

Does the Use of Data Depend on the Context?

Lessons from LMIC and HIC

Presentation by Rodion Kraus at
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Does evidence depend on context?

How does the decision-making context impact the way evidence is used in making decisions?

Do different contexts lead to different utilization of the same type evidence?



Evidence and the decision making context

EXTERNAL CONTEXTUAL FACTORS

Environment in which the decision is applied

Cannot be manipulated by decision makers

- Disease specific
- Extra-Jurisdictional
- Political

Fixed and uncontrollable

EVIDENCE



INTRODUCTION
INTERPRETATION
APPLICATION



PUBLIC HEALTH
POLICY DECISION

INTERNAL CONTEXTUAL FACTORS

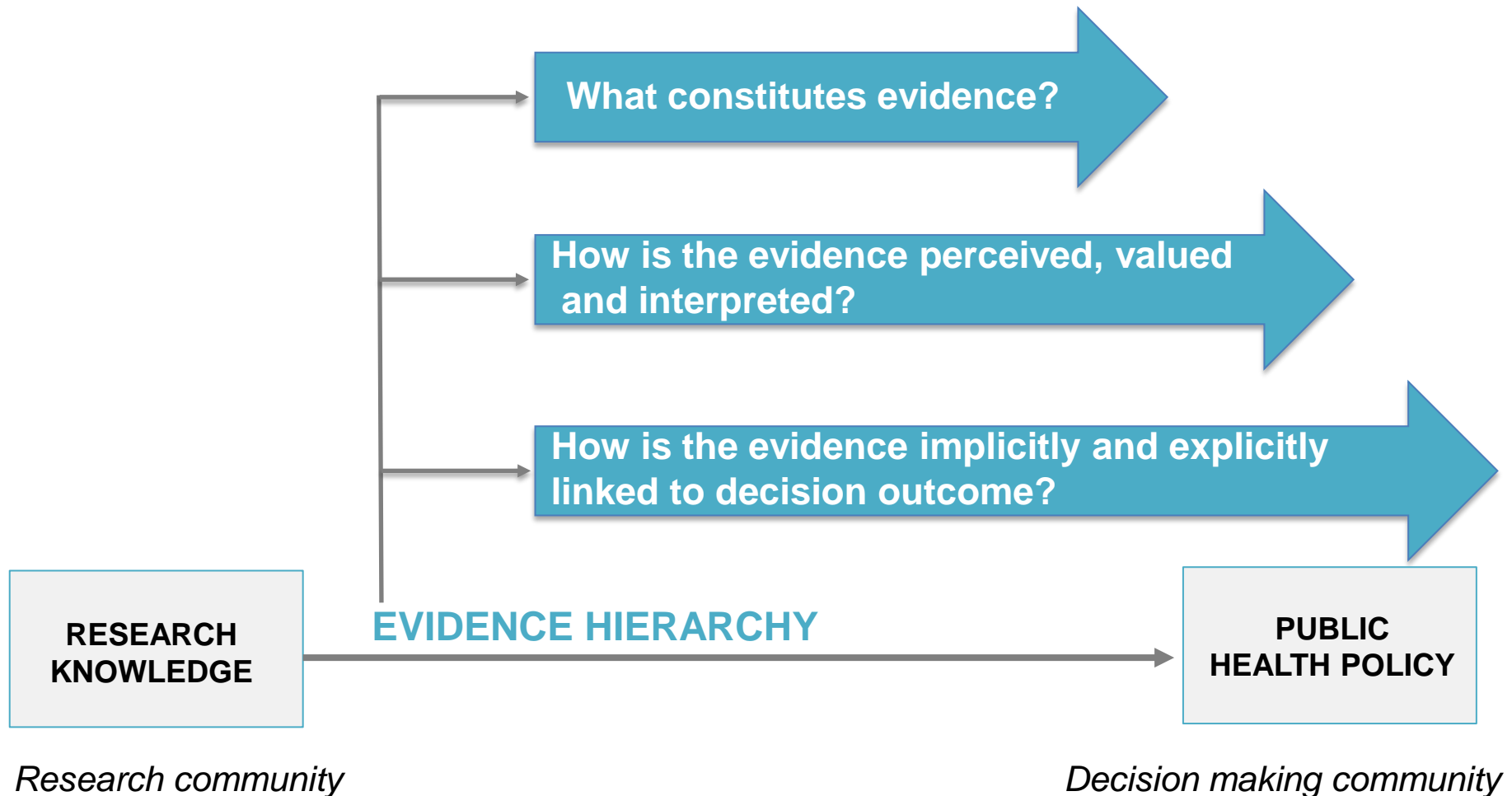
Environment in which the decision is made

Can be manipulated by decision makers

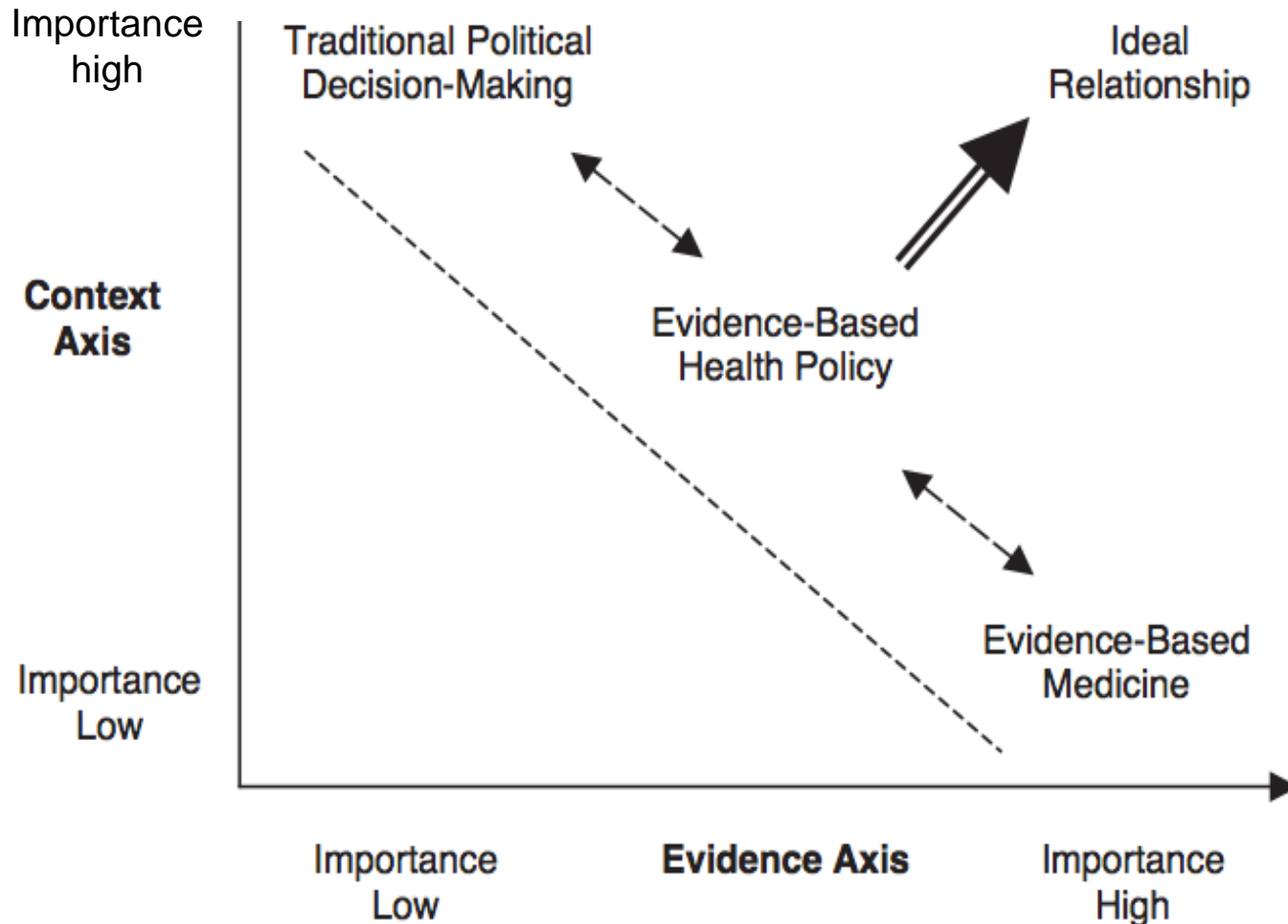
- Purpose
- Participants
- Process

Some flexibility & control

Utilization of evidence in the context of internal and external environment



Axes of evidence based decision-making



Use of DHS data to influence policy and strategy

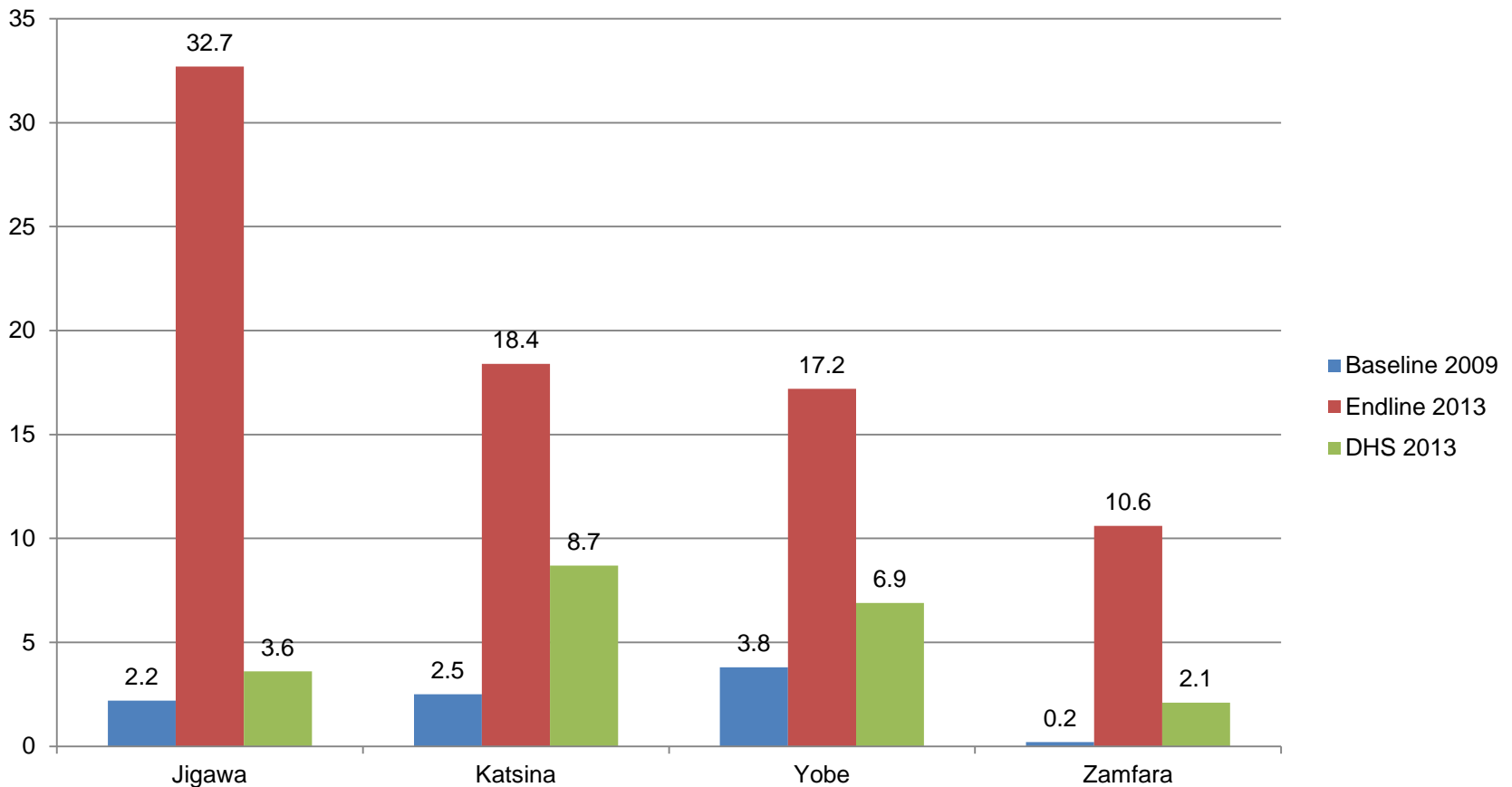
Namibia

- DHS surveys pre and post independence

Nigeria

- Impact of DHS surveys on donor development strategies
- Is it realistic to expect development programmes to have a significant impact on key DHS indicators?
- Do all “lives saved” from silver bullets translate to measureable significant changes in DHS results?

Fully Immunised Child coverage

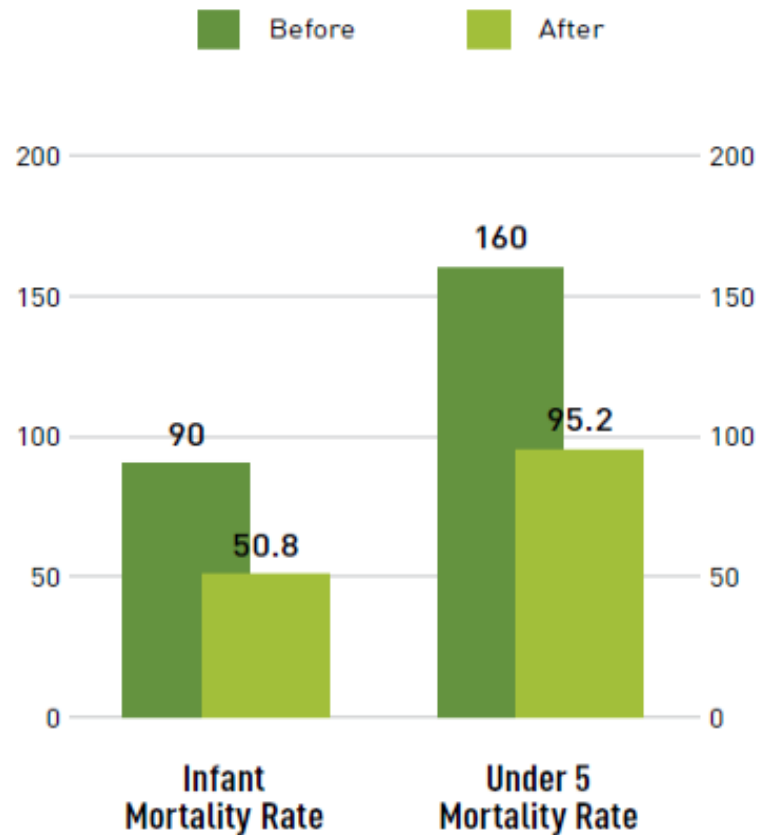


Reference: PRRINN-MNCH, *Final report*, 2013; National Population Commission & ICF Macro, 2014)

PRRINN-MNCH household survey results

Child mortality rates

Deaths per 1000 live births



Before: Baseline HHS data (2009)

After: Endline HHS data (2013), intervention clusters

World Bank strategic analyses and their influence in shaping health sector reform

Namibia

- Impact of the 1990 WB report on development of the health sector post independence
- Counter-intuitive national response to restructuring the health sector
- Capital development to reduce recurrent costs, improve efficiency and increase equity of access



World Bank strategic analyses and their influence in shaping health sector reform

Zimbabwe

- Health sector response to WB structural adjustment programme in 1990s

Malawi

- Impact of the WB Poverty Reduction Strategy Paper on central hospital reform in Malawi 2003-2007

Planning for equity in post apartheid Namibia and South Africa

- The role of national affordability guidelines
- Critical role of human resource and service planning within an affordability envelope
- Dealing with un-funded policy mandates
- Shifting resources to address inequities
- Dealing with political fallout
- Still revisiting the same issues in SA in 2017!
- Rationalisation of NHS in UK – same issues different context!

Use of national affordability guidelines to influence policy and strategy

Botswana

- Strategic planning of district hospital services in 1991
- 10 Year Manpower Development Plan 2008



Use of national affordability guidelines to influence policy and strategy

Malawi

- Inefficiencies in HR skills mix for PHC
- Unaffordable HR service planning norms

Nigeria

- Inequities in HR distribution and inefficiencies in skills mix
- Challenges of ghost workers and patronage
- Unaffordable national norms and policy mandates

Information overload and its consequences for decision-makers

Namibia

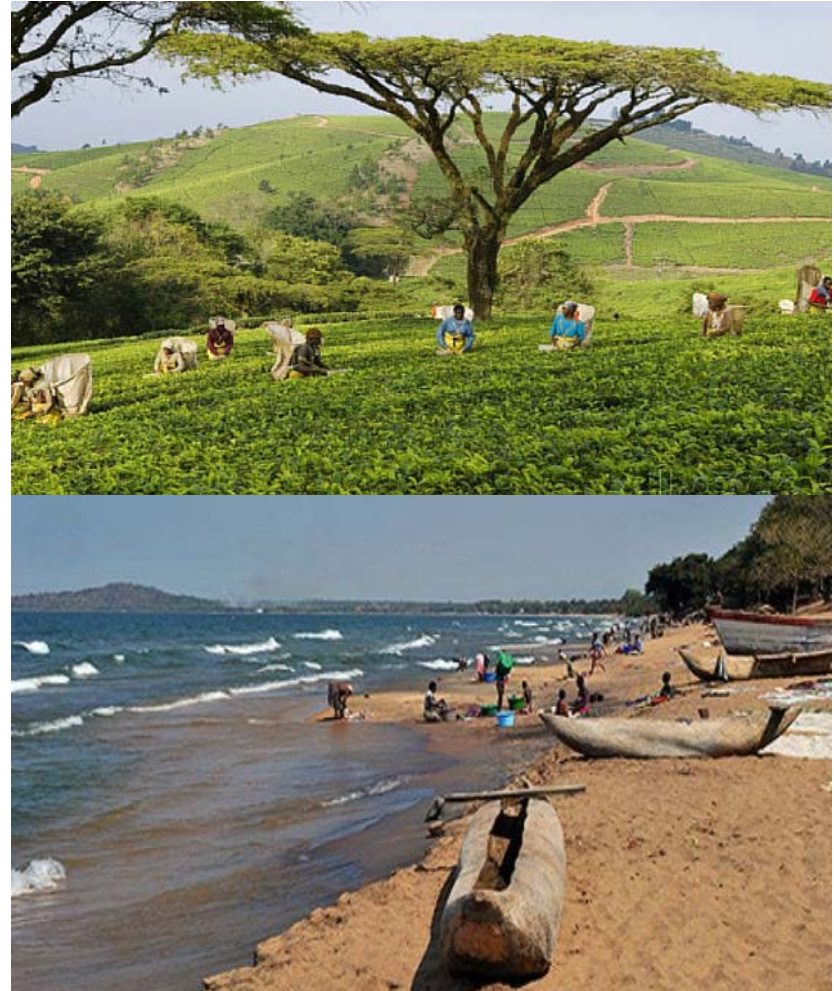
- > 30 missions a year providing solutions to many questions no one was asking
- Not donor dependent so could chose what issues to pursue in national interest
- Low personal and political risk of non-compliance to donor expectations



Information overload and its consequences for decision-makers

Malawi and Tanzania

- Limited national capacity in low income countries
- Unrealistic data collection and management requirements of donor community
- Personal and political risks of non-compliance to donor imperatives



Community engagement data and influence on health policy and strategy

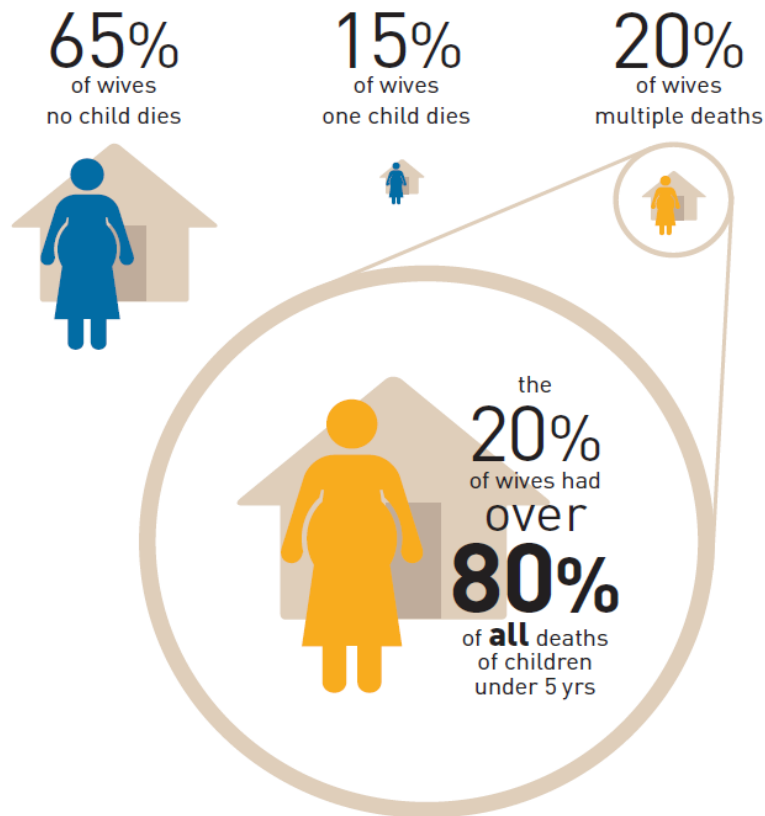
Nigeria

- Reached >7 million over 6 years and self-sustaining
- Engaged 34,000 volunteers
- Significant increase in utilization of health services
- Paradigm shifts amongst religious & traditional leaders significant
- Not established as state or national policy with ongoing funding



Clustering studies of under-5 mortality

Clustering of under-5 mortality:
identifying vulnerable women and children



Resulted in changes to:

- Community engagement approach
- Training of health workers

Reference: Clustering of child mortality in Northern Nigeria: Implications for policy and practice. PRRINN/MNCH 2013.

<http://resources.healthpartners-int.co.uk/wp-content/uploads/2015/04/ClusteringofChildMortality-in-NN- PRRINN-MNCH 2013.pdf>

Impact of MORE MAMaZ project in Zambia

- Safe Motherhood Action Group (SMAG) initiative key part of Zambia's safe motherhood policy response
- Supported govt efforts to take evidence-based approach to scale
- Inadequate funding constrained institutionalisation at district and national levels
- Zambia MOH pursuing several options

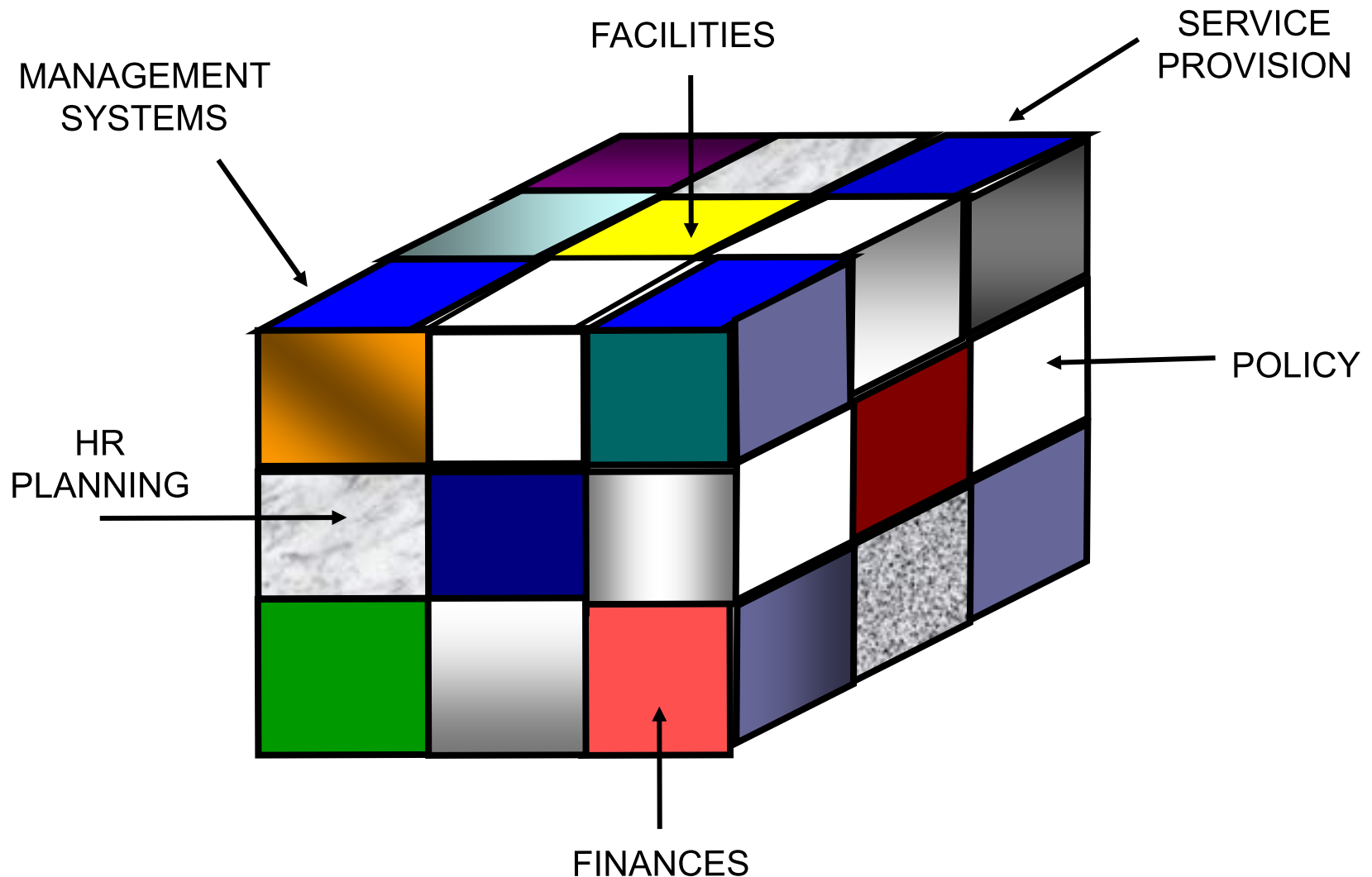


Community engagement data and influence on health policy and strategy

- Neglected “7th Pillar of Health Systems Strengthening (HSS)
- Community engagement is good VFM and should be a mainstay of HSS with established evidence based interventions that are taken to scale
- Renewed / long overdue emphasis by WHO on person /community centric health services

Reference: Conceptual Framework for Integrated People Centred Health Services, World Health Organization, 2015

Decision making in the health sector can be compared to manipulating a “Rubik’s Cube”





The End