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# **Supporting policy dialogue for health planning and health financing**

A realist intervention theory of  
the Universal Health Coverage Partnership

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# Objectives of the presentation

1. To present the intervention theory as the first output of the research
2. To reflect on the value of the intervention theory and the research process



# Context

- **Universal health coverage** (UHC) as a blueprint to strengthen health systems in developing countries
- **Policy dialogue** as a promising governance tool: process targeting both the technical and policy aspects of the problem being discussed, involving evidence and sensitive policy discussions, in which a wide range of stakeholders participate, with a concrete objective, such as the development of a plan or strategy
- **UHC-Partnership** to support policy dialogue for health planning and health financing in about 30 countries
- **Typical soft intervention:** how to account for outcomes in different settings with major contextual influences?



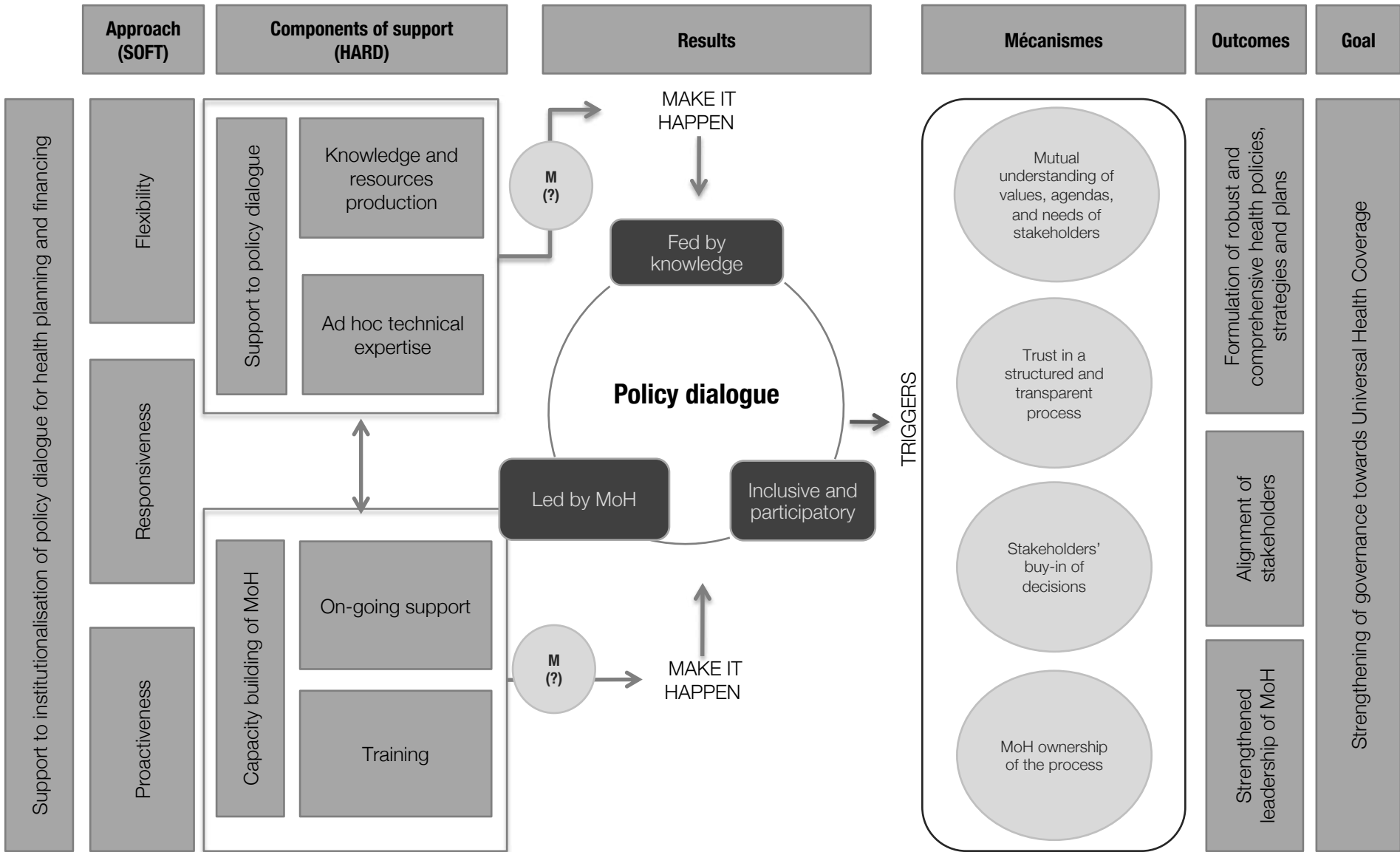
# Method

## **For the realist evaluation**

- Objective: to better understand if the UHC-Partnership can contribute to strengthen policy dialogue, how and in what contexts
- Multiple case study (Togo, Liberia, Burkina Faso, Niger, DRC, Cape Verde)
- Qualitative research

## **For the intervention theory**

- 1st round:
  - Documentation
  - Formal discussions with implementers
- 2nd round :
  - Observations
  - Interviews with key informants
  - Literature review
- 3rd round :
  - Discussions with implementers



C o n t r i b u t i o n

UHC-P realist intervention theory

# The researchers' perspective (1)

## For the research team

- Provides a common understanding of the intervention
- Becomes a framework to look at national experiences
- Exposes the two level analysis of the research
- Challenges:
  - The IT does not depicts reality. It is a way to look at reality.
  - How to move away from this “typical” representation?
  - Social sciences and anthropology researchers unfamiliar with IT

We implemented the same program in two locations. For some reason, we had very different results.



# The researchers' perspective (2)

## For commissioners & implementers

- A way to send out messages :
  - Ensure a common understanding of the intervention
  - Demonstrate the complexity of the analysis
  - Illustrate the multiple causal pathways and far-reaching and long term expected outcomes
  - Lower expectations

I'm sorry, the report is going to be a little late. We can't decide if something is a mechanism or a context.



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# The implementers' perspective

(Feedback from the field)

## **The process**

- Allowed for clarifications about both the intervention and their role
- Provoked discussions and triggers a reflective process among implementers on their role
- Raised awareness about the research process

## **The intervention theory**

- Provided - in a structured and synthesized manner - an illustration of their role
- Gave a sense to action
- Why?
  - No time to step back when in the job
  - Loss of sight of the objectives
  - Possible confusion on role in the UHC-P vs. traditional role / way of doing thing (technical support to MoH)



# The commissioner's perspective

- Complex intervention on policy dialogue at country level
- The "million lives saved" syndrome
- The bureaucratic approach of donors to evaluation
- The attribution nightmare
- Confirm the perceptions of policy-makers
- Demonstrate actual outcomes of the intervention:  
WHO's role and mandate as an institution
- The real life of the process over time
- Identification of the mechanisms

# Several ways at looking at policy dialogue & UHC-Partnership

	<b>Normative evaluation</b>	<b>SOM (EU)</b>	<b>Research on policy dialogue</b>	<b>Realist research</b>
<b>Mandate</b>	Results/Objectives	Results/objectives	Perceptions of policy dialogue in the field	Context & mechanisms
<b>Added value</b>	Valued by donors/stakeholders	Responds to donor requirements	Set the scene of policy dialogue in SSA	Flexible Key actionable factors
<b>Limits</b>	Mechanistic attribution "Governed by numbers"	No expertise in health systems « A côté de la plaque »	Not about the UHC-P No attribution	Does it work? Too sensitive to contexts?

# Lessons learnt

- The intervention theory as an efficient tool to:
  - **Reflect** on the intervention
  - **Structure** the research process
- Building the intervention theory as a necessary step to :
  - Ensure a **shared understanding** among researchers, implementers and commissioners about the research object, the intervention, and the research process
- Challenges of collaboration: **symbolic** vs. **instrumental** use of research findings?

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