Evidence as Cliché

OR… accounting for the unintended and the intangible in global health

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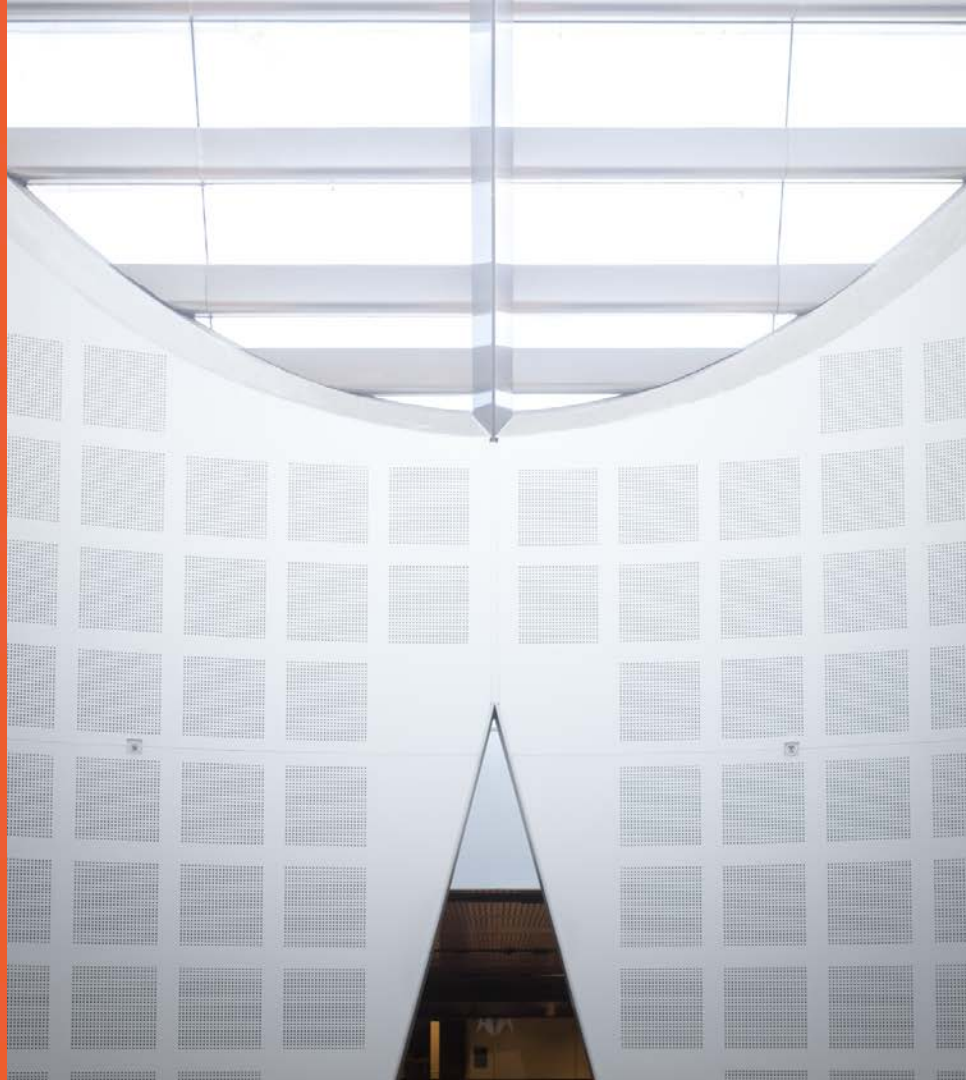
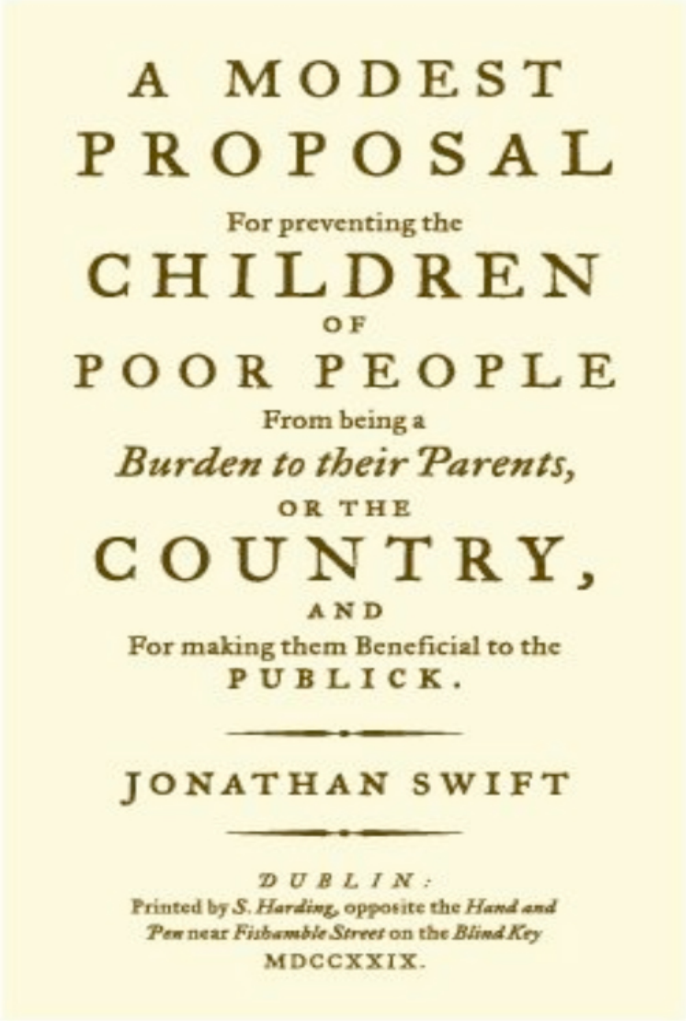


Alternative (or, longer) title…

- …one year in the life of a journal editor
  - Alexander Solzhenitsyn
- …reflections on reading "Factfullness"
  - Hans Rosling
- …between the Surgical and the Organic
  - C.S. Lewis
- …accounting for the unintended and the intangible in global health


A MODEST
PROPOSAL
For preventing the
CHILDREN
OF
POOR PEOPLE
From being a
Burden to their Parents,
OR THE
COUNTRY,
AND
For making them Beneficial to the
PUBLICK.

JONATHAN SWIFT

DUBLIN:
Printed by *S. Harding*, opposite the *Hand and Pen* near *Fishamble Street* on the *Blind Key*
MDCCXXIX.

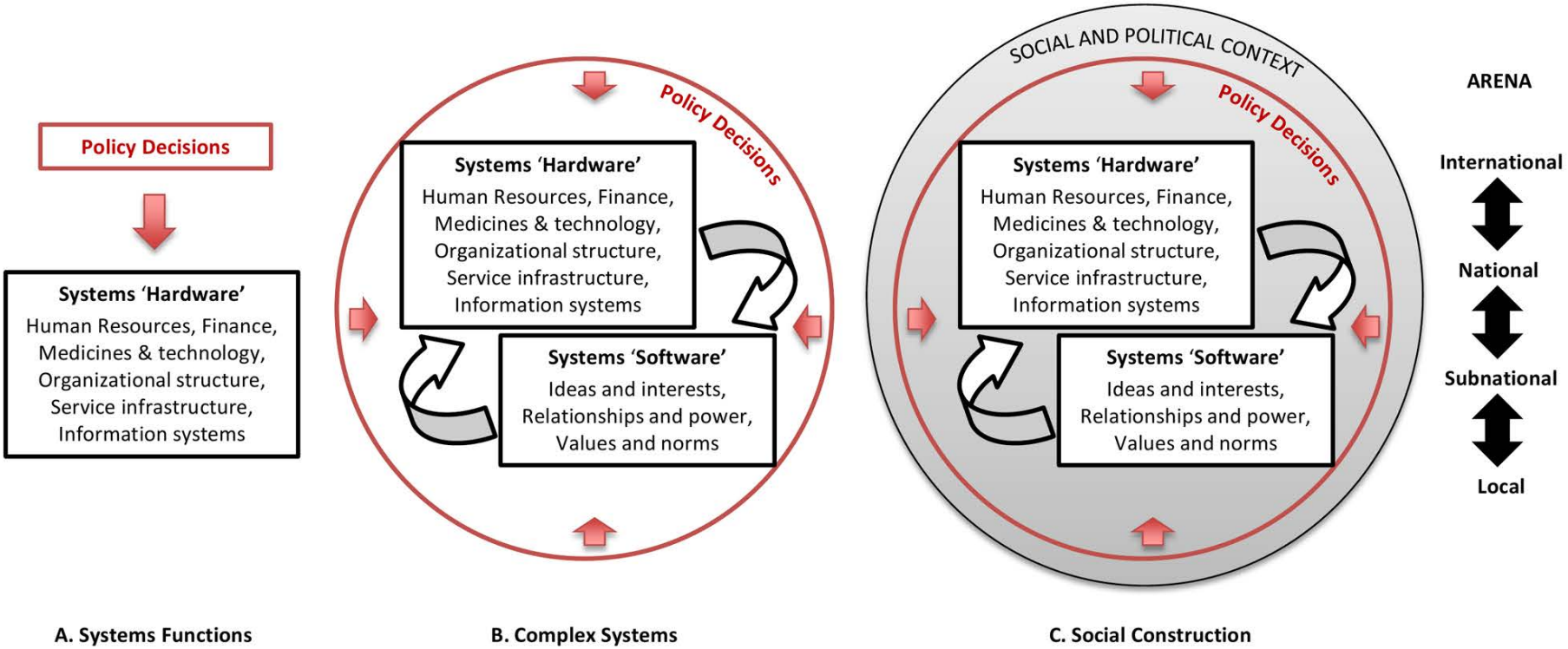
Explore three recent publications in BMJ Global Health

- Female Genital Mutilation or Cutting
  - What are the global trends?
- Radio Messages and Campaigns for Health
  - Can they save lives?
- Performance-Based Financing in Health
  - Cases for, against, and a resolution

How does change happen in health and development?

- I don't care (much) about some kinds of (even rigorous) evidence
  - Of consequence? For whom?
- The story of how I arrived at point of not caring (much)
  - Litmus test for research on policy
- How it's influenced my thinking on governance
  - …and vice versa

Quick round up on health system governance – hardware and software



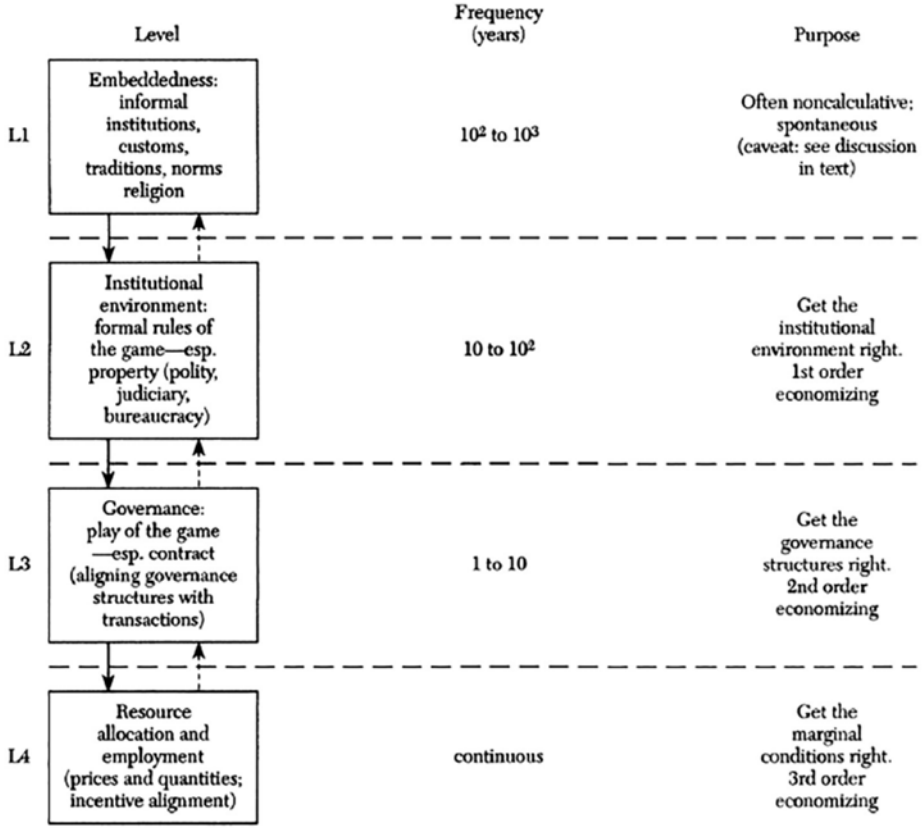
A. Systems Functions

B. Complex Systems

C. Social Construction

Quick round up on institutional analysis of governance – Williamson's four levels

- Institutions – "rules of the game"
  - Formal and Informal
- Governance – making, changing, monitoring and enforcing rules
  - Formal or Informal
- Williamson's (2000) Four Levels
  - Bylund & McCaffrey (2018)
    - ABIDE
    - EVADE
    - ALTER
    - EXIT



Paper 1 – Secular trends in the prevalence of female genital mutilation/cuttings

BMJ Global Health

Secular trends in the prevalence of female genital mutilation/cuttings among girls: a systematic analysis

Ngianga-Bakwin Kandala,[1,2] Martinsixtus C Ezejimofor,[1,3] Olalekan A Uthman,[4] Paul Komba[1]

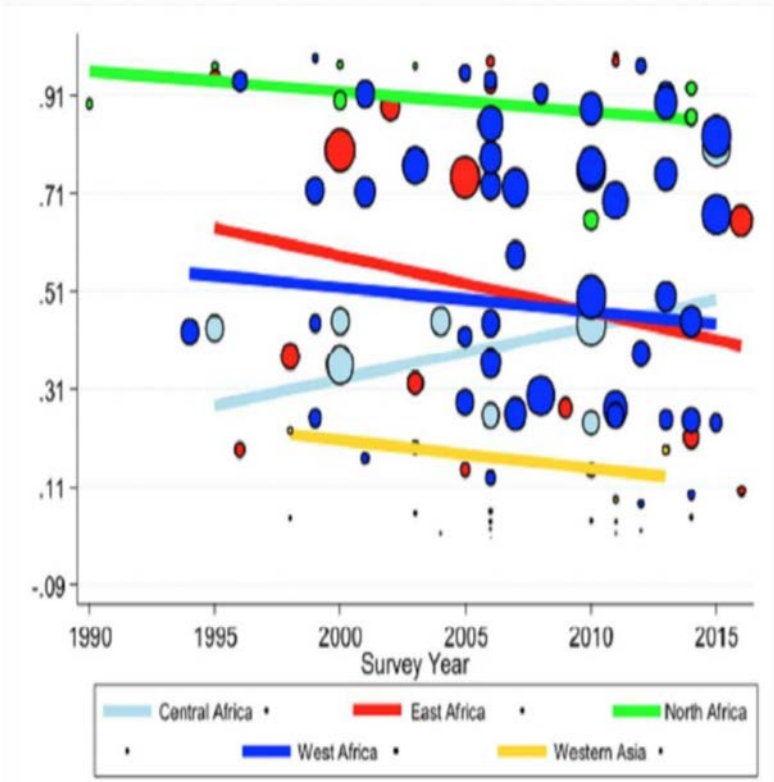
Paper 1 – Secular trends in the prevalence of female genital mutilation/cuttings (Version 0)

- **"…from 1990 and 2016, when all the countries are taken together (0.024%, P = 0.186), [there was] no annual decline or increase in FGM/C, making the situation stagnant"**

- **FGM/C declined non-significantly by:**
  - **0.04% in East Africa (P = 0.44),**
  - **0.01% in North Africa (P =0.32),**
  - **0.01% in West Africa (P = 0.56) and**
  - **0.04% in Western Asia (P = 0.57)**

- **FGM/C increased non-significantly by:**
  - **3.61% in Central Africa (P =0.42)**

Figure 3 Secular trends in prevalence of FGM/C among women aged 15-49 years by sub-regions

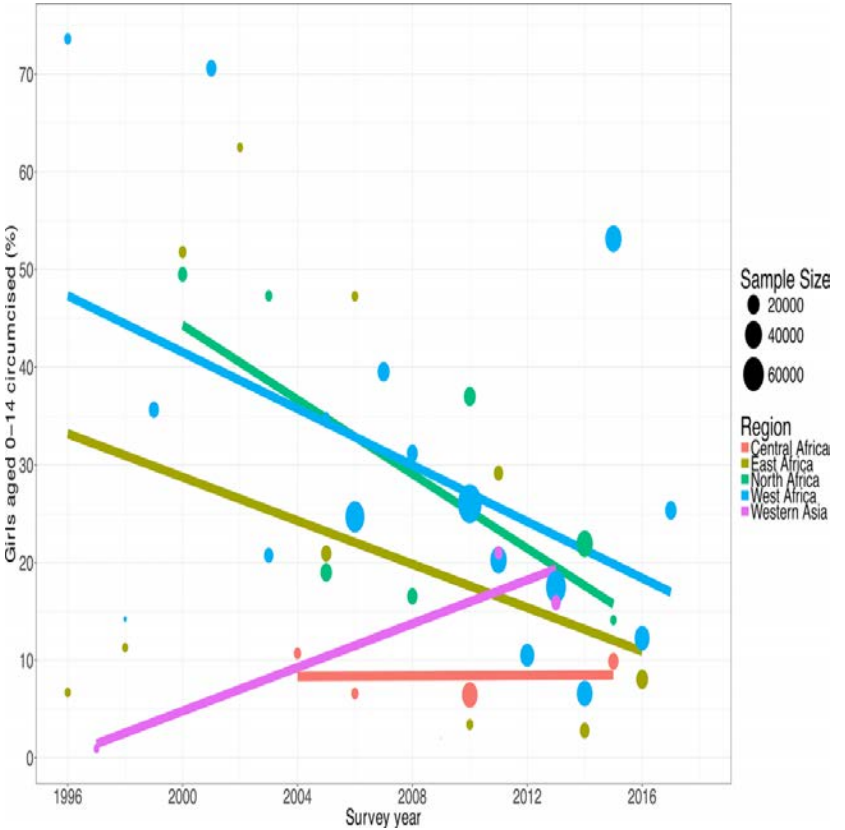


Paper 1 – Secular trends in the prevalence of female genital mutilation/cuttings (Version 5)

- **"We found evidence of significant decline in the prevalence of FGM/C in the last three decades …in most of the countries and regions particularly in East, North and West Africa."**

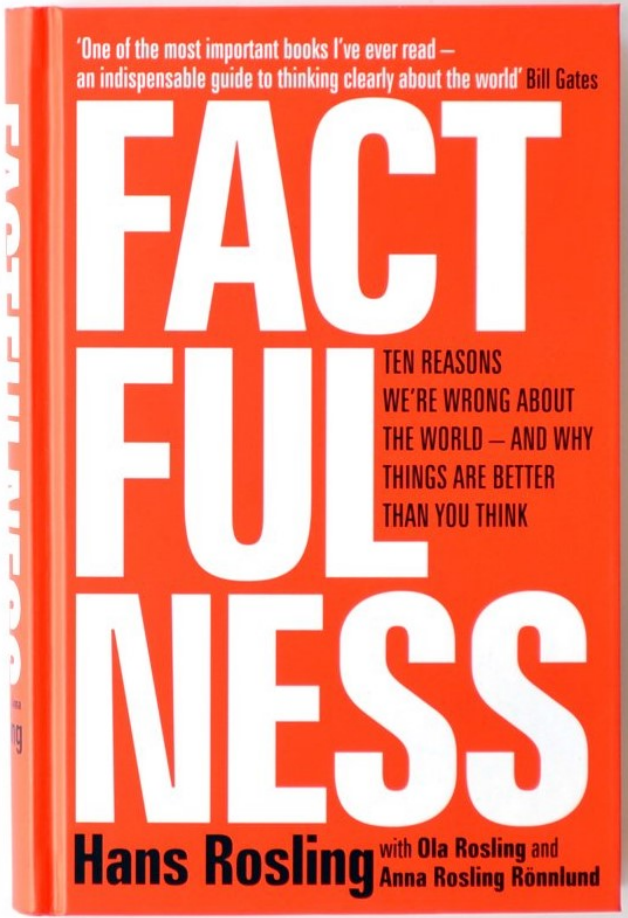
- **FGM/C declined significantly by:**
  - **787% in E. Africa** (71% in 1995 to 8% in 2016)
  - **309% in N. Africa** (58% in 1990 – 14% in 2015)
  - **190% in W. Africa** (74% in 1996 – 25% in 2017)
  - **8% in C. Africa** (9% in 2004 – 8.5% in 2015)

- **FGM/C increased significantly by:**
  - **94% in Western Asia** (1% in 1995 – 16% in 2013)



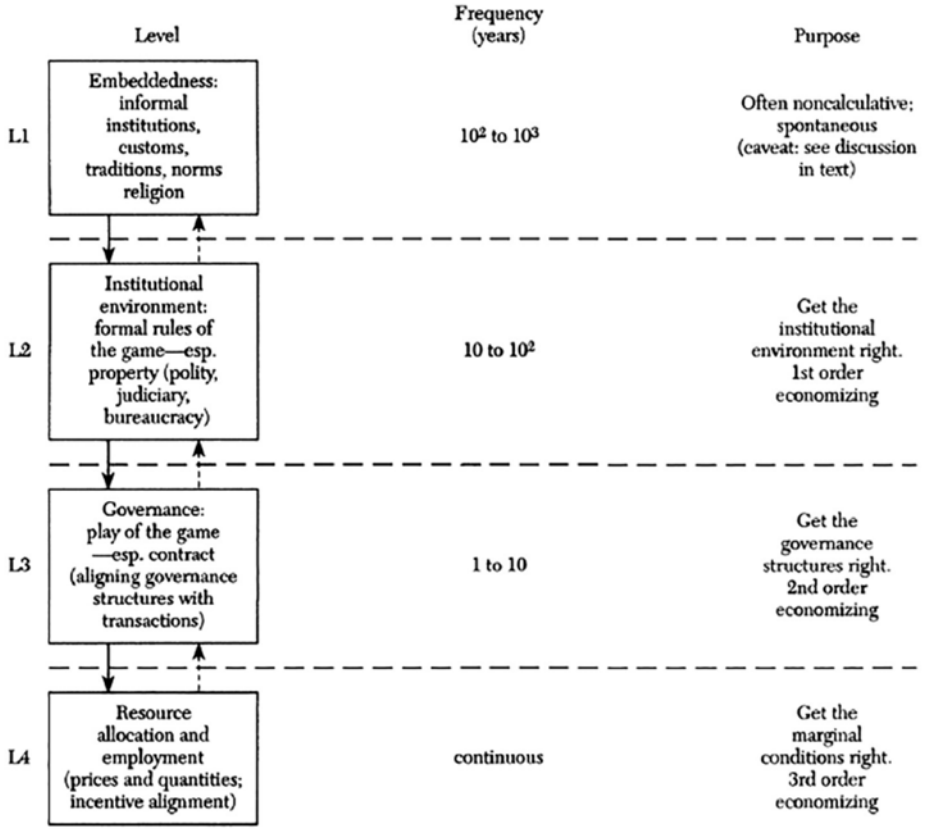
Paper 1 – Explanation I

- Bad, sloppy science?
  - Not likely – seasoned epidemiologists
- Human bias for things getting worse, or not getting better
  - Please read Factfullness
- People in global health and development thrive on arguing that things are bad
  - Hans Rosling's injunction to use trend comparisons – never an absolute figure of the state of things



Paper 1 – Explanation II

- **Embedded informal institutions**
  - **Williamson says 100 to 1000 years**
- **"…new ideas rarely thrive by gradually winning over its opponents – they thrive as the opponents gradually die out."**
  - **Max Planck [paraphrased]**
  - **"gradual retirement of the old guard" – Midwifery, 1910s England**
- **When minds shift…**
  - **Media, Technology, Education**



Paper 2 – Modelling the effect of a radio campaign on child mortality – data from an RCT in Burkina Faso

BMJ Global Health

Modelling the effect of a mass radio campaign on child mortality using facility utilisation data and the Lives Saved Tool (LiST): findings from a cluster randomised trial in Burkina Faso

Joanna Murray,[1] Roy Head,[1] Sophie Sarrassat,[2] Jennifer Hollowell,[1] Pieter Remes,[1] Matthew Lavoie,[1] Josephine Borghi,[3] Frida Kasteng,[3] Nicolas Meda,[4] Hermann Badolo,[4] Moctar Ouedraogo,[5] Robert Bambara,[6] Simon Cousens[2]

Paper 2 – Findings I – intermediate/surrogate but not ultimate outcome improved

- 14 clusters – isolated rural areas with high radio listenership
  - Low national penetration; so community radio stations
- 7 random intervention clusters; 7 community radio stations
  - 35-month intensive radio campaign – 2012-15
  - message covered maternal/child health behaviours
  - 2-hr interactive (long-form) programs 5 days/week
  - 60-sec radio spots, approx. 10 times/day

Paper 2 – Findings II – intermediate/surrogate but not ultimate outcome improved

- **The result? Compared to control, the intervention sites had…**
  - substantial increase in PHC consultations for under-5 children – in all 3 years (malaria, pneumonia & diarrhoea)
  - increase in ante-natal care attendances – year 1 and 2
  - increase in health facility deliveries – all 3 years
  - no difference for diagnoses not targeted by campaign

- **But, and this is a very big BUT…**
  - No improvement in primary outcome measure – i.e. under-5 child mortality (RR: 1·00, CI 0·82–1·22; p>0·99)
  - CONTROL: decreased (93 to 59 deaths per 1000 livebirths)
  - INTERV'N: decreased (125 to 85 deaths per1000 livebirths)

Paper 2 – Findings III – intermediate/surrogate but not ultimate outcome improved

- …and then, the authors decided to model the outcomes using the LiST tool, and estimated that
  - 2,967 lives were saved in the trial intervention sites
  - 14,888 lives would be saved if scaled up nationally
  - national – 7205 in Burundi, 21 443 in Mozambique
- Based on this, a cost-effectiveness analysis
  - the cost per DALY averted Burkina Faso – $94 from provider perspective; $111 societal perspective.

Paper 2 – Findings II – the Media and the Debate

- **Underestimated the media's interest in the media!**

21 news media outlets, including Reuters, BBC and CNN, reported that thousands of lives have been saved through the radio intervention

- **Complaint Letter – began with heated argument on Twitter!**

The danger of global health fake news!

- **Authors' Response – sought a more sedate debate**

The legitimacy of modelling the impact of an intervention based on important intermediate outcomes in a trial

Paper 2 – Findings II – the Media and the Debate

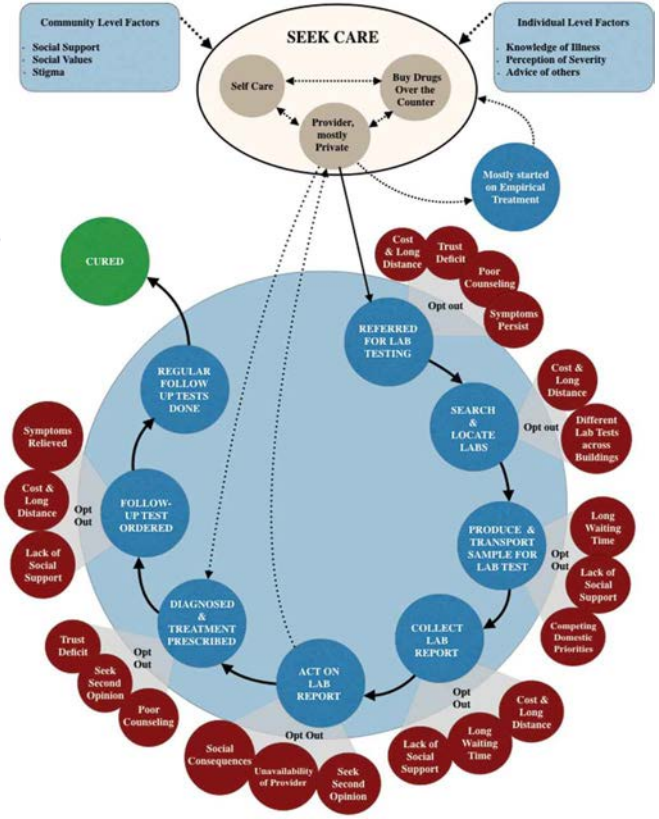
- **"To expect an effect on child mortality from radio messages alone is optimistic. To then create an effect via modelling when none was observed in a cluster RCT is puzzling."**
  - **This is a far more sedate rendering of their displeasure!**
  - **The title became "Making the world a simpler place: the modeller's temptation to seek alternative trial results**
- **"Available resources to tackle important problems like child mortality are too small to spend on interventions that are unlikely to work, at least on their own."**
  - **Betrays a belief in silver bullets – or an assumption that there are interventions that can "work" on their own**

Paper 2 – Explanation I – sequence/cascade

BMJ Global Health

Surrogate endpoints in global health research: still searching for killer apps and silver bullets?

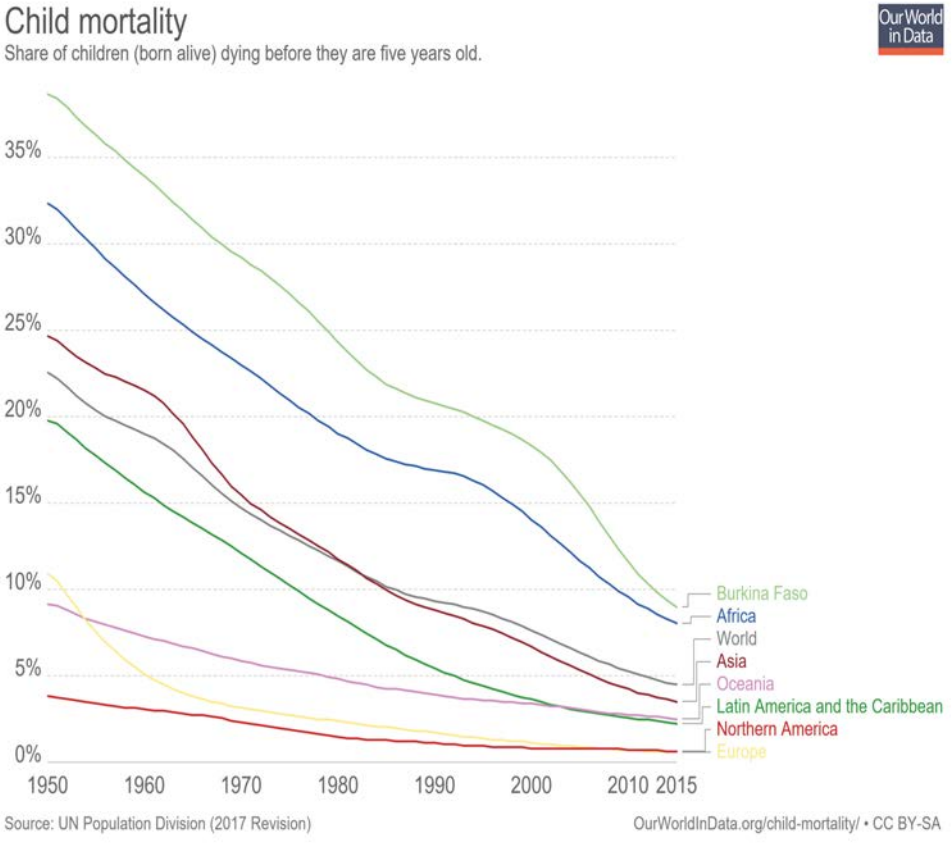
Madhukar Pai,[1] Samuel G Schumacher,[2] Seye Abimbola[3,4]



- **Editorial on a series of trials where surrogate did not align with "desired" outcomes**
  - **WHO Safe Childbirth checklist trial in rural India**
  - **New TB/DR diagnostic trials in South Africa, and in South Africa, Zimbabwe, Zambia and Tanzania**

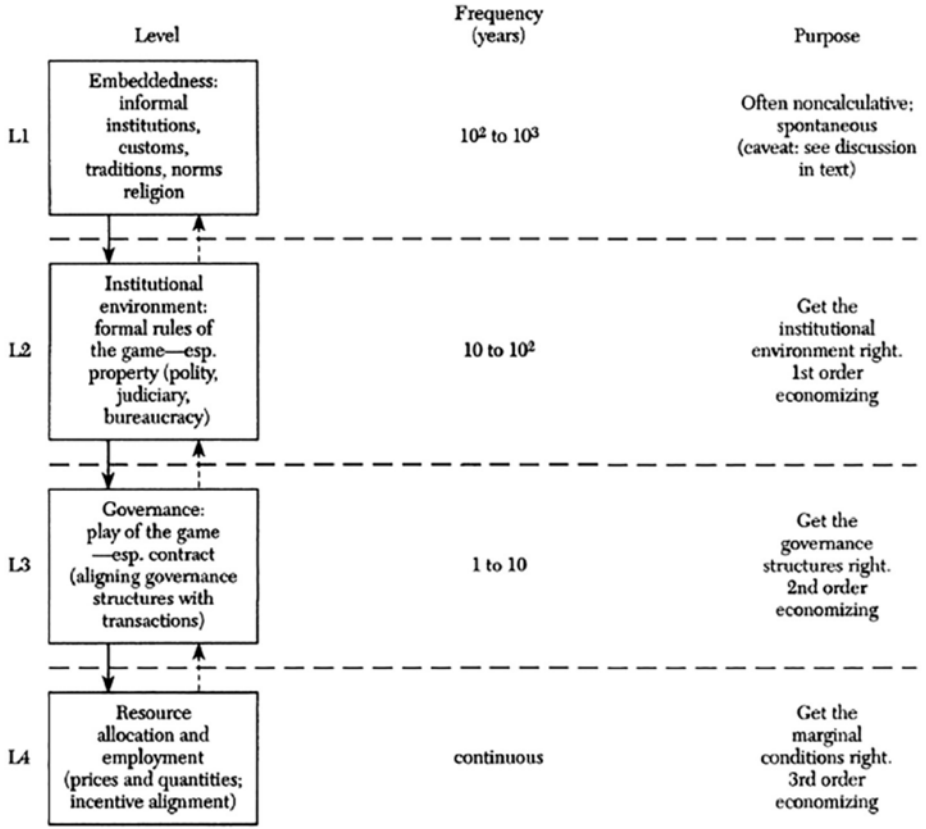
Paper 2 – Explanation II – unintended

- **Nutrition, sanitation, education, democratic governance, social and economic development**
  - **We are not good at explaining why**
  - **We don't focus enough on trends**
- **We are much too caught up in little interventions**
  - **Sandbags and Floods**
  - **Short-termism**
  - **Pilotitis!**



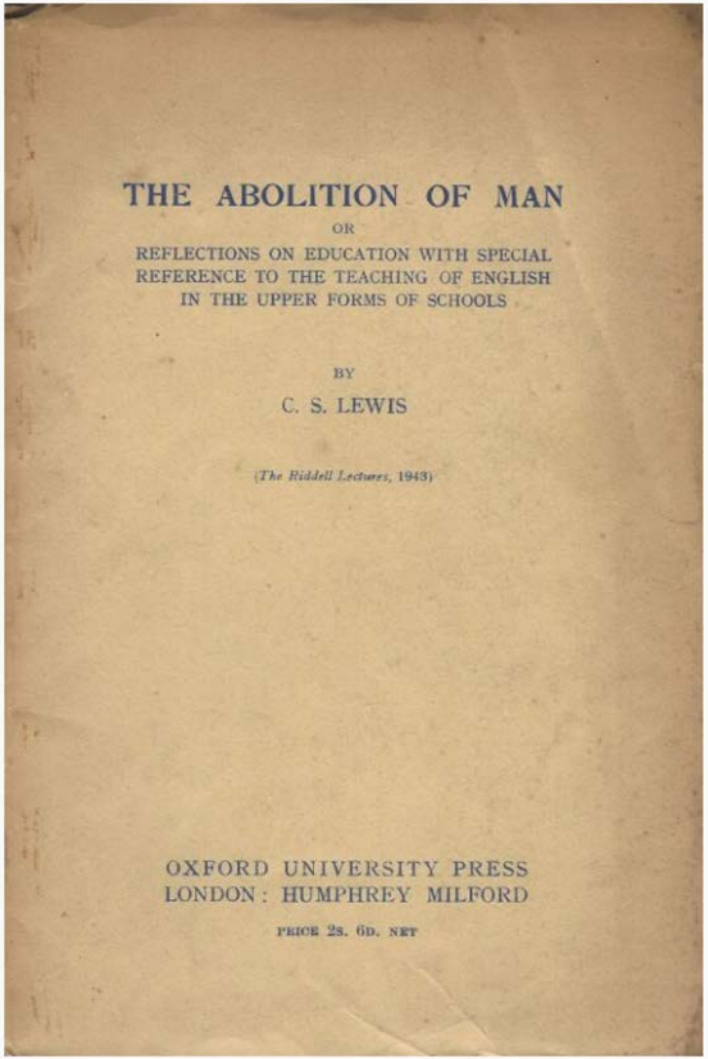
Paper 2 – Explanation II – time

- **Embedded informal institutions**
  - **L4**
  - **Williamson says 100 to 1000 years**
- **Resource allocation. Nudge.**
  - **L1**
  - **Williamson says Continuous**
- **CNN Quote: "continued economic development -- which entails growth of media -- will likely preclude any scaling up..."**
  - **J. Sheehy-Skeffington, LSE**



What motivates us to seek certain kinds of evidence?

- "It is the difference between alteration from within and alteration from without; between the Organic and the Surgical
  - C.S. Lewis in "The Abolition of Man"
  - magic bullets vs the daily grind
- Outward-looking efforts to prove, once and for all that an intervention works!
  - Where's the evidence?
  - Pritchett's RCT quip…
  - To impress whom?
  - I don't care!


THE ABOLITION OF MAN

OR

REFLECTIONS ON EDUCATION WITH SPECIAL REFERENCE TO THE TEACHING OF ENGLISH IN THE UPPER FORMS OF SCHOOLS

BY

C. S. LEWIS

(*The Riddell Lectures*, 1943)

OXFORD UNIVERSITY PRESS
LONDON: HUMPHREY MILFORD

PRICE 2s. 6d. NET

Paper 3 – Performance Based Financing – to rethink or not to rethink; that is the question!

Performance-based financing in low-income and middle-income countries: isn't it time for a rethink?

Elisabeth Paul,[1,2] Lucien Albert,[3] Badibanga N'Sambuka Bisala,[4] Oriane Bodson,[2] Emmanuel Bonnet,[5] Paul Bossyns,[6] Sandro Colombo,[7] Vincent De Brouwere,[8] Alexandre Dumont,[9] Dieudonné Sèdjro Eclou,[10] Karel Gyselinck,[6] Fatoumata Hane,[11] Bruno Marchal,[8] Remo Meloni,[12] Mathieu Noirhomme,[13] Jean-Pierre Noterman,[14] Gorik Ooms,[15] Oumar Mallé Samb,[16] Freddie Ssengooba,[17] Laurence Touré,[18] Anne-Marie Turcotte-Tremblay,[19] Sara Van Belle,[8] Philippe Vinard,[20] Valéry Ridde[9]

Paper 3 – The case against Performance-Based Financing

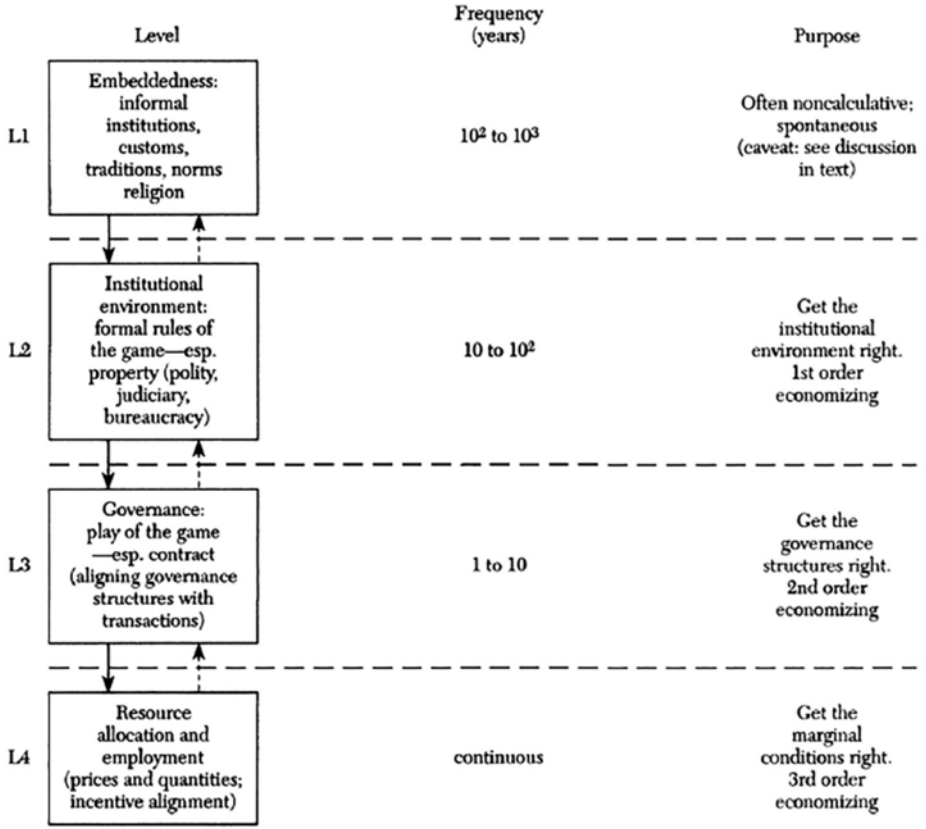
- Performance incentives do not work in health and education – and not only LMICs! (L4)
  - Guilty as charged
- PBF has not "worked" in LMICs
  - Evidence as cliché
- PBF is indiscriminately applied in LMICs – cut and paste; solution looking for a problem
  - Guilty as charged
- Negatives – gaming, distraction from health systems preconditions of its own success!
  - Guilty as charged
- Cost – it is costly, especially verification
  - Guilty as charged

Paper 3 – In (partial) defense of Performance-Based Financing

- Performance incentives do not work in health and education – and not only LMICs! (L4)
  - Ignored. Call for "constructive" rethinking!
- PBF has not "worked" in LMICs
  - PBF as a reform process. Ignore the "Evidence"
- PBF is indiscriminately applied in LMICs – cut and paste; solution looking for a problem
  - Desired in retrospect. Premise unquestioned.
- Negatives – gaming, distraction from health systems preconditions of its own success!
  - Generally ignored, or "Working through it"
- Cost – it is costly, especially verification
  - Innovating to bring down costs

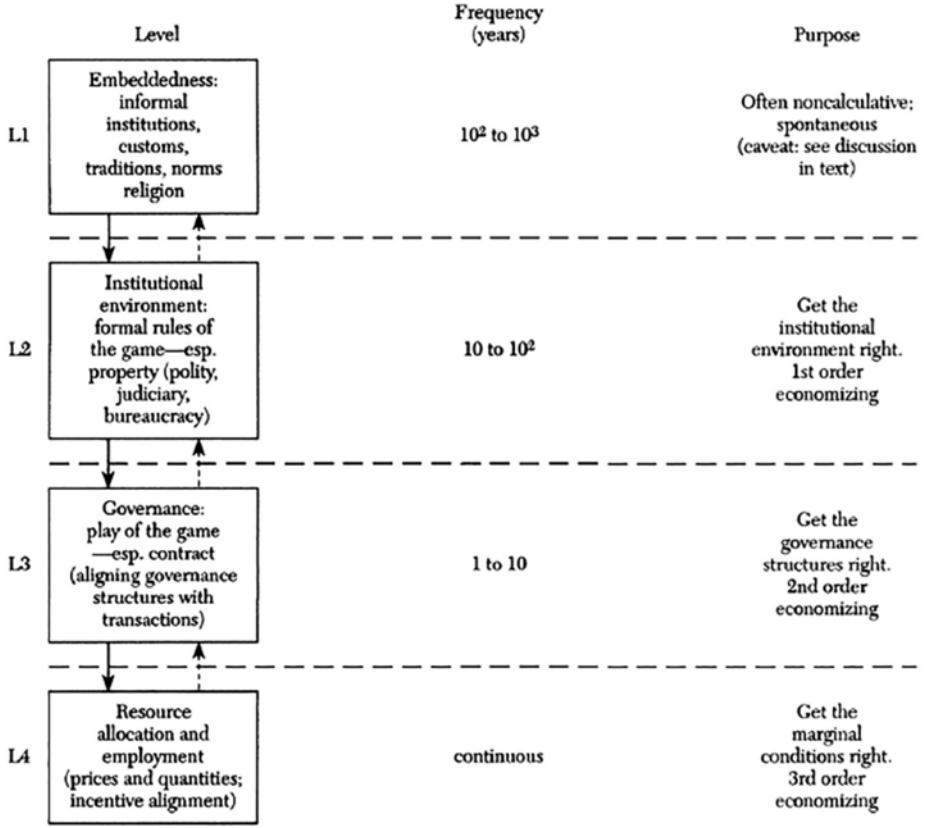
Paper 3 – Explanation – Zimbabwe

- **"The design of PBF in Zimbabwe was protracted because the gov't placed a lot of emphasis on institutionalising PBF"**
  - **developed PBF institutionalization plan for long-term re-arrangement of governance arrangements**
  - **substantial increase in budgetary allocation (US$5 to 10 million each year enabled by high level aid coordination**
  - **PBF evolved from a focus on vertical programmes into the organizing principle of the Zimbabwe Health Strategy (2016–20)**



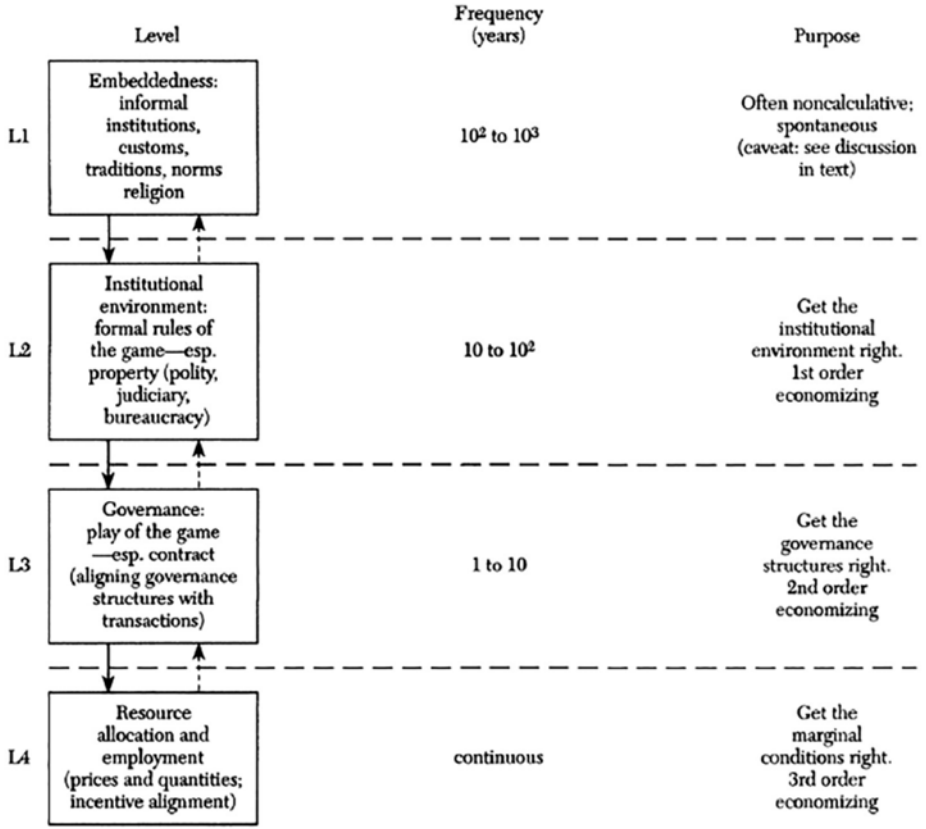
Paper 3 – Explanation – Marketing Problem

- **"We see the value of PBF in its system-wide effects – improving coordination, decentralisation, accountability, data systems governance capacity, community engagement – reform process"**
  - **if true, then PBF is a misnomer for what is being attempted;**
  - **PBF is a small part of the picture; the easiest to implement on the short-term, in a trial or in a pilot**



Paper 3 – Explanation – (Re-)Defining the Intervention

- **Evidence on interventions aimed at strengthening health system governance**
  - **versus Evidence on interventions to directly improve health**
- **Changes to the constitution or the budget (L2), to organizational structures (L3), and the drivers of performance – demand or supply-side (L4)**
  - **to re-order relations across the health system, motivate behaviour change and effective use of resources**

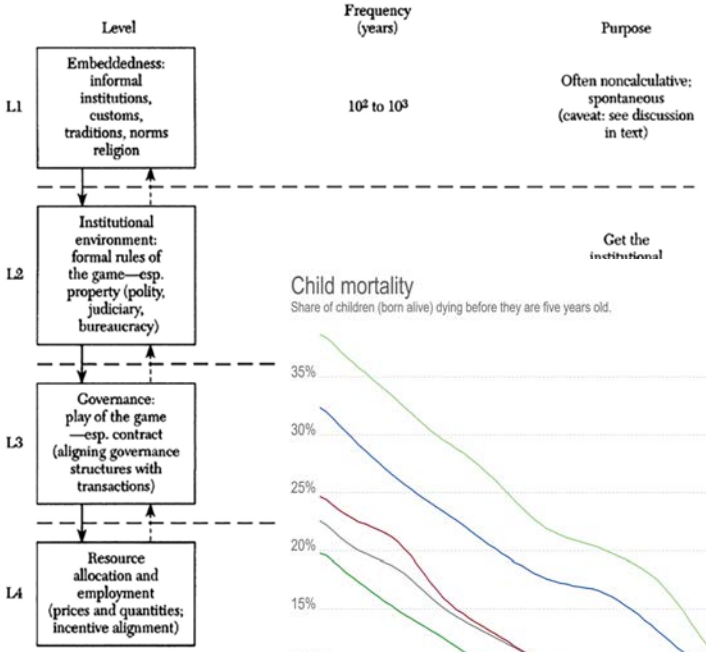


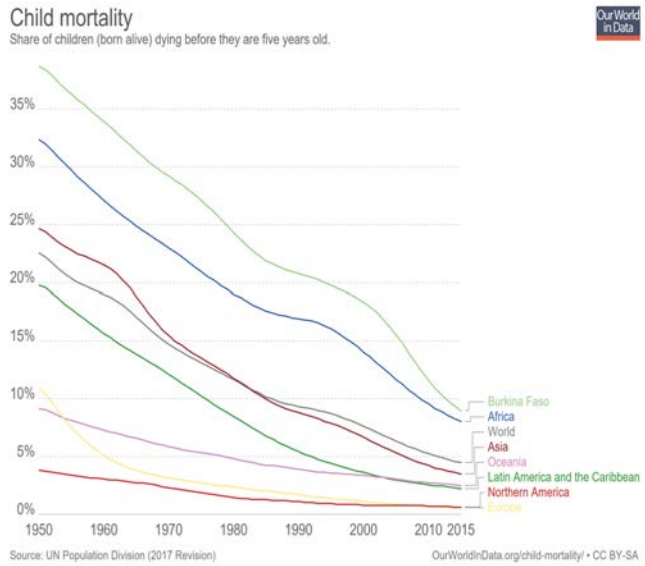
Paper 3 – Explanation – "The Success Cartel"

- **"Beware of the success cartel – a plea for rational progress in global health"**
  - **fear of failure translates into fear of innovation; which then leads to "traveling models" e.g. PBF**
  - **fear of failure translates to selective reporting of results – e.g. Rwanda, Afghanistan**
  - **fear is often based on the assumption that results drive donor funding – rather than politics**
  - **many jobs and livelihoods are tied up in the global health industry**

What do all these mean for public finance and management – governance – research?

- **The dimension of time**
  - Time and the grand scheme of things
  - Time and the outcomes of reforms
  - Time and the organic – daily grind
  - Time and imperceptible change
  - Time and capacity
- **Evidence [not] as cliché**
  - Most consequential reforms; evidence?
  - Realistic time frames for outcomes
  - Evidence primarily for "internal use"
  - Evidence to explain long-term trends
  - Policies based on long-term trends






THANK YOU VERY MUCH