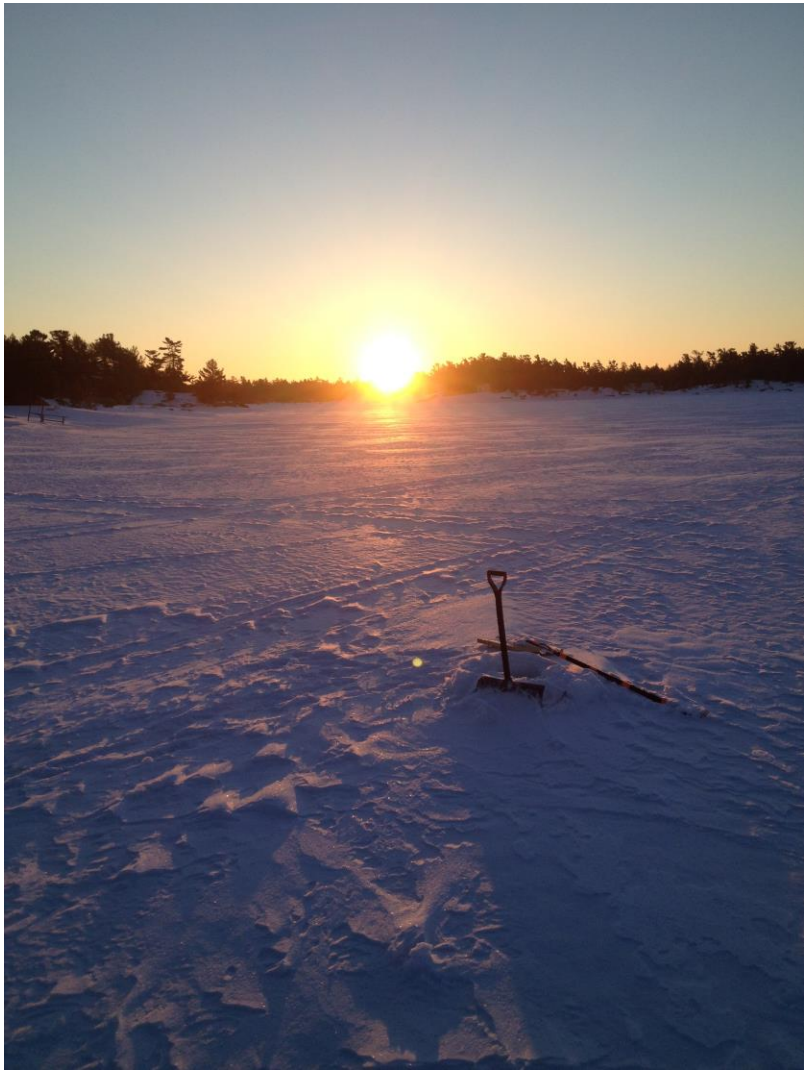
Welcome to Canada

Welcome to Canada (2)





Conflict of Interest Statement

- I am or was involved in
  - Creation and operation of the McMaster Health Forum (MHF)
  - Development and maintenance of Health Systems Evidence (HSE)
  - Development of (soon-to-launch) Health Systems Learning (HSL)
  - Work of WHO-sponsored Evidence-Informed Policy Networks (EVIPNet)
  - Development of the SUPPORT tools

Objectives

- To appreciate how ‘shaping systems’ is a key leadership capability
- To understand the steps involved in moving from global guidance to evidence-informed national (or state/provincial) policy development (and where your research will fit in)
- (If time allows) To appreciate what evidence-informed policymaking means and what knowledge and attitudes are needed to (support the) use research evidence in policymaking

LEADS Capabilities Framework

- Lead self (e.g., develop yourself)
- Engage others (e.g., communicate effectively)
- Achieve results (e.g., strategically align decisions with vision, values and evidence)
- Develop coalitions (e.g., purposefully fully build partnerships and networks to create results)
- Shape systems (e.g., demonstrate systems thinking, champion and orchestrate change)

Will Your Question Contribute to Shaping Systems to Achieve this Target?

- 50% of eligible people receiving drug therapy and counselling to prevent heart attack and stroke

How Will You Contribute: What Is the Problem (and its Causes)?

- Limited progress in the fight against malaria
  - A risk factor, disease or condition – **High and rising rates of malaria**
  - A program, service or drug currently being used – **High rates of use of chloroquine instead of the WHO-recommended artemisinin-based combination therapy (ACT)**
  - Current health system arrangements within which programs, services and drugs are provided
    - Governance arrangements – **Only physicians can prescribe ACT**
    - Financial arrangements – **ACT is more expensive than chloroquine**
    - Delivery arrangements – **'Medicine sellers' can dispense chloroquine without a prescription**
  - Current degree of implementation of an agreed course of action (e.g., a policy) – **Some providers are not following national treatment guidelines**

How Will You Contribute: What is an Appropriate Set of Options?

- **To address the limited progress in the fight against malaria**
  1. Introduce a subsidy for ACT within the private sector to support its use **(financial arrangement)** and regulate adherence to the subsidy policy **(governance arrangement)**
  2. Use an 'audit and feedback' approach to encourage physicians' adherence to national treatment guidelines for malaria **(implementation strategy)**
  3. Allow lay health workers in underserved communities to presumptively treat uncomplicated malaria with ACT, which previously only physicians were permitted to do **(governance arrangement)**

A Possible Set of Steps

- Adapting global (e.g., WHO) health systems guidance to national levels (or national guidance to provincial/state levels)… or shaping health systems in the absence of such guidance
  - Clarify the problem (and its causes) at the national (or provincial/state) level
  - Frame the options that are feasible
  - Identify implementation considerations
  - Consider the broader health system context
  - Consider the broader political system context
  - Refine the statement of the problem, options & implementation considerations
  - Plan for monitoring and evaluation
  - Make national (or provincial/state) policy recommendations / decisions

Moving from Guidance Development to Policy Development

Level	Guidance development	Policy development
Global	Guidance panel develops health systems guidance	Global organization makes a decision supported by health systems guidance
National	EVIPNet or guidance panel develops a policy brief and convenes a policy dialogue (supported by health systems guidance)	National (or sub-national) government makes a decision supported by health systems guidance, a policy brief (and dialogue) and/or policy proposal

An Example

- Adapting WHO guidance about task shifting to achieve Millenium Development Goals (MDGs) 4 and 5 (Optimize4MNH) to national levels

Clarify the Problem (and its Causes)

- Is there a significant problem with access to / utilization of key interventions needed to attain MDGs 4 and 5 in select communities / regions in the country?
- Is the availability of skilled health workers a significant contributor to the problem in these communities / regions?
- What cadres covered by the WHO guidance might be candidates for expanded training, regulation and support to enhance access to / utilization of key interventions needed to attain MDGs 4 and 5 (and what packages of interventions might they take responsibility for)?
- What are other cadres' views about and experiences with such expansion?

Where would you go to rapidly identify synthesized research evidence on these topics?

Frame the Options

- What is known about the benefits, harms and cost-effectiveness of each potential option, as well as how and why each options works and stakeholders' views about and experiences with each option?
  - Option 1 could be to focus on the cadres with the most number of interventions that they could safely and effectively deliver but are not now delivering
  - Option 2 could be to focus on the interventions with the most number of cadres who could safely and effectively deliver them but are not now delivering them
  - Option 3 could be to focus on all of the combinations of cadres who could safely and effectively deliver key interventions but are not now delivering them

Where would you go to rapidly identify synthesized research evidence and economic evaluations on these topics?

Identify Implementation Considerations

- What are the potential barriers to the successful implementation of each option at the patient/citizen, health worker, organization and system level?
- What is known about the benefits, harms and cost-effectiveness of each potential option, as well as how and why each strategy works and stakeholders' views about and experiences with each strategy?

Where would you go to rapidly identify synthesized research evidence and economic evaluations on these topics?

Consider the Broader Health System Context

- Which key features of the health system are likely to influence decision-making about whether and how to proceed with each option?
  - Delivery arrangements such as training and supervision supports and referral processes
  - Financial arrangements such as incentives and corruption
  - Governance arrangements such as regulations governing scopes of practice

Consider the Broader Political System Context

- Which key features of the political system are likely to influence decision-making about whether and how to proceed with each option?
  - Institutional arrangements such as what decision-making venues and processes could be faced
  - Interests such as which cadres are likely to face concentrated benefits or costs
  - Ideas such as values about equity of access/utilization
  - 'External' factors such as a new health minister or the state of the economy

Refine the Problem, Options and Implementation Considerations

- What aspects of the statement of the problem, options and implementation considerations now need to be modified in light of the health system and political system assessment?

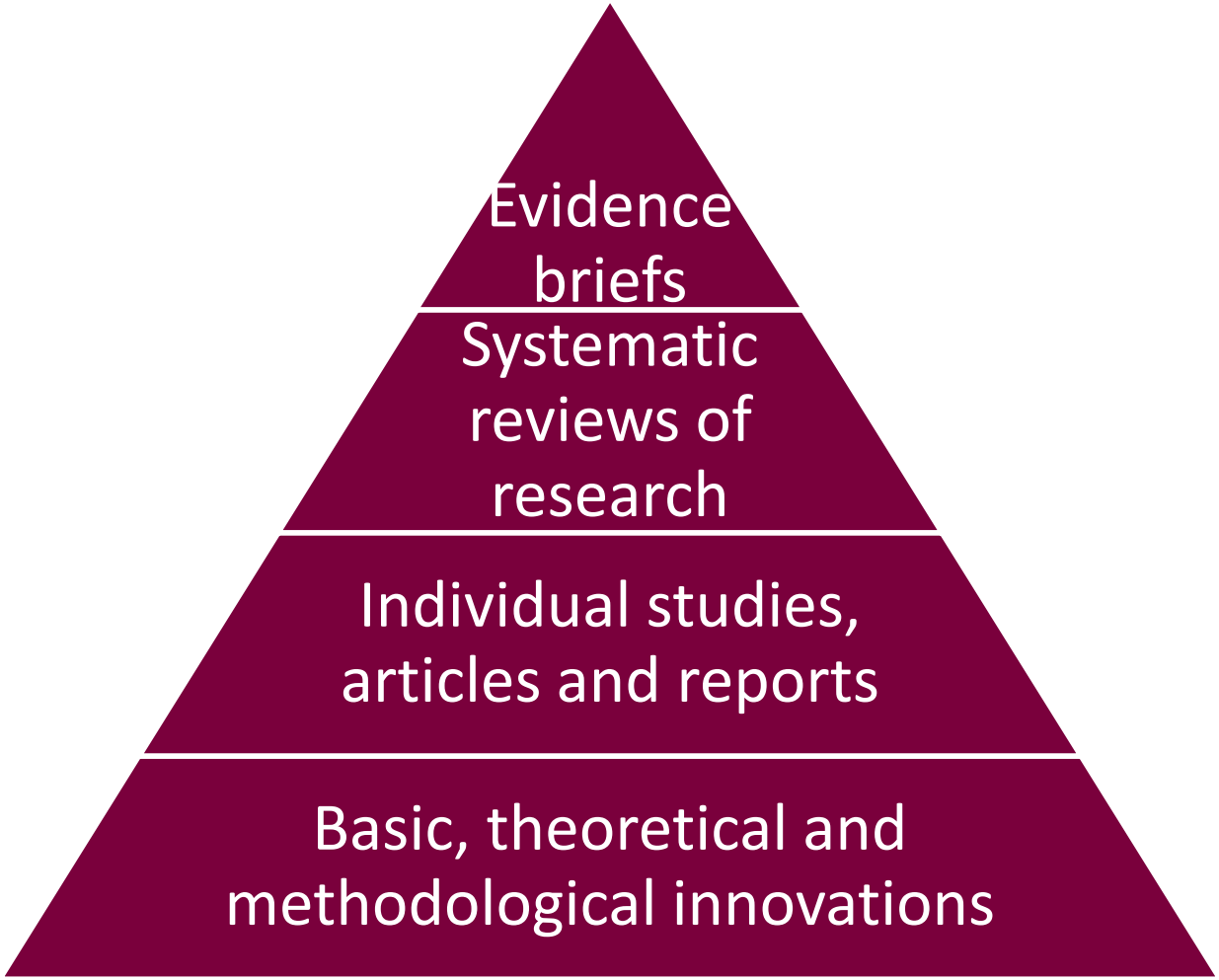
Plan for Monitoring and Evaluation

- What indicators should be monitored and does the capacity exist to monitor and to manage based on the monitoring data (and which, if any, cadres require targeted monitoring related to the delivery of specific interventions)?
- Should an impact evaluation be conducted and does the capacity exist to evaluate (and which, if any, cadres require evaluation related to the delivery of specific interventions)?

Make National Policy Recommendations / Decisions

- What is the (optimal) venue / process for making recommendations and decisions?
- When might be the optimal window of opportunity?
- Would formalizing this contextualization process in the form of an evidence brief be helpful?
- Would convening a policy dialogue (informed by the evidence brief) be helpful?

Make National Policy Recommendations / Decisions (2)



Make National Policy Recommendations / Decisions (3)

- Key features shared by most evidence briefs

Described the context for the issue being addressed

Described the problem (and its causes)

Described options for addressing the problem

Described key implementation considerations

Described what's known and gaps in what's known

Employed systematic and transparent methods

Took quality considerations into account

Took local applicability into account

Too equity considerations into account

Did not conclude with recommendations

Employed a 'graded entry' format (e.g., 1:3:25)

Included a reference list

Subjected to merit review

Make National Policy Recommendations / Decisions (4)

- Key features shared by most policy dialogues (vs GOBSATT)

Addressed a high-priority policy issue

Provided an opportunity to discuss a problem (and its causes)

Provided an opportunity to discuss options for addressing the problem

Provided an opportunity to discuss implementation considerations

Provided an opportunity to discuss who might do what differently

Was informed by a pre-circulated evidence brief

Was informed by a discussion about the full range of factors

Brought together those involved in or affected by decisions

Aimed for fair representation among policymakers and stakeholders

Engaged a facilitator to assist with deliberations

Allowed for frank, off-the-record deliberations

Did not aim for consensus

We Can Do Better

- WHO and other global producers of health systems guidance should move beyond one-size-fits-all guidance and create a ‘workbook’ as a derivative product for each global health systems guidance document in order to support the contextualization of the guidance at the national (or sub-national) level
  - National producers of health systems guidance in decentralized federations should do the same
- As emerging leaders, will you do your part?
  - Release your findings in the context of a systematic review (if applicable) and highlight that it’s an answer to one of many questions
  - Contribute to evidence briefs that contextualize global guidance and/or harness the best available global research evidence and local data and research evidence (and contribute to but don’t dominate policy dialogues informed by these briefs)
  - Build your leadership capabilities, including ‘shaping systems’

How Would You Define Evidence-Informed Policymaking?

A Possible Definition of Evidence-Informed Policymaking (2)

- Using the best available* data and research evidence – systematically and transparently – in the time available in each of
  - Agenda setting (esp. clarifying the problem iteratively, while being attentive to policy and politics)
  - Policy or program development (esp. framing options iteratively)
  - Implementation (esp. identifying barriers / facilitators iteratively and strategies to address them)

* Best available research evidence = highest quality, most locally applicable, synthesized research evidence (looking first for a perfect match to support an instrumental use and then looking more broadly to support a conceptual use)

What Is Needed To Do This Work

Knowledge (see the 'summary sheet')

- Questions to ask about a problem, options and implementation considerations
- Types of research evidence needed to answer these questions
- Appropriate sources of key types of research evidence
- What an AMSTAR score means
- Questions to ask about local applicability considerations
- Difference between knowing what other states or countries are doing (jurisdictional scans) versus knowing the results of research conducted in other countries (research evidence)

What Is Needed To Do This Work (2)

Attitudes

- Working iteratively to understand a problem, options and implementation considerations in light of institutional constraints, interest group pressure, values and many other types of information, as well as 'external' factors such as the state of the economy
- Being systematic and transparent in finding and using research evidence as one input to the policymaking process
- Finding and using the best available (i.e., highest quality, most locally applicable, synthesized) research evidence in the time you've been given
- Looking first for a perfect match in the available research evidence (to support an instrumental use) and then looking more broadly (to support a conceptual use)

A Potential Two-Pronged Approach

Approach 1 – What researchers and 'knowledge brokers' can do

- Prepare evidence / citizen briefs and convene stakeholder dialogues / citizen panels over time frames of weeks and months
- Prepare rapid syntheses over time frames of days and weeks
- Promote one-stop shops and provide training so policymakers and stakeholders can find research evidence on their own over time frames of hours and days

Approach 2 – What policymakers can do

- Send clear signals that using research evidence is a high priority
- Establish a performance requirement for staff
- Establish an internal rapid-response unit
- Establish a requirement to summarize whether and how research evidence informed understanding of the problem, options and implementation considerations before decisions are taken

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Resources

- Available on Health Systems Evidence (www.healthsystemsevidence.org)
  - Summary sheet on 'finding and using research evidence' (one page)
  - Hyperlinked list of SUPPORT tools (two pages)
  - Health Systems Evidence (four pages)
- Available on PLoS Medicine
  - Lavis JN, Røttingen JA, Bosch-Capblanch X, Atun R, El-Jardali F, Gilson L, Lewin S, Oliver S, Ongolo-Zogo P, Haines A. Guidance for evidence-informed policies about health systems: 2) Linking guidance development to policy development. PLoS Medicine 2012; 9(3): e1001186. doi:10.1371/journal.pmed.1001186.