

# Using policy briefs for making changes on the ground and monitoring progress

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Advanced workshop for policy makers: Using policy briefs in health policy-making

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# Outline

- Appraising and interpreting policy options in light of country needs and context
- Complementing policy briefs with further available evidence
- Recognizing barriers and facilitators of policy implementation in your country
- Recognizing and managing conflicts of interests
- Monitoring policy implementation and evaluating its impact



# Integrated multi-concept approach for the institutionalization of EIPM

variations and overlaps between the concepts

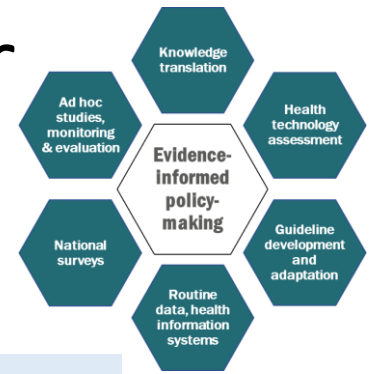


- **Knowledge translation**
- HTA and modelling
- Guideline development & adaptation
- Routine data & HIS
- National surveys
- Ad hoc studies; M&E

## Appraising and interpreting policy options in a policy brief

- Appraising the **methods and evidence base** behind the development of the policy brief
- Appraising **in light of country needs and context**
- This is key, especially if you intend to use policy briefs developed by others

# Complementing policy briefs with further available evidence

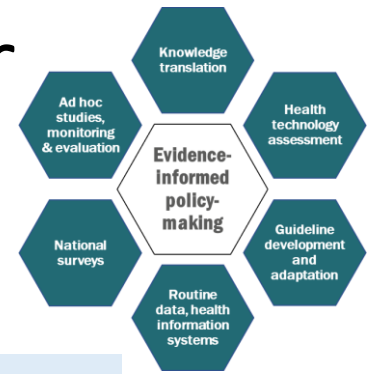


## Complementing policy briefs with further available evidence

- Knowledge translation
- HTA and modelling
- Guideline development & adaptation
- **Routine data & HIS**
- **National surveys**
- Ad hoc studies; M&E

- Focused on a what is measured in the process
- Identifying policy makers data needs
  - Priority setting for data or survey
- Refining HIS / Conducting surveys
- Analysing the data for health issues or problems
  - At national or regional level
- Identifying policy focus or refining and adjusting existing policies
  - Commonly a preferred source of evidence for national policy makers

# Complementing policy briefs with further available evidence



## Complementing policy briefs with further available evidence

- Knowledge translation
- HTA and modelling
- Guideline development & adaptation
- Routine data & HIS
- National surveys
- **Ad hoc studies; M&E**

- Depends on what being measured
- Varied practices within different teams
- Affects implementation of specific policies
  - Used for “evaluation” statement
- Examples
  - pharmacovigilance studies
  - policy related KAP studies
  - Project specific M&E studies
- Often used in support of existing policies
- May result in recommending policy changes to policy makers



# Recognizing barriers and facilitators of policy implementation in your country

- An example: **Country A is intending to increase the use of nurses in health care instead of doctors due to lack of doctors in many geographical areas.**
  - An example of task-shifting: moving tasks from more-specialised to less-specialised health workers
- A review of qualitative evidence conducted to assess barriers and facilitators:
  - Karimi-Shahanjarini A, Shakibazadeh E, Rashidian A et al. Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: a qualitative evidence synthesis (Review) Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD010412.

# Recognizing barriers and facilitators of policy implementation in your country

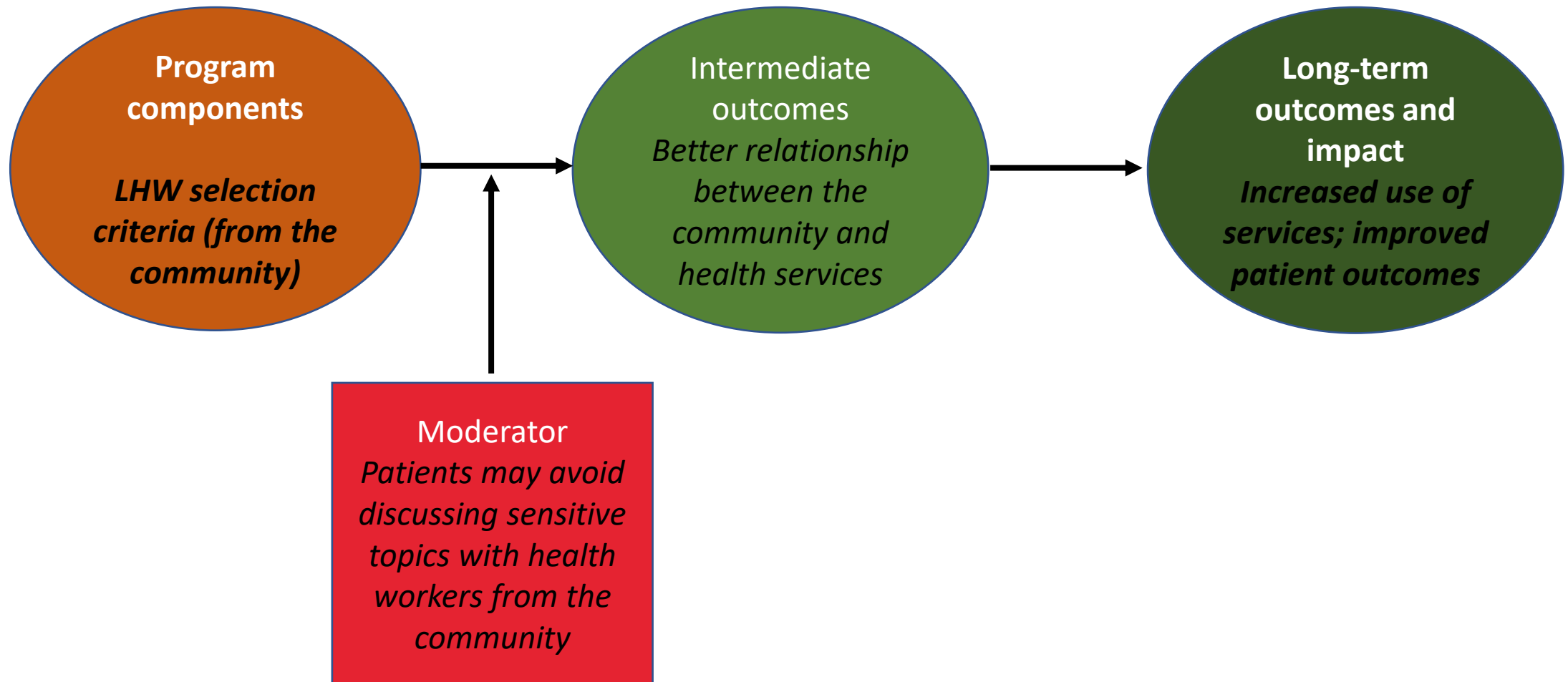
- Key messages
- Patients, doctors and nurses may accept the use of nurses to deliver services that are usually delivered by doctors.
- This is likely to depend on the type of services.
- Nurses taking on extra tasks want **respect and collaboration from doctors; proper resources; good referral systems; experienced leaders; clear roles; and adequate incentives, training and supervision.**

# How barriers and facilitators affect policy implementation?

- Example of use of lay healthcare workers
  - Source: Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A. Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD010414. DOI: 10.1002/14651858.CD010414.pub2.
- Logic models or “theories of change” can improve understanding



# A simple logic model for assessing barriers and facilitators of policy implementation and success



# The SURE Conceptual Framework for implementation considerations

<b>Level</b>	<b>Factors affecting implementation</b>
<i>Recipients of care</i>	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour
<i>Providers of care</i>	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour
<i>Other stakeholders (including other healthcare providers, community health committees, community leaders, programme managers, donors, policymakers and opinion leaders)</i>	Knowledge and skills
	Attitudes regarding programme acceptability, appropriateness and credibility
	Motivation to change or adopt new behaviour

Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A. Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2013, Issue 10. Art. No.: CD010414. DOI: 10.1002/14651858.CD010414.pub2.

# The SURE Conceptual Framework for implementation considerations

<i>Health system constraints</i>	Accessibility of care
	Financial resources
	Human resources
	Educational and training system, including recruitment and selection
	Clinical supervision, support structures and guidelines
	Internal communication
	External communication
	Allocation of authority
	Accountability
	Community participation
	Management and/or leadership
	Information systems
	Scale of private sector care
	Facilities
	Patient flow processes
	Procurement and distribution systems
Incentives	
Bureaucracy	
Relationship with norms and standards	

# The SURE Conceptual Framework for implementation considerations

<i>Social and political constraints</i>	Ideology
	Governance
	Short-term thinking
	Contracts
	Legislation or regulation
	Donor policies
	Influential people
	Corruption
	Political stability and commitment

*The SURE Collaboration. SURE guides for preparing and using evidence-based policy briefs: identifying and addressing barriers to implementing policy options. Version 2.1 [updated November 2011]. The SURE Collaboration; 2011. Available from [www.evipnet.org/sure](http://www.evipnet.org/sure)*

# Recognizing and managing conflicts of interests

(at different levels of the evidence-to-policy process)

- **Management of conflicts of interest in the development of policy briefs**
  - Who is involved? Transparency processes? Methods used?
- **Management of conflicts of interest in use an interpretation of policy briefs**
  - Who is involved? Transparency processes?
  - Appropriately conducted **policy dialogue**
  - Ensuring policy briefs are **adequately considered** by the policy-makers, even if they decide against the recommended options.

(See also WHO Technical Paper, RC66, 2019)



# Monitoring and evaluation

- Monitoring
  - To ensure we are on track in implementation of the policies and strategies as planned
- Evaluation
  - To assess whether the implementation of policies and strategies has resulted in the expected outcomes (effectiveness, efficiency, impact)

# M&E criteria within policy briefs

- Most policy briefs do not address monitoring and evaluation requirements

**Should policy briefs include M&E considerations?**

# Key steps in policy M&E

(Fretheim et al, 2009; Rashidian 2017)

- Is monitoring and evaluation necessary?
- What to monitor/evaluate?
- What should be measured (indicators)?
- How should it be measured?

Note that “there is an opportunity cost for any (monitoring and) evaluation project. They should focus on the most pertinent areas of work and assess the outcomes that really matter”

# Indicators and measurement for monitoring and evaluation

- “(Monitoring and) evaluation projects should focus on the most pertinent areas of work and assess the outcomes that really matter.
  - e.g. while the number of individuals that attend a training event is important **(and can be counted)**, the aim of such training is usually to change practice and health outcomes **(which is difficult to count)**” (Rashidian, 2017)
- Output versus outcome
- An indicator that is of value for monitoring, may not be a useful indicator to evaluate the program

# Selecting the “right” outcome indicators

- **Outcomes of interest** may not be limited to the programme
  - Implementation of one particular programme may divert attention from other areas of work
  - or result in unintended (positive or negative) outcomes in other programmes
- As a rule of thumb:
- **For a focused programme** of work, measure the **direct cost and outcomes** of the programme
- **For overarching programmes**, a **more systemic approach** that covers other relevant outcomes is needed



# Selecting program “outcomes” to evaluate

