Developing guidance for health systems –
Andy Haines on behalf of the Task Force on Guidance for Health Systems Strengthening

- **Slow progress** in meeting the MDGs in many countries
- Cost-effective interventions are often being delivered through **weak health systems**.
- A growing recognition of the **urgent need to strengthen health systems** e.g. the Global Fund, GAVI Alliance and the World Bank have created the joint Health System Strengthening financing platform.
- **Growing demand for guidance** from national policy makers
The Challenges

- In the clinical field, **guidelines** have been shown to be effective tools to support decision-making when **implemented properly**.

Challenges to **generating and using** evidence for **guidance** on health systems issues include the—

- range of study designs used;
- **interconnections** between health system elements;
- complexity of the health system **context**;
- **lack of capacity**;
- need to involve **decision makers** with diverse disciplinary and professional backgrounds; and
- strong **political and ideological drivers** of some health policies which may be subject to outside influences.
Guidance may be needed at different geographic levels

- **Global** – WHO, GFATM, GAVI Alliance, WB etc
- **WHO Regions**
- **National** (In a recent overview only 16% (126) of the 812 included studies were in LMICs [Lewin et al 2008])
- **Sub-national** – province, state etc
Health interventions have system-wide effects

Simplified schematic process of how guidance could fit into policy formulation
(after Bosch-Capblanch).

Research domain

- Evidence on problems
- Knowledge on interventions
- Knowledge on implementation

Knowledge synthesis

Other knowledge

Knowledge on services

Knowledge on barriers

Knowledge on management

Knowledge exchange, filtration / amplification

Policy domain

- A unique body of knowledge to inform policy
- Political environment
- Decision rules

Guidance

Policy

Management domain

Outcomes

- IMPROVED HEALTH (level and equity)
- RESPONSIVENESS
- SOCIAL & FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY

Evaluation

Political environment

Decision rules

Outcomes
Tools for reporting and quality assessment of research evidence and guidelines:

- Reporting guideline for primary research: e.g. CONSORT + ?
- Reporting guideline for SR: PRISMA + ?
- Assessing SR quality: AMSTAR + ?
- Grading evidence: GRADE + ?
- Tools for using evidence: SUPPORT
- Criteria for guideline development: AGREE II + ?

The ‘+’s indicates that for some health systems questions the same tools could be used, in some cases with adaptation.
Evidence from systematic reviews needed for different steps in the policy process

(based on Lavis 2009 PLoS Med)

- **Identifying the problem** e.g.
  - observational studies, community surveys,
  - qualitative studies
- **Assessing the policy and programme options** e.g.
  - effectiveness studies,
  - economic evaluations,
  - qualitative studies to assess views, experiences or adaptation options

- **Implementation strategies** e.g.
  - qualitative studies of barriers,
  - effectiveness studies
Sources of systematically reviewed evidence for health systems issues

- **Health Systems Evidence** – continuously updated repository ---1008 relevant SRs.... linked to/includes:
- **Cochrane Library** (especially effectiveness and cost-effectiveness questions) 257 of 6264 SRs address health systems-level interventions.
- **EVIPNet Portal** – policy briefs based on SRs about a problem, policy options and policy implementation
- **SUPPORT collaboration** - user-friendly summaries of SRs of approaches to supporting the delivery of cost-effective interventions, particularly in LMICs
- **Evidence Aid** – user-friendly summaries of SRs of approaches to addressing natural disasters and other health care emergencies
Applicability of findings of a systematic review (Lavis 2009) ---
the importance of context

1. Were the studies conducted in the same setting or were the findings consistent across settings or time periods?

2. Are there important differences in on-the-ground realities and constraints that might substantially alter the feasibility and acceptability of a policy or programme option?

3. Are there important differences in health system arrangements that may mean an option could not work in the same way?

4. Are there important differences in the baseline conditions that might yield different absolute effects even if the relative effectiveness were the same?

5. What insights can be drawn about scaling up, implementation, and monitoring and evaluation?
<table>
<thead>
<tr>
<th>Quality of the evidence</th>
<th>Description</th>
<th>Symbols</th>
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<tbody>
<tr>
<td><strong>High</strong></td>
<td>Further research is very unlikely to change our confidence in the estimate of effect.</td>
<td>🍊🍊🍊🍊</td>
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<tr>
<td><strong>Moderate</strong></td>
<td>Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.</td>
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<td><strong>Low</strong></td>
<td>Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimates.</td>
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<tr>
<td><strong>Very low</strong></td>
<td>Any estimate of effect is very uncertain.</td>
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The role of case studies

Gilson and Raphaely (2008) found that it is the most commonly used, discrete study design in Health Policy Analysis—but weaknesses in use.

Address ‘how’ ‘why’ and exploratory ‘what’ questions

Important for clarifying influences e.g. on behaviour

Need for more multi-site, multi-country case studies with closer links to policy change and implementation and with more rigorous design
Strength of recommendation

The degree of confidence that the desirable effects of adherence to a recommendation outweigh the undesirable effects.

Desirable effects
• health benefits
• less burden
• savings

Undesirable effects
• harms
• more burden
• costs
AGREE II (Appraisal of Guidelines, Research and Evaluation) (Brouwers et al CMAJ 2010)

- Comprises 23 items, offers refinements to develop, report and evaluate practice guidelines.
- Includes a new response scale, with modifications to half of the items, and a new user’s manual.
- AGREE II available online at www.agreetrust.org.
- Needs adaptation for health system issues e.g. to whom does it apply, appropriate stakeholder engagement, have potential system wide effects been considered?
WHO programme on retention of health workers in rural and remote areas (Carmen Dolea, WHO)

- Building the evidence base on factors affecting decisions about location and effective retention strategies
- Developing and disseminating global recommendations using systematic, explicit and transparent processes
- Supporting countries to adapt and evaluate retention strategies
Challenges for evidence assessment on rural retention (research agenda)

- **Interventions**: Mainly educational, few of financial incentives or social and professional support

- **Study design**:
  - Observational, case studies (no RCT, few cohorts, and very few using a control group)

- **Outcomes**:
  - Large variability in reporting
  - Difficult to pool results
  - No direct effect on health outcomes

- **Mechanisms** rarely explained

- ‘Conditional‘ (weak) recommendations

6 studies (4 RCTs, 1 quasi-randomised evaluation, 1 CBA study)

Care-seeking behaviour - All the studies reported an increase in the use of health services e.g. 23-33% more children < 4 yrs attending preventive healthcare visits

Immunisation Coverage - Variable effects

Health status - Variable effects on anaemia and nutrition.
+ effects on mothers’ reports of children’s illness
Conclusions

- Increased investment in HSS driving demand for guidance
- Existing assessment tools useful as a basis but need development to address some health system issues
- Range of qualitative, quantitative and mixed research designs to address internal and external validity as well as process, context, effects and economics.
- The drive for better evidence and guidance is exposing the need for greater investment in HSR.
Thanks to members of Task Force on Guidance for Health Systems Strengthening

- ABALOS Edgardo, ATUN Rifat, BOSCH-CAPBLANCH Xavier, EL-JARDALI Fadi, GILSON Lucy, HAINES Andy (Chair), HAMID Maimunah, LAVIS John, LEWIN Simon, LUMBIGANON Pisake, OLIVER Sandy, ONGOLO-ZOGO Pierre, ROTTINGEN John-Arne, TUGWELL Peter, VIST Gunn,
- WHO Staff: DOLEA Carmen, GHAFFAR Abdul, GHERSI Davina, GULMEZOGLU Metin, KULIER Regina, PANG Tikki.

Please join us at the lunchtime session for further discussions.

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