A realist approach to studying the UHC-Partnership

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RATIONALE FOR A REALIST APPROACH
THE STAKEHOLDER’S PERSPECTIVE
The UHC-partnership in 2011

• SDGs, WHA resolutions on PHC, HSS, PCC, UHC
• IHP+ and UHC 2030
• EU concern
• WHO roles in countries
• GD Luxembourg's interest (2012)
Support to countries 2011-2018

- 3 phases of countries – in 30 countries
- Support to policy dialogue
- Complexity
- Variability needs, systemic interactions, possible results ("open" uncertainty)
- Attribution vs. contribution
- Flexibility

“set of formal and informal exchanges aimed at facilitating policy change, influencing policy design and fostering further processes for decision-making where stakeholders of the different health system levels participate and contribute” (WHO, 2016)
Major areas of work

AREAS of ACTIVITIES

- MoH Capacity Building
- Strategic National Planning
- IHP+ Decentralization
- Health Financing
- Financial Management Systems
- Human Resources for Health
- Health Information Systems
- Monitoring & Evaluation
- Medicines
- Visibility
- Others (legislation, regulation, …)

LEVELS of ACTIVITIES

- National level
- Provincial level
- Local level

TYPE of ACTIVITIES

- National Policy/Political objectives
- Strategic work
- Technical support

Major focus
Sierra Leone 2012-2016

What does it mean for us?

- HRH Policy launch [2013]
- HRH Strategic Plan launch
- HRH automated information system

Leadership
- Improved governance
- Increased of Midwives’ & auxiliary’s skills

Information
- Improved management
- Increase of staff density 1/1500 to 1/620 inhab.

Free healthcare launch [2010]
- Gaps in HR identified
- Resource mobilization

Increase of salary
Increase of number of staff

The rough timeline is to complete the policy and strategy process before the end of 2016

- Working groups convened
- HRH Summit
- Writing workshops begin
- Validation and dissemination

May | Jun | Jul | Aug | Sept | Oct | Nov

- Convening & Consultation
- Situation analysis
- Prioritization of challenges
- Activity generation and costing
- Finalized National HRH Policy and Strategy

The HRH strategic planning process will complement ongoing activities, including:
- 10-24 month plan
- Health Sector Strategic Plan
- Nursing and Midwifery Strategy and Policy development (May – July)
- Community Health Worker Strategy and Policy development
RATIONALE FOR A REALIST APPROACH
THE RESEARCHER’S PERSPECTIVE
How useful is a realist approach for HPSR?

• The objectives of realist evaluations match the objectives of HPSR:
  ✓ To understand successes and challenges in implementing health policies and interventions that impact health systems
  ✓ To produce evidence that are relevant and support action

• Additional assets of a realist approach:
  ✓ Accountability: causal reasoning is key
  ✓ Context is part of the causal explanation
An intervention supporting **processes** (health planning & health policy dialogue) that should be:

1) **participatory** and **inclusive**, 2) **led by MoH** and 3) take **evidence** into account.

An intervention in which WHO:

1) acts as a **convener** and a **broker**, 2) provides **technical expertise**, 3) in a **flexible** and **responsive** way.

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**Fostering**

- **Comprehensive** and **robust** NHPSP and health financing
- **Alignment** of stakeholders, through **ownership** and **buy-in**
- **Leadership** and **stewardship** of MoH
Key features of complexity

- A set of explicit & implicit theories
- An active and populated intervention
- Embedded in several layers of context
- Non-linear and leaky

E.g. UHC-P aims to promote universal health coverage through the strengthening of countries’ health policy dialogue, in order to foster robust and comprehensive NHPSP.
Key features of complexity

- A set of explicit & implicit theories
- An active and populated intervention
- Embedded in several layers of context
- Non-linear and leaky

UHC-P involves MoH, other Ministries, the civil society, the technical and financial partners, etc.
Key features of complexity

- A set of explicit & implicit theories
- An active and populated intervention
- **Embedded in several layers of context**
- Non-linear and leaky

UHC-P is implemented in countries with different priorities, different health systems and health systems challenges, different capacities, etc.
Key features of complexity

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- **Non-linear and leaky**

UHC-P transforms through the action of actors and the influence of contexts (e.g. Ebola crisis, fragile states).
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How to draw transversal lessons across countries?

How to account for the role of context?

What do we want to know? How do we do?
THE RESEARCH QUESTION
Framing the research question

How and under what circumstances does the UHC-P contribute to strengthen the health policy dialogue towards universal health coverage? With what outcomes?
EXPECTATIONS... THE SCIENTIST’S PERSPECTIVE
What to expect

- A **qualitative explanation** of how the UHC-P works across sampled countries
- An explanation of **challenges** and **successes** of the UHC-P through:
  - Understanding contextual factors
  - Uncovering hidden key ingredients (mechanisms)
- **Lessons learnt**
- **Theoretical & methodological advancements**
What not to expect

- An impact assessment
- A normative evaluation
- Measures, indicators
- Quantitative methods
- Recommendations
EXPECTATIONS…

THE STAKEHOLDER’S PERSPECTIVE
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