

A photograph of a woman sitting on a bed with a child lying down, under a mosquito net. The woman is wearing a pink headscarf and a black floral patterned top. The child is wearing a white shirt and yellow patterned shorts. The background is a white tiled wall.

A realist approach to studying the UHC-Partnership

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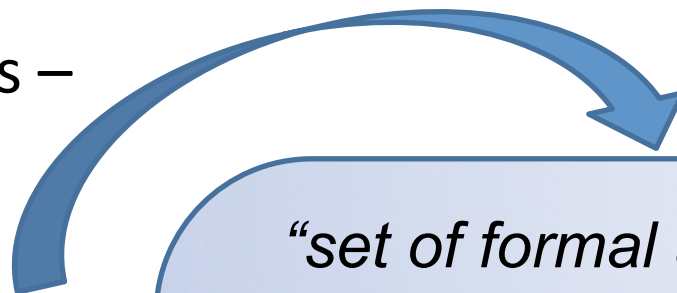
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RATIONALE FOR A REALIST APPROACH

THE STAKEHOLDER'S PERSPECTIVE

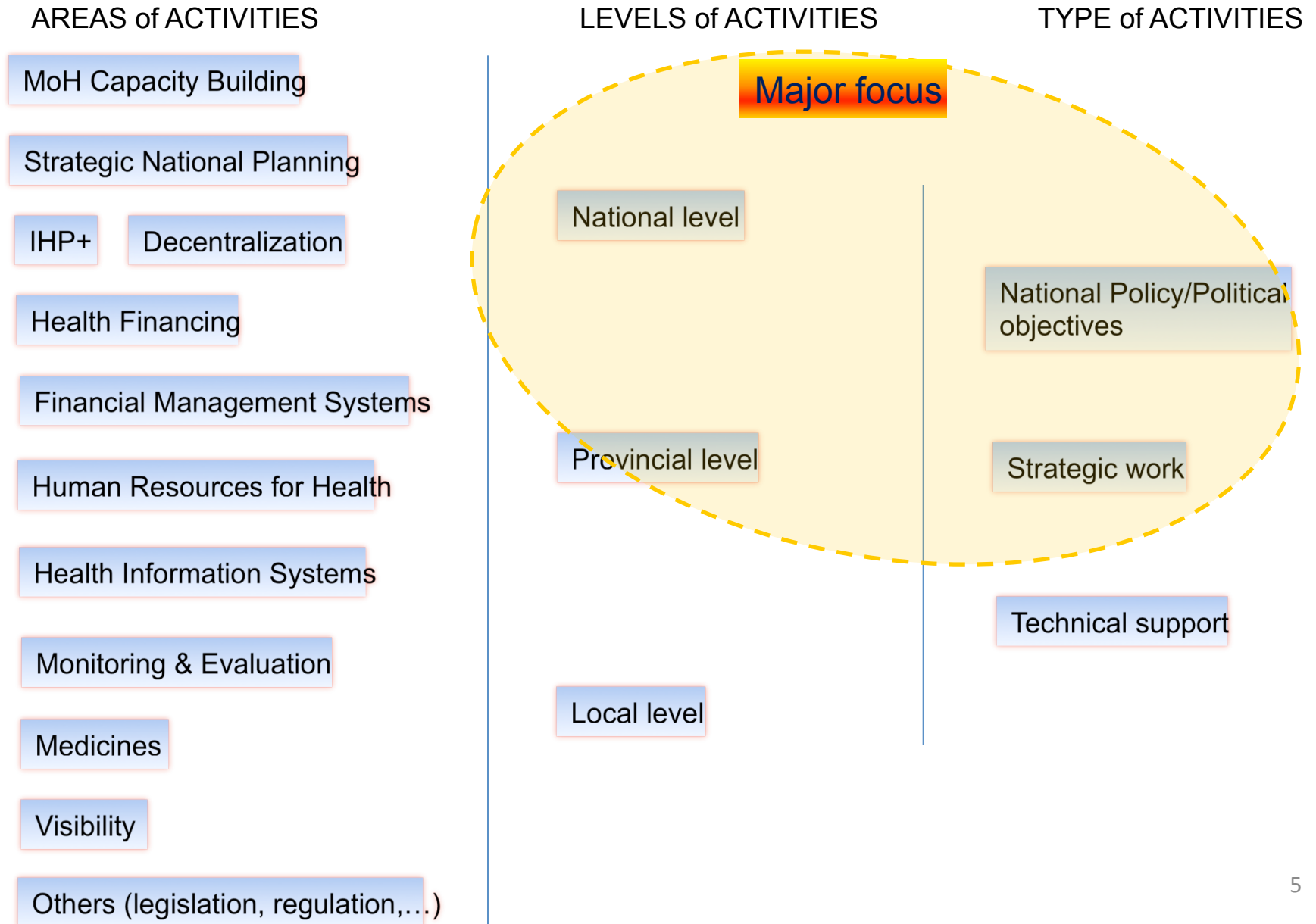
Support to countries 2011-2018

- 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



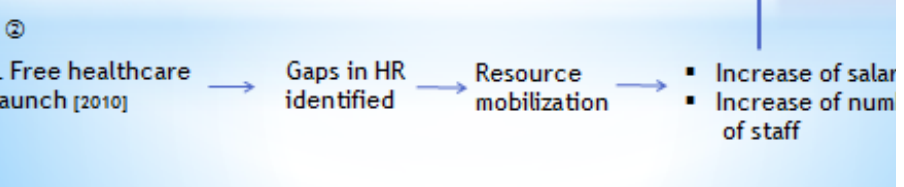
Sierra Leone 2012-2016

What does it mean for us?

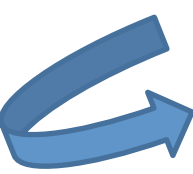
In Sierra Leone [1/2]



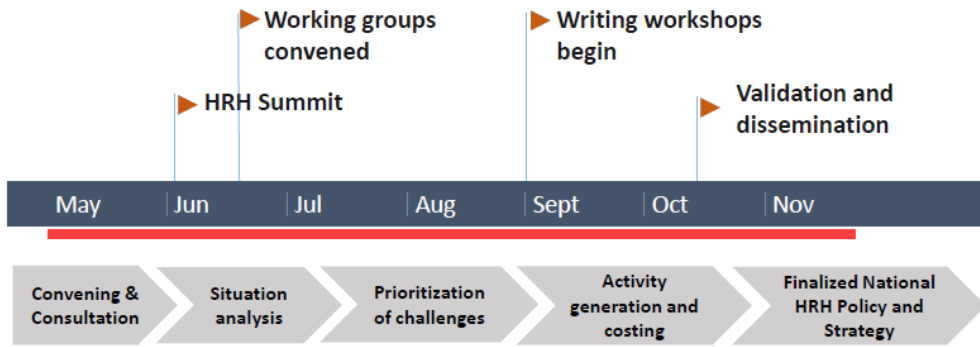
2016



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.

Key features of complexity

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- **An active and populated intervention**
- Embedded in several layers of context
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UHC-P involves MoH, other Ministries, the civil society, the technical and financial partners, etc.

Key features of complexity

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- An active and populated intervention
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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).¹³

Key features of complexity

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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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