

A photograph of a woman in profile, wearing a light-colored headscarf and a black dress with large floral patterns in orange, blue, and white. She is sitting on a bed with a green sheet. A baby is lying on the bed to her left, wearing a white shirt and light-colored shorts. The background is a wall with light-colored square tiles. A white mosquito net is visible in the upper left corner.

# A realist approach to studying the UHC-Partnership

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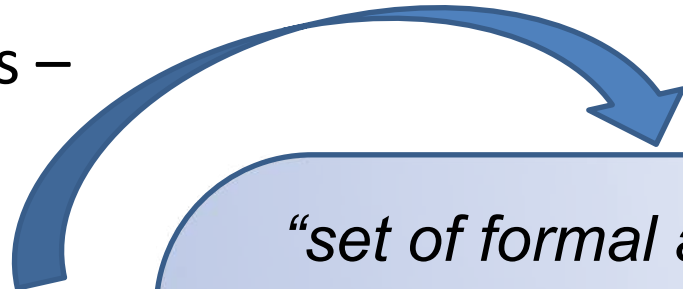
# **RATIONALE FOR A REALIST APPROACH**

The stAKEHOLDER's PERSPECTIVE



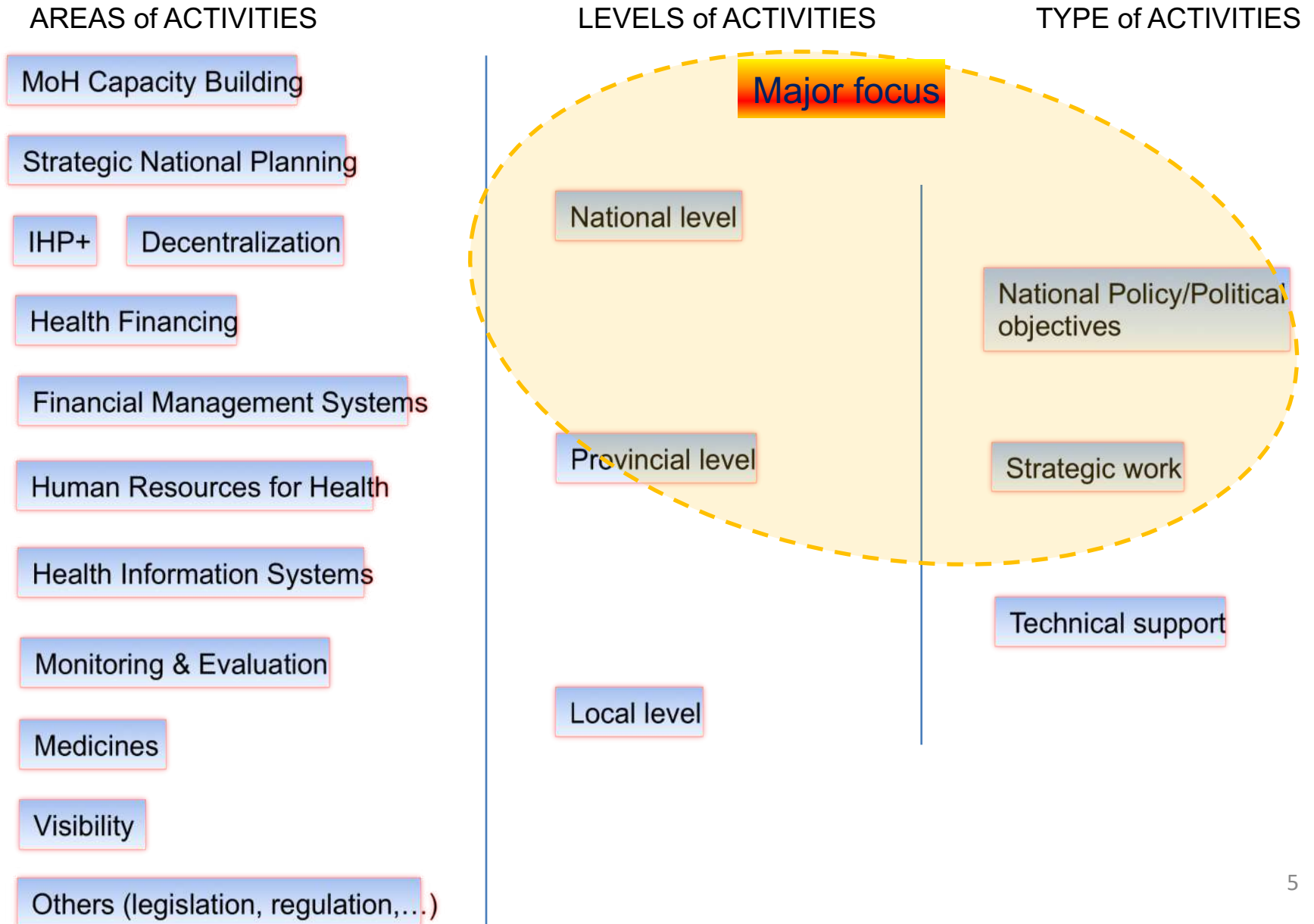
# Support to countries 2011-2018

- 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



# Sierra Leone 2012-2016

What does it mean for us?

In Sierra Leone [1/2]



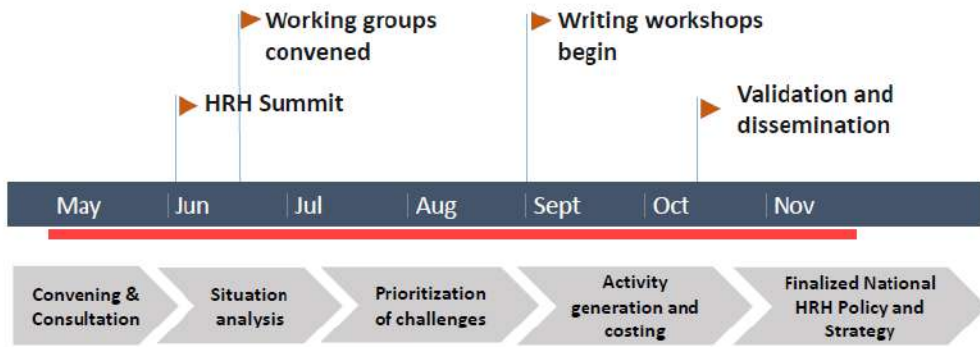
2016



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



Ebola crisis



- 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



# WHO role in the UHC-P

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.

## 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.

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

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

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UHC-P transforms through the action of actors and the influence of contexts (e.g. Ebola crisis, fragile states).<sup>13</sup>

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# Key features of complexity

- **A set of explicit & implicit theories** ▶ *How to draw transversal lessons across countries?*
- **An active and populated intervention** ▶ *How to account for the role of context?*
- **Embedded in several layers of context**
- **Non-linear and leaky** ▶ *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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