PPHC Programme Nodes Phase 3 - Measurement

Most, if not all programme nodes faced constraints with respect to availability of hard data to present their case and to identify possible entry points for interventions along the pathways to differential outcomes. These problems continued when it came to working on interventions.

Some nodes were fortunate to have data from the Demographic Health Surveys (DHS) or from the World Health Surveys (WHS). Most nodes had to rely on opportunistic data, mainly from small-scale studies covering certain aspects of the question. Yet, even the DHS and the WHS have shortcomings with respect to social determinants analysis, e.g., DHS data are only available for some conditions and population groups and for some countries - further data are not always comparable across countries and time. One major constraint with DHS and WHS is that they are representative of large areas, e.g., entire countries. This makes them less useful for programme purposes where management is required to assess and monitor at state, province, municipal, district, or even sub-district levels and to measure at different intervals and times.

Basically, information can be obtained from analysing service, surveillance, survey, research, registration and census data - but what is important in our case are the links between data. Data can be qualitative or quantitative. Phase 3 is about identifying the data/information needs to taking a social determinants approach from a programme perspective and how these needs can be met.

Introduction to measuring

The Report of the Measurement and Evidence Knowledge Network (MEKN) acknowledges that judgements about whether a specific health inequity is unfair and avoidable depends on prior beliefs and it thus not the same in all contexts, e.g., countries, socio-political, economic circumstances, etc.. Key concepts introduced:

- **Equity proofing** provides a solution that while evidence-based, can proceed without waiting on the results of future studies and a better conceptual apparatus. The recommended approach is a structured process for assessing the potential health impacts of any policy proposal with considerations of equity in each step of the process.
- **Health gaps**, narrowing these means raising the health of the most disadvantaged, fastest. An effective policy is one which achieves both an absolute and a relative improvement in the health of the most disadvantaged. However, this focus might limit the policy vision.
- **Health gradient**, locates the causes of health inequity, not in the disadvantaged circumstances and health damaging behaviours of the disadvantaged - but in the systematic differences in life chances,
living standards and lifestyles associated with people's unequal positions in the socio-economic hierarchy.

What to do in Phase 3

The MEKN Report (1) provides a framework that can be used for the development, implementation and evaluation of programmes set up to address the social determinants of health. The framework comprises five main elements:

1. Generating an evidence base for effective action (pages 35-41)
2. Creating evidence based guidance (pages 42-43)
3. Collecting and collating evidence for how to implement effective policies (pages 44 to 48)
4. Learning from practice (pages 49 to 53); and
5. Policy Monitoring and evaluation (pages 54 to 63)

The recommendations made by the MEKN are largely geared towards dedicated equity programmes. However, the recommendations and tools are also relevant to condition-specific public health programmes in need to reduce differentials in particular health outcomes. Specifically, each Programme node in Phase 3 should go back to review its analysis and its proposed interventions to highlight:

Retrospectively (items 1 and 2 above)

- Data shortcomings experienced in the analysis (Phase 1) in making the case for policy and programme action. Which data are missing to explain the observed differential outcomes and to make the case more convincing? Which research and further analysis are required?

Prospectively (items 3 to 5 above)

- Which types of data are needed to manage and to monitor / evaluate the effect of the interventions proposed by the Programme Node in Phase 2?
- Which types of data are needed to manage and to monitor the possible side-effects of action as identified in phase 1?
- What to do in the case of absence of data, or where there are limitation of small numbers, e.g., in relation to focal conditions or small populations?
- What can be done where capacity to generate data and information is limited, e.g., can a phasing be proposed - if so, what are the minimum requirements - beginners, intermediate, advanced? Will the proposal differ relative to, e.g., the burden of disease?
- What needs to be done differently or additionally in order to make such data available and useful for programme management? By:
  - The public health programme(s) in question? E.g.: synthesis and dissemination; redesign of programme specific information systems; redesign of survey instruments; change of guidelines; etc..
  - Ministries of Health (intrasectorally)? E.g.: redesign of sector-wide information systems; change of incentives; introduce, change or expand health surveys; etc.
  - Other sectors (intersectorally)? E.g.: adding health components to general or sectoral surveys or census in particular where links matters, etc..
  - WHO? E.g: changing its guidelines; changing its way of reporting - to focus on gradients; developing and testing new instruments; etc..

For the prospective bullets above, it is important to apply a management rather than an academic view, i.e., to focus on the concrete programme needs and issues and to be practical. It will be useful for both the individual Node's analysis as well as for the cross-node synthesis to systematize the approach and findings, e.g., by using the annexed matrix.
**What will follow**

Building on the results of the work of the individual nodes, a cross-node synthesis will be undertaken with formulation of general requirements to design and conduct of service, surveillance, survey, research, registration and census data collection and analysis in order to facilitate the management of a social determinants approach for public health programmes.

**Key references**

Annex - Schematic overview of social determinants addressed, the related interventions and the management information needs for effective programme implementation

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<thead>
<tr>
<th>Social determinants (Entry points on Pathway)</th>
<th>Proposed Interventions (Targeting each entry point)</th>
<th>Management Information Needs</th>
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<tbody>
<tr>
<td>Socio-economic</td>
<td></td>
<td>Type of data required for monitoring intended as well as unintended effects</td>
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<tr>
<td>Differential exposure</td>
<td></td>
<td>Data availability issues, including possible sources of data</td>
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<td>Differential vulnerability</td>
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<td>Differential health outcome</td>
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<td>Differential consequences</td>
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