



The political economy of health stream

Update

Executive board meeting December 2018



Imperial College
London



Team

AUB: Fouad Fouad, Marilynne Menassa, Cosette Maiky, Lara Abou Ammar

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Post docs: Cosette Maiky (AUB); Cambridge to be hired; Adrian Gheorghe – senior health economist (Imperial)

What is the political economy of health in conflict?

Working definition:

*“The **political economy of health in conflict** seeks to explain and influence the broader forces (including public policies, corporate and third sector activity, institutions, networks and individuals) that affect the distribution of health and resources for health within and across populations in countries/regions in conflict. It is explicitly concerned with analyzing the contestation of interests, and engages core concepts such as power, incentives, interest groups, ideas, and institutions”*

We don't know how health and social protection systems actually operate, who makes the decisions, how they are financed, where the money goes and what are the networks of governance.

Activities

- Update on the Fellows Programme
- Scoping review: conceptual framework development
- Capacity development work
- Health sector-based political economy analyses: foundational “needs assessments” to guide future question development

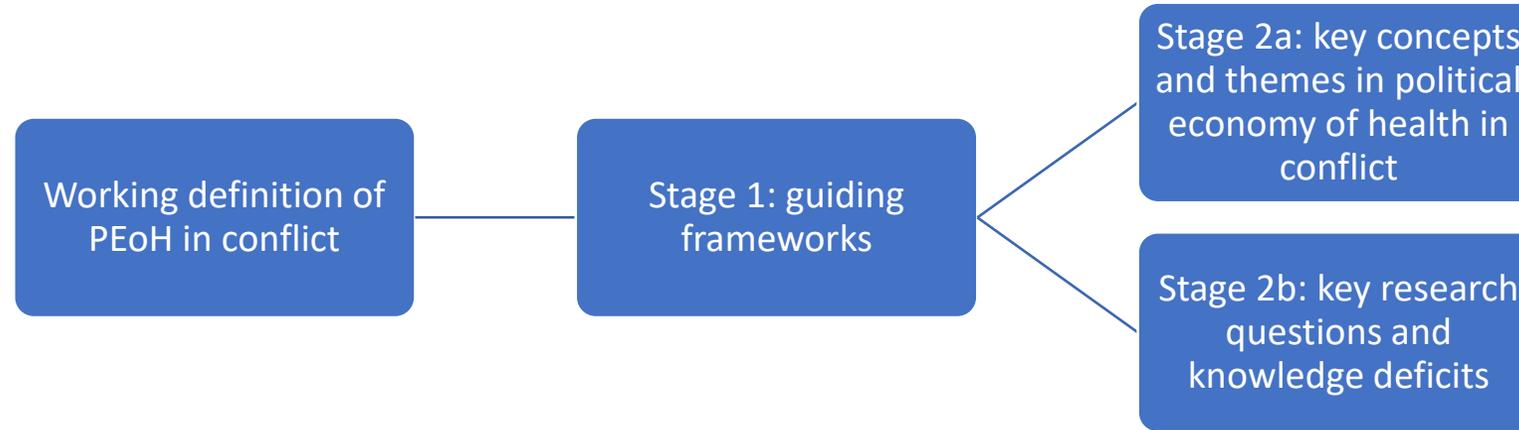
1. MENA health policy fellows – Oct/Nov 2018

- [Dr Asem Mansour](#), Director, Cancer Centre Jordan
- [Nour Kik](#), Policy and Advocacy Coordinator, Ministry of Public Health, Lebanon
- [Dr Ibrahim Bou-Orm](#), Consultant, Ministry of Public Health, Lebanon and PhD student, Queen Margaret University Edinburgh
- [Dr Meltem Sengelen](#), Lecturer, Dept of Public Health, Hacettepe University, Turkey
- [Dr Samah Jabr](#), Head of Mental Health, Ministry of Health, Palestinian National Authority
- [Hilda Harb](#), Head of Dept of Statistics, Ministry of Public Health, Lebanon
- [Rana Nashashibi](#), Director, Palestine Counselling Centre

2. Conceptual review –questions

<i>Review stage</i>	<i>Questions</i>
Stage 1: guiding frameworks	<p>1.How is PEOH conceptually constructed in the research literature?</p> <p>2.What is distinctive about PEOH <i>in conflict</i>, as opposed to stable settings? Is this defined or conceptually constructed in significantly different ways from PEOH?</p> <p>3.Do guiding frameworks for PEOH in conflict differ in important ways from those in the political economy of health and development in stable settings, and the political economy of conflict?</p>
Stage 2a: concepts and themes	<p>4.What are the main research domains and themes within the literature on political economy of health in conflict?</p> <p>5.Is a distinctive literature emerging from the MENA region on this topic, and if so, what is distinctive about it (i.e. are specific, and specifically <i>different</i> concepts and themes emerging from discussion on health in the region by comparison with others)?</p>
Stage 2b: knowledge deficits	<p>6.What are the key outstanding research questions in political economy of health in conflict?</p> <p>7.Where are the key knowledge gaps in this field?</p>

Conceptual review - approach



- Focused on peer-reviewed literature only
- Evidence spanning LMICs, over the past 20 years (i.e. since 1998)
- Will differentiate evidence from conflict-affected and stable settings using the World Bank's harmonised list of fragile settings
- Deliverable: peer-reviewed journal article

3. Capacity development approach (1)

A six-step, PROCESS-oriented and GOAL-driven approach

1. Assess context	<ul style="list-style-type: none">• Country PEAs
2. Identify beneficiaries and engage stakeholders	<ul style="list-style-type: none">• Initial: CSAP Fellows, R4HC core partners• Further: public sector, NGOs, other research org's
3. Formulate capacity goals	<ul style="list-style-type: none">• Direct consultation with beneficiaries
4. Identify and prioritize capacity gaps	<ul style="list-style-type: none">• Identify required capacities to achieve goal• Assess existing capacity (tool under development)• Prioritize capacity areas ~ realistic, R4HC scope
5. Design and deliver activities	<ul style="list-style-type: none">• Co-design and co-deliver
6. Review, adjust and adapt	<ul style="list-style-type: none">• Attract new beneficiaries• Review capacity goals, modalities and results chain• Implement MEL activities

Capacity development approach (2)

Key points:

- (Aim to) go beyond individual capacity by targeting teams, organizations and, as much as possible, institutions.
- Focus on facilitating structured interactions between researchers and policymakers: meet, share knowledge and co-design/co-produce research
- Flexible design with **streams of activities** that allow multiple entry points over time for various types of beneficiaries.
- Driven by the capacity needs of partners and broader stakeholders, combining activities common to both audiences with activities tailored to each one's needs.
- Build on and coordinate with existing capabilities, structures, processes and resources, both within country partners and within R4HC

Key findings in assessment	Countr(ies)y where finding applies	Interventions to address gap
Researchers pursue their own interests	Bangladesh	Increase opportunities for researchers and policy makers to meet and share ideas
Poor communication skills of researchers and research outputs not relevant	Bangladesh	Change methods of communication—use of multimedia communications
Lack of centralized site for accessing information	Bangladesh, Gambia, Nigeria	Build infrastructural support for policy makers to access information; established shared hosted website for ease of research output access
Few opportunities for researchers and policy makers to meet	Bangladesh, Nigeria	Establish regular meetings between researchers and policy makers
Low level of political will to use evidence in policy making	Nigeria	Workshops with policy makers to emphasize need for evidence-informed policy making
Poor capacity to interpret and use data	Bangladesh, India (x2)	Training programmes for policy makers and policy influencers

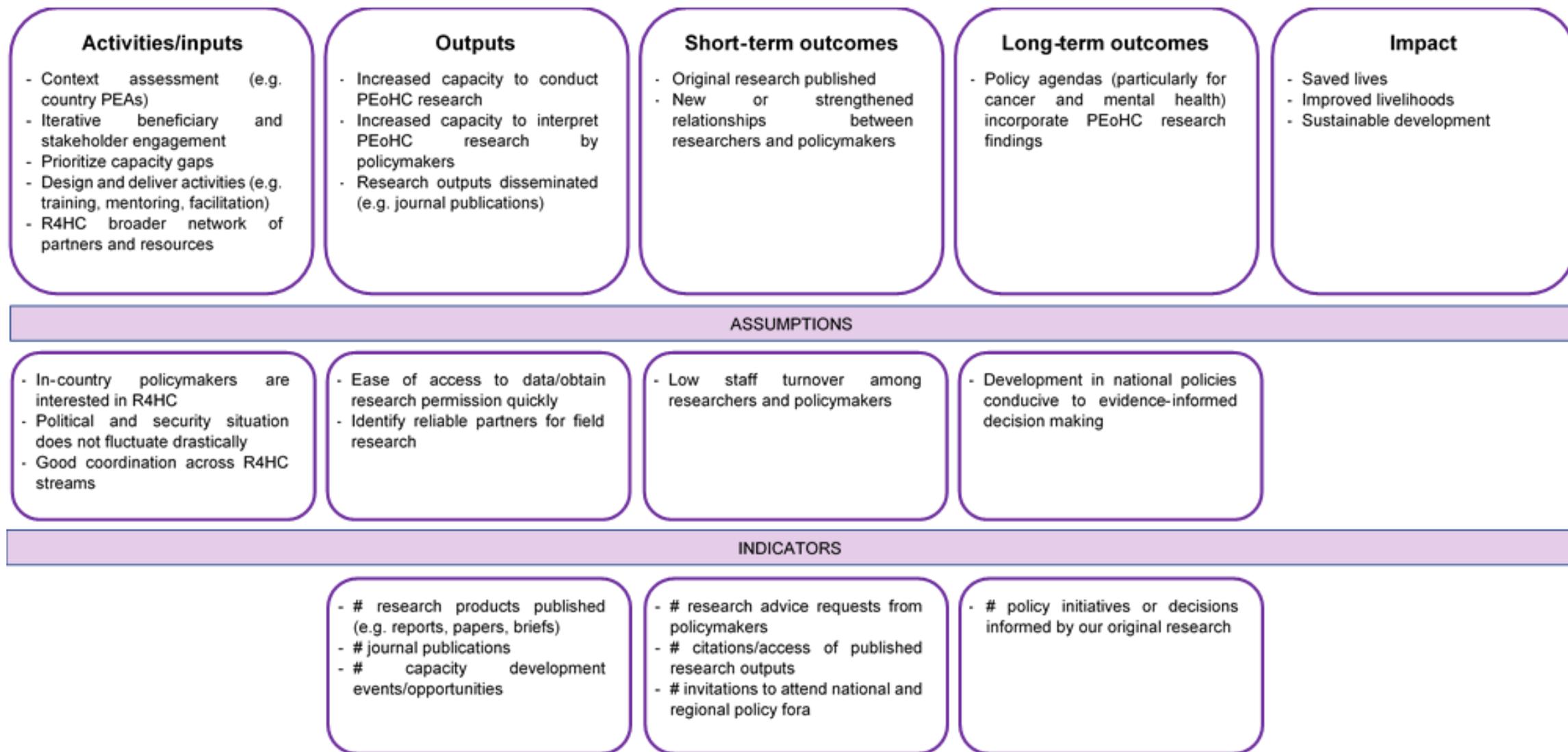
Illustrative activities (1) – by activity stream

Stream	Researchers	Policymakers
Training	In-depth “classroom” technical training on research methods (3-5 days)	
	Workshop-style training (2-3 days) on professional skills (e.g. identifying and using evidence, writing for publication/policy audience, networking, designing and writing grant proposals)	
	Webinars/online training modules	
Mentoring	Support on ongoing technical assignments	Support on identifying and using evidence for developing a policy proposal
	Virtual research communities (e.g. starting from virtual journal clubs)	
	Webinars with guest speakers	
	Co-design and deliver ‘train the trainer’/‘train the mentor’ programme	Facilitate awareness of and access to existing learning networks
Learning by doing	Demonstration research projects with CSAP Fellows (e.g. economic impact of tobacco taxation, equity impacts of current co-payment system)	
	Co-write policy briefs	
	Co-produce research (e.g. attitude surveys)	
	Co-design and co-write research grant proposals	
	Co-design tailored (online) training courses	
Policy dialogue facilitation	Policy roundtables to generate awareness on latest thinking/best practice on discrete topics (e.g. health technology assessment for prioritization, benefit package design, equity in health financing reforms)	
	Technical support to create knowledge translation platforms as a means for systematic engagement between producers and users of research	

Illustrative activities (2) – by level and type of capacity

Level	Type of beneficiary	Type of capacity – examples	Examples of capacity development activities
Individuals	Researchers	Knowledge – econometric methods for analysing health service costs	In-depth technical training in econometric methods Mentoring
		Knowledge – approaches for influencing policy makers	Workshop
		Skills – communicating research to policymakers	
		Skills – survey design and analysis	In-depth technical training Learning by doing – attitude surveys
		Behaviour – self-confidence in conducting and presenting research	Mentoring Journal club webinars (presenting)
		Behaviour – develop new research ideas	Mentoring Research proposal workshops
	Policymakers	Knowledge – identify and interpret research evidence	Evidence review masterclass
		Skills – identify and interpret research evidence	Mentoring – demonstration project
		Knowledge – using economic information to prioritize health programmes	Health economics masterclass
	Groups/teams	Researchers	Design a policy influencing strategy
Policymakers		Design and apply a framework to integrate economic evidence in planning the national cancer programme	Mentoring
Organizations	Researchers	Retain skilled staff	Learning by doing – review researcher retention policies
Institutions	Policymakers	Functional process to incorporate evidence in sector planning	Policy dialogue facilitation

Results chain



MEL framework

Area	Purpose	Activities	Frequency	Outputs
Operationalizing the MEL framework				
Formulate stream-level capacity development results chain	Articulate capacity development pathways to impact	Interpret PEAs; KIs; stakeholder consultation; literature review	Q1 2019 and annual updates	Results chain
Formulate capacity development logframe	Articulate context-specific objectives and pathways to impact; improve the planning, management, monitoring and evaluation of activities	Interpret PEAs; KIs; stakeholder consultation; literature review	Q1 2019 and annual updates	Logframe
Monitoring				
Routine monitoring	Track progress against milestones	Site visits; KIs; FGDs	Ongoing	Quarterly note
Reporting	Inform key stakeholders of progress against milestones	Presentations	Quarterly	Quarterly reports and presentations (e.g. at R4HC board meetings)
Evaluation				
Baseline assessment	Assess current indicators	KIs; stakeholder survey.	Q2 2019	Summary note
Annual reviews	Assess progress over planned milestones	Document review; KIs; FGDs; stakeholder survey.	Annual	Summary note
Endline evaluation	Assess changes in capacity and test the results chain	Document review; stakeholder survey; KIs; FGDs; validation workshop(s).	Q3-Q4 2021	Final report
Learning				
Lesson sharing	Review and share progress experiences for mid-course corrections	Board meetings, annual programme meetings	Quarterly	Summary note
Lesson generating	Understand what did/didn't work and why	Document review; KIs; FGDs	Q3-Q4 2019	Case studies

4. Health sector political economy analyses (PEAs)

Purpose:

- To provide a sector-specific analysis of barriers and opportunities to change in health, framed through the overarching goal of universal health coverage
- To bring to the fore distinctive aspects of the political economy of health in each of the participating countries, and key ways in which this has been influenced by conflict
- To support a rational process for identification of priority research questions in the second phase of the project

PEAs – overarching questions

- What are the key contextual factors determining the direction and formulation of health policy in each country? Specifically, what role has conflict played in shaping this?
- Who are the key actors/stakeholders in the health sector in each country? How has the stakeholder map changed under the pressure of conflict?
- What are the characteristics of bargaining processes by which health policy in each country are made and how do these differ across countries? How inclusive/exclusive are these processes and what are the main currencies used for bargaining? How have these changed in conflict?
- What key values/ideas underpin the identification of priority health policy issues/formulation of health policy? Have these changed or altered in significant ways under pressure of conflict?
- What main opportunities or incentives for health reform exist in each country, and what are the principal barriers to reform? How do these compare across countries?

PEAs – approach

Approach:

- Literature review – spanning peer-reviewed and grey
- Key informant interviews to come - anticipating recruitment of a total of 15-20 interviewees in each participating country
- Stakeholder map development

Deliverables:

- Four country reports and associated stakeholder maps
- One cross-cutting, thematic piece – for journal publication

Progress:

- Literature reviews underway for Lebanon and Jordan
- Cambridge ethics submission in process; AUB to follow

PEoH Lebanon (AUB team): progress as of 10 Dec 2018

- Scoping review in English, Arabic and French*, **based on title and abstract**
 - *Academic resources (up to 80 articles)*
 - *Grey literature (up to 30 documents)*
- Data extraction (to be completed by December 31st)
- Preparation for IRB submission (to be completed by December 21st)
- Mapping of health actors (to be completed by December 26th)