Effective policy evaluation and monitoring practices

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Who would prefer uninformed decisions about care and treatment?!?

- You can’t make an informed choice without information

- If a decision is going to be well informed rather than misinformed, you need good information!

Implicit assumptions: Research evidence is insufficiently and/or inappropriately used in practice/policy decision making → Research could and should be more and better used → This would improve systems and services, and in turn, people’s lives
Development of practice and policies must be evidence-based

- Systematic reviews / Health Technology Assessments
- Development of evidence-based health- and care services
- Safe and effective health- and care services
- Enhanced child well-being

*Development of practice and policies must be evidence-based*

- Syntheses of existing research that are conducted according to a systematic, scientific and transparent method
- Evidence-based practice (EBP) is integrating the best available evidence with the knowledge and considered judgements from stakeholders and experts to benefit the needs of a population

NIPH -
Evidence

- Formulate question
- Select outcomes
- Rate importance
- Outcomes across studies
- Create evidence profile with GRADEPro
- Rate quality of evidence for each outcome

Summary of findings & estimate of effect for each outcome

Systematic review

Guideline development

Formulate recommendations:
- For or against (direction)
- Strong or weak/conditional (strength)

By considering:
- Quality of evidence
- Balance benefits/harms
- Values and preferences

Revise if necessary by considering:
- Resource use (cost)

Grade overall quality of evidence across outcomes

- “We recommend using…”
- “We suggest using…”
- “We recommend against using…”
- “We suggest against using…”

Illustration from Holger Schunemann and Yngve Falckertter
A structured and transparent way to inform decisions in the context of clinical recommendations, coverage decisions, and health system or public health recommendations and decisions.

http://ietd.epistemikos.org/
Purpose of EtD frameworks

- Ensure that panels consider **important criteria** for making a decision
- Provide panels with a **concise summary** of the best available evidence to inform their judgments about each criterion
- Help panels **structure discussion** and identify reasons for disagreements, making the process and the basis for decisions structured and transparent
EtD frameworks assist users of recommendations by

- Enabling them to understand the judgments made by the panel and the evidence supporting those judgments
- Helping them to decide whether recommendations can and should be implemented in their own settings
- Facilitating adaptation of recommendations or decisions to specific contexts
Structure of EtD frameworks

Question → Assessment → Conclusion

- Problem and options to address problem
- Resource use
  - Acceptability
- Feasibility
  - Evidence from research
  - Benefits and harms
- Decision or recommendation
  - Equity considerations

How important is this problem?
<table>
<thead>
<tr>
<th>Problem: Achieving a positive pregnancy experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option: Women’s groups using participatory learning and action (PLA) cycles</td>
</tr>
<tr>
<td>Comparison: Usual care</td>
</tr>
<tr>
<td>Main outcomes:</td>
</tr>
<tr>
<td>Four or more antenatal care visits</td>
</tr>
<tr>
<td>One or more antenatal care visits</td>
</tr>
<tr>
<td>Delivery in a health facility</td>
</tr>
<tr>
<td>Perinatal deaths</td>
</tr>
<tr>
<td>Maternal deaths</td>
</tr>
</tbody>
</table>
- Resources required
  How large are the resource requirements (costs)?

- Certainty of evidence of required resources
  What is the certainty of the evidence of resource requirements (costs)?

- Cost-effectiveness
  Does the cost-effectiveness of the option favour the option or the comparison?

- Equity
  What would be the impact on health equity?

- Acceptability
  Is the option acceptable to key stakeholders?

- Feasibility
  Is the option feasible to implement?
### Participatory women's groups

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Plain language statements</th>
<th>Absolute Effect Without Women's groups</th>
<th>Absolute Effect With Women's groups</th>
<th>Relative effect</th>
<th>Certainty of the evidence (GRADE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Four or more antenatal care visits</strong></td>
<td>Participatory women's groups may slightly increase the number of pregnant women who have four or more antenatal care visits.</td>
<td>529 per 1000</td>
<td>555 per 1000</td>
<td>RR 1.05 (0.78 to 1.41) ESR 1.15 to 1.21</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>One or more antenatal care visits</strong></td>
<td>Participatory women's groups probably increase the number of pregnant women who have one or more antenatal care visits.</td>
<td>490 per 1000</td>
<td>867 per 1000</td>
<td>RR 1.77 (1.21 to 2.58) ESR 1.13 to 1.59</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Delivery in a health facility</strong></td>
<td>Participatory women's groups may slightly increase the number of women who deliver in a health facility.</td>
<td>645 per 1000</td>
<td>671 per 1000</td>
<td>RR 1.04 (0.89 to 1.22) ESR 1.14 to 1.41</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Perinatal deaths</strong></td>
<td>Participatory women's groups may reduce the number of perinatal deaths.</td>
<td>40 per 1000</td>
<td>36 per 1000</td>
<td>RR 0.91 (0.82 to 1.01) ESR 0.81 to 1.01</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Maternal deaths</strong></td>
<td>Participatory women's groups may slightly reduce the number of maternal deaths.</td>
<td>0.7 per 1000</td>
<td>0.55 per 1000</td>
<td>RR 0.78 (0.66 to 1.03) ESR 0.72 to 1.11</td>
<td>Low</td>
</tr>
</tbody>
</table>
**Type of recommendation**

- **Judgement**
  - Strong recommendation against the option
  - Conditional recommendation against the option
  - Conditional recommendation for either the option or the comparison
  - Conditional recommendation for the option
  - Strong recommendation for the option

**Recommendation**

**Overall**

**Recommendation**

The implementation of community mobilization through women's groups using facilitated participatory learning and action (PLA) cycles is recommended to improve maternal and newborn health, particularly in rural settings with low access to health services. Participatory women's groups represent an opportunity for women to discuss their needs during pregnancy and the barriers to reaching care, and to increase communication and support to pregnant women.

Detailed information and guidance related to the recommendation, including important implementation considerations, can be found in the 2014 WHO recommendation on women's groups using PLA cycles [WHO 2014].
### Justification

Select the criteria that were most important for this decision and for each of those criteria write a brief (one sentence) summary of how it influenced the decision.

<table>
<thead>
<tr>
<th>Criteria selected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>CERTAINTY OF THE EVIDENCE</td>
</tr>
<tr>
<td>The certainty of the evidence is low.</td>
</tr>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>BALANCE OF EFFECTS</td>
</tr>
<tr>
<td>Women's groups using PLA cycles may reduce the number of perinatal deaths, increase the number of women who have one or more antenatal care visits, and lead to a positive pregnancy experience.</td>
</tr>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>COST EFFECTIVENESS</td>
</tr>
<tr>
<td>Women's groups using PLA cycles are probably cost-effective.</td>
</tr>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>EQUITY</td>
</tr>
<tr>
<td>Women's groups using PLA cycles probably increase equity by benefiting underserved populations, and they empower disadvantaged populations.</td>
</tr>
</tbody>
</table>

**Overall**

Women's groups using PLA cycles may reduce the number of perinatal deaths and increase the number of women who have one or more antenatal care visits. Moreover, they provide an opportunity for communication and support, which women value, and they probably increase equity. They also empower disadvantaged populations to engage in efforts to improve health. They are probably cost-effective, although the costs of implementing women's groups using PLA cycles vary.
Implementation considerations

Overall

Based on [WHO 2014]

- To have an impact on health outcomes, the time period of the intervention should be no shorter than three years.
- There needs to be adequate coverage of the intervention in terms of density of groups in the population. There is some evidence that women’s groups might be more successful where more than 30% of pregnant women participate, however the evidence at present is not definitive. The effect may also vary by context. For example, it may depend on prior existence, strength and cohesion of local social networks.
- High quality facilitators are key in establishing and maintaining groups and helping them to be effective. Good training and support of facilitators are therefore essential.
- Although it is a ‘community intervention’, like any intervention at large scale, it must be supported by appropriate structures, systems and processes. For example, each facilitator should be responsible for no more than 8-10 groups per month to act effectively, and resources must be in place to support this.
- Implementation should include awareness of potential harms (e.g. gender violence, conflict with health providers or other community members). Potential harms should be monitored throughout implementation so that they can be managed.

The political/social context

- Political support (national and local level) is essential.
- The intervention must be adapted to reflect each country’s context, specific capacities and constraints.
- Implementing the intervention as part of national community health developmental strategies/plans or other community development structures is likely to enhance coverage and sustainability.
- The women’s groups should not operate in isolation. To be effective they need the cooperation of other social groups, and responsive and accountable health services. Co-operation from non-health sectors may be crucial for implementing group plans; e.g. road maintenance.

Specific local factors that might be relevant to implementation

- History of participation in communities, existence of other groups, local decision making structures and processes should be taken into account in design/implementation.
- Data are needed on local barriers and facilitators of implementation, and on acceptability of the intervention to women.
- Implementation should consider the role of men and other members of the community (e.g. religious groups, mothers-in-law) and how and when they participate in the process.
- The design of the process used with groups should be adapted according to the groups in question; e.g. accounting for levels of literacy and numeracy, preferences for oral versus visual methods.
- Ethnic group mix, religion, caste and other social categories affecting group dynamics need to be considered in developing the approach; e.g. how and where groups are formed.
When evidence is scarce (…or moderate or plentiful)

- Use the best available evidence
- Ensure collaborative and inclusive processes, involving multiple stakeholders
- Provide explanations, in plain language
- Arrange for thorough dissemination and implementation process

- All evidence is context sensitive – all observations are context specific
- Global evidence – the best evidence from around the world – the best starting point for judgements about the impacts of policies
- Local evidence is necessary to inform most other judgements about what to do
Monitoring and evaluation

Overall

- Implementation of this recommendation should be subject to ongoing monitoring and evaluation to ensure high quality implementation adapted to the local context.

Research priorities

Overall

- Determine what types of participatory women’s group models are best, including the optimum group size, the type of participants (pregnant women only, women of reproductive age, all women), type and number of facilitators, and content of health promotion.
- Determine the feasibility and acceptability of mixed gender groups.
- Determine the best model for integration/cooperation with the facility-based/local health system.
- Determine the optimal models for community mobilisation.
- Explore the mechanism of effects behind this option.
- More research is needed to understand the effects of community mobilization on care-seeking outcomes in different contexts.
Example of case where evidence is scarce

**Question:** What is the effect of shared physical custody for children?

**Assessment:** Best available research evidence on the effect of shared physical custody for children → conducted a systematic review

- Familiarized ourselves with the topic and debates in the field
- Had close dialogue with the commissioner, experts on the topic, specialists, parents’ groups, family therapists
- Wrote report that explained the topic, the debate, the existing research and our evaluation of it
- Presented, explained, discussed, debated findings of report to different interest groups, in different ways, using full report and tailored products

**Conclusion**
Safe and effective shared custody arrangement

Development of evidence-based recommendations about shared custody arrangement

Systematic review

Evidence-based practice (EBP) is integrating the best available evidence with the knowledge and considered judgements from stakeholders and experts to benefit the needs of a population

Syntheses of existing research that are conducted according to a systematic, scientific and transparent method

Development of practice and policies must be evidence-based

Enhanced child well-being
Example: Female genital cutting
Example: Female genital cutting

**Reasons**

- Factors promoting and hindering the practice of female genital mutilation/cutting (FGM/C)

**Consequences**

- Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): a systematic review of quantitative studies
- Gynecological consequences of female genital mutilation/cutting (FGM/C)

**Effectiveness of prevention programs**

- Effectiveness of interventions designed to reduce the prevalence of female genital mutilation/cutting: A Systematic Review

- Effectiveness of interventions designed to prevent female genital mutilation/cutting: A Systematic Review

**Effectiveness and experiences with treatment options**

- Interventions to reduce the prevalence of female genital mutilation/cutting in African countries
Example

How can we know if a child has been the victim of abuse?
Example

How can we know if a child has been the victim of abuse? How can we elicit truthful disclosure or recall of events from children?

• Question: What is the effect of open-ended prompts in conversations with children in eliciting truthful disclosure of abuse?

• Assessment: Best available research evidence on the ‘effects’ of open-ended prompts → conduct a systematic review
  • Familiarize ourselves with the topic and debates in the field
  • Have a close dialogue with the commissioner, experts on the topic, specialists, parents' groups, family therapists
  • Write a report that explains the topic, the debate, the existing research and our evaluation of it
  • Present, explain, discuss, debate findings of report to different interest groups, in different ways, using full report and tailored products

Conclusion

NIPH - 30/01/2019
Thank you for your kind attention 😊