PPHC-KN PROGRAMME NODES PHASE 1: ANALYSIS OF CONDITIONS

The present brief guide is a revision of the guide used for Phase 1, analysis of conditions since the discussion during the PPHC-KN Steering Group workshop on the 31st January, 2007. The revision takes into account the lessons learned from the reviews of the first draft submissions in June-July and provides clarification rather than a change from the earlier version.

Different conditions will possibly require slightly different analytical approaches and it is important to clearly state the approach taken and methods used by each node. Further, it is crucial for the final synthesis across all the nodes that we are all using the same five-level framework (see PPHC Scoping Paper and the flow-chart to the right) - A challenge to many of the Programme Nodes will be the scarcity of hard data linking outcomes with social determinants, in particular from developing countries. However, using the potential of the wider Programme Node networks might assist in overcoming or working around these problems. There is no blueprint map of what we are going to do. Much of the ground is un-chartered and it will be an intellectually and programmatically demanding - but exciting journey, during which we will have to learn and share as we go.

Annotations to the analysis list of the PPHC-KN Scoping Paper (page 15)

1. Social determinants at play and their contribution to inequity, e.g.: path-ways, magnitude and social gradients

The starting point for the analysis is a clear definition of the public health condition(s) addressed. The next step is to ask "what are the equity issues?" in health outcomes and consequences and working upwards along the causal pathways to context and position. Some might prefer 'ill-health' as the outcome condition, while others might want to take the challenge of starting from 'good-health'. The balance between the structural and the service levels will vary depending on availability of 'medical interventions'. Some nodes might find it challenging to go to the exposure and context/positions levels of the framework. There might be some help in the Cross-over matrices prepared, identifying intersections with social determinants addressed by the other Knowledge Networks (KN) of the Commission.

1 Six matrices are by 8 September posted in the PPHC General Library and the remaining two, i.e., health systems and measurement will come in the course of the coming weeks.
The greatest challenge will undoubtedly be to quantify the differentials and the contributions by each of the determinants, in particular when going beyond income or wealth data. Each node will have to find ways to deal with this, e.g., through providing evidence by examples from different settings and contexts. The slide on tobacco use, ethnicity and income deciles presented during the PPHC June retreat, is a good example of multidimensional presentation of gradients.

2. Promising entry points for intervention

Once the pathway mapping is done, one should look for promising entry points for interventions. First looking for the major drivers of the situation, then looking for potential effectiveness of the different 'control knobs', i.e., the input-effect relationship, and finally looking at the feasibility of intervening at this point. The above Cross-over matrices provide reference to some examples of pathways and entry point discussions for the themes addressed by each KN.

3. Potential side-effect of eventual change

Sometimes, we resolve one problem only to create another. Once the promising entry points for interventions have been identified, it will be possible to make a risk-assessment of potential negative consequences of making changes at this point.

4. Possible sources of resistance to change

It is not values neutral to deal social determinants of and inequities in health. One will inevitably touch on power relations and interests of different groups in society, including professional groups. This might trigger opposition or resistance at times so significant that it makes change difficult or even impossible. In any case, it is important early on to have ideas about the potential sources of such resistance.

5. What has been tried and what were the lessons learned

It should be acknowledged that, although overall, we are in un-chartered territory, there may have been people before us. It is therefore, vital to look at past experiences and attempts, including what can be learnt from them.

Useful background documentation


Bolsa Alimentação Programme, Brazil - an illustrative example, PPHC-KN Secretariat and NHD Department, Jan 2007


