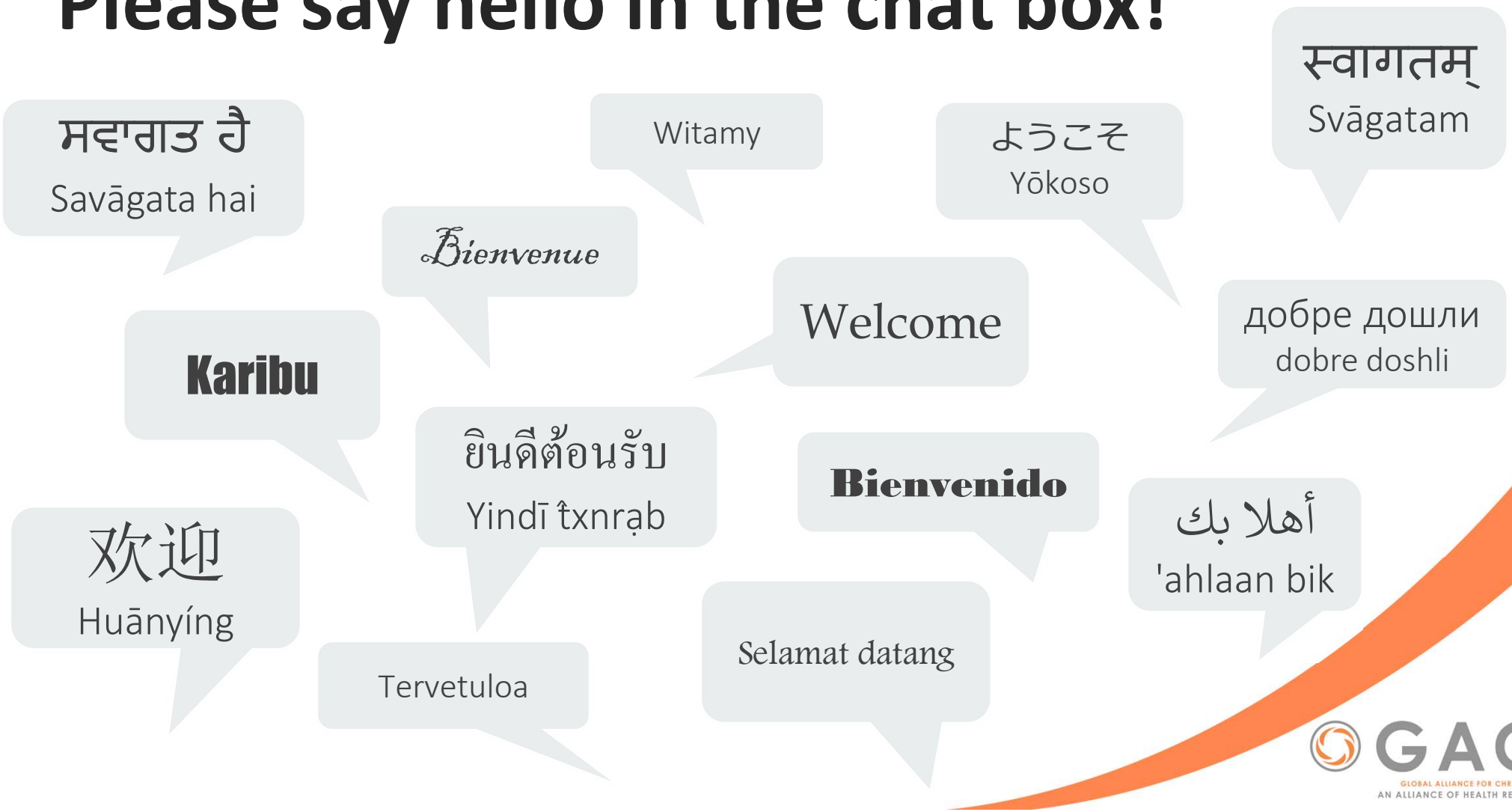
Working with context to implement non-communicable disease programmes

Global Alliance for Chronic Diseases mid-year workshop

Wednesday 7 June 2023

GACD
GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

Please say hello in the chat box!



About us

The Global Alliance for Chronic Diseases (GACD) is the **first collaboration of major research funding agencies** to address chronic, non-communicable diseases.

Together, the members of the alliance represent **80% of global public funding** for health research.


National Health and Medical Research Council, Australia


Health and Research Council, New Zealand


Sao Paulo Research Foundation, Brazil


South African Medical Research Council


Canadian Institutes of Health Research

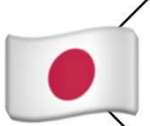

Health Systems Research Institute, Thailand


Directorate General – Research and Innovation, European Commission


UK Medical Research Council


Indian Council of Medical Research


UK Department of Health and Social Care


Agency for Medical Research and Development, Japan

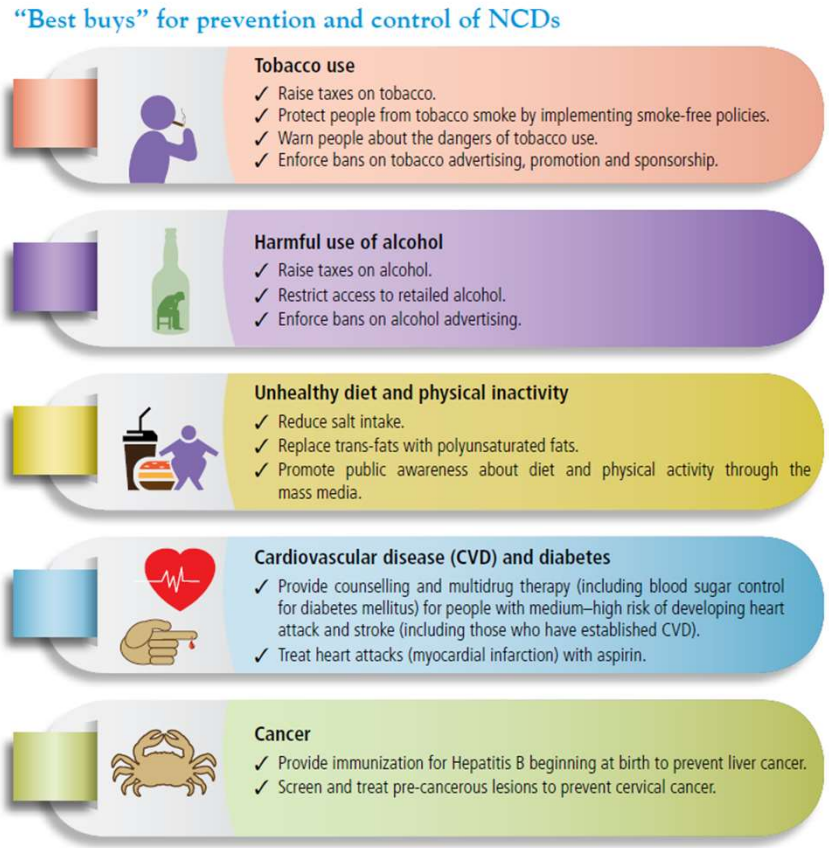

US National Institutes of Health

GACD's strategic objectives

- Invest in **impactful** implementation research.
- Build implementation science **capacity** in relation to non-communicable diseases.
- Facilitate **collaborations** and partnerships to support GACD impact.

GACD Strategic Plan 2019–2024

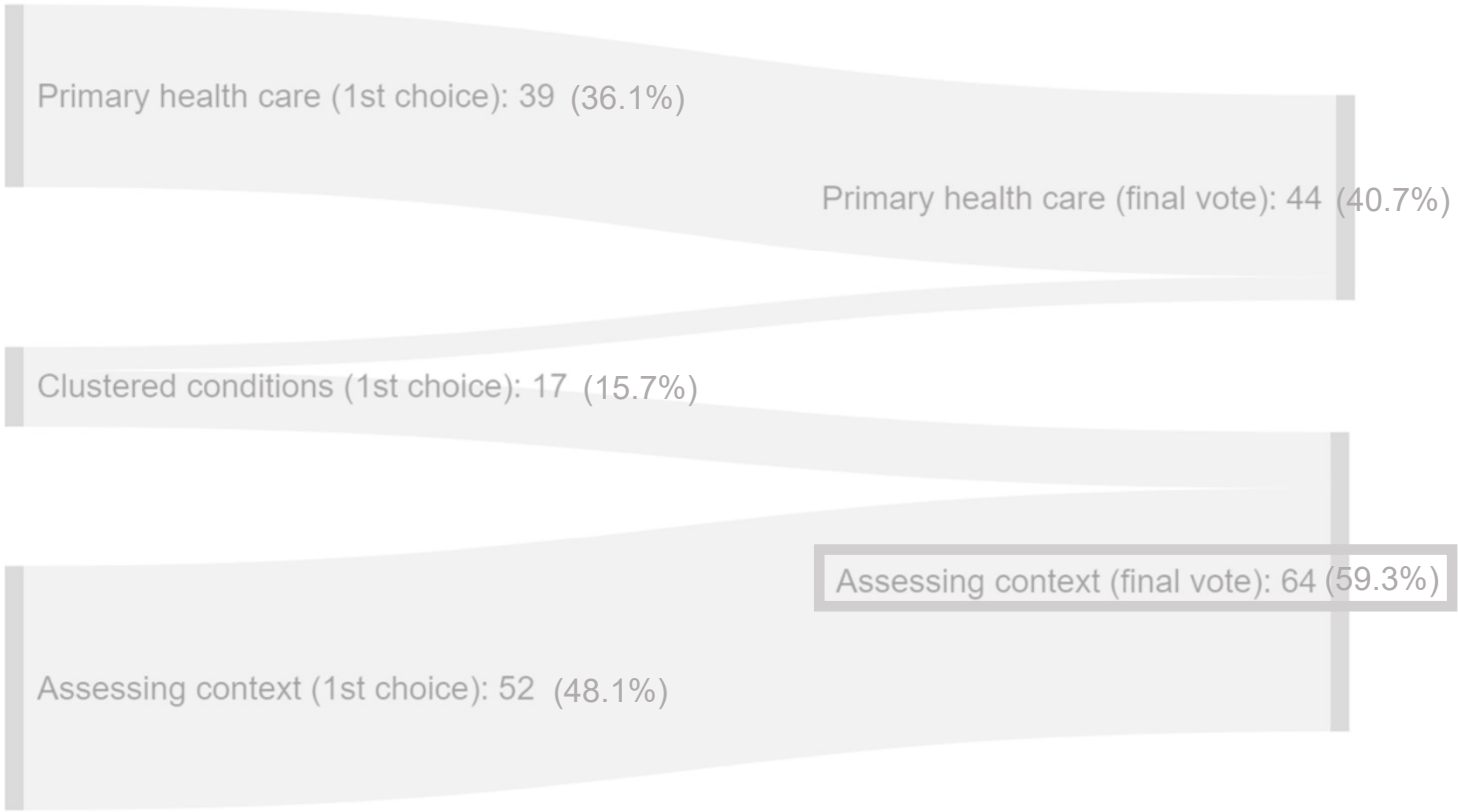
The ‘know-do’ gap



- **Know** there are interventions that can work to prevent or control NCDs (under certain circumstances)
- But how best to **do** (implement/ deploy) these interventions in different **contexts** (in real world settings)
- This ‘**know-do gap**’ limits the uptake and reach of evidence-based risk reduction or care

For reference

Why a workshop on context?



A huge thank you to the members of the GACD Research Network who voted on their preferred workshop theme. The results of the vote – and the selection of assessing context as the theme – are shown below. Voting closed before registration was available to the public.

A supplementary vote system was used. No option received more than 50% of the votes. The top two options continued to a run-off (primary health care; assessing context) and the other option was excluded (clustered conditions). If your first choice got through, your vote counted for them in the run-off. If you voted for clustered conditions as your first choice, then your second-choice vote was counted in the run-off. The option with the most votes was declared the winner = assessing context.

In the context of … what?

Pilvikki Absetz

Tampere University, Finland

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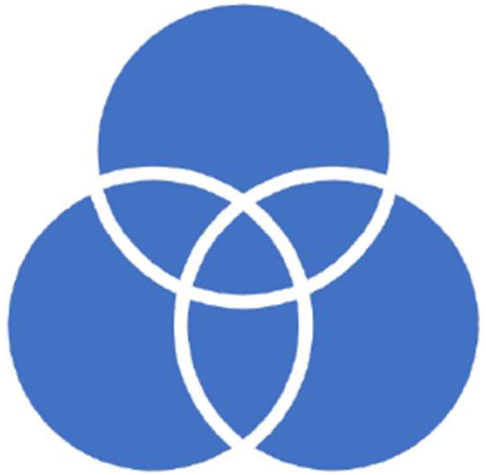
Aim is to prompt you think about the following, not give you definitive answers

- Context – why is it important in implementation research?
- How can it be explored?
- To what extent can findings from context assessments be generalised beyond the project setting?

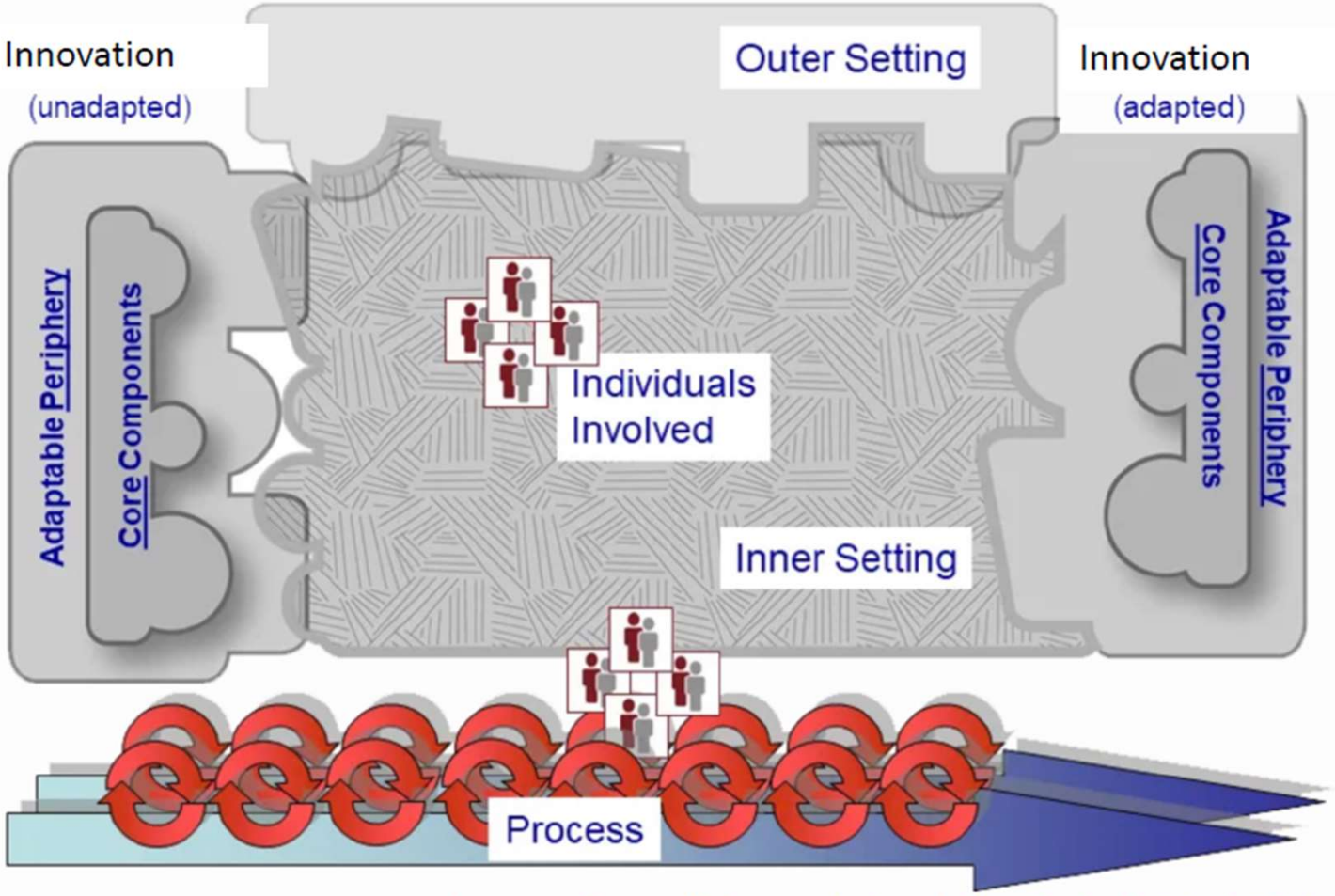
Context matters in implementation science

Analysis included 17 implementation science frameworks and identified context dimensions on micro, meso, and macro levels



- Nilsen, P., Bernhardsson, S. Context matters in implementation science: a scoping review of determinant frameworks that describe contextual determinants for implementation outcomes. BMC Health Serv Res 19, 189 (2019). https://doi.org/10.1186/s12913-019-4015-3

Consolidated Framework for Implementation Research (CFIR)



https://cfirguide.org/

Updated CFIR at https://doi.org/10.1186/s13012-022-01245-0

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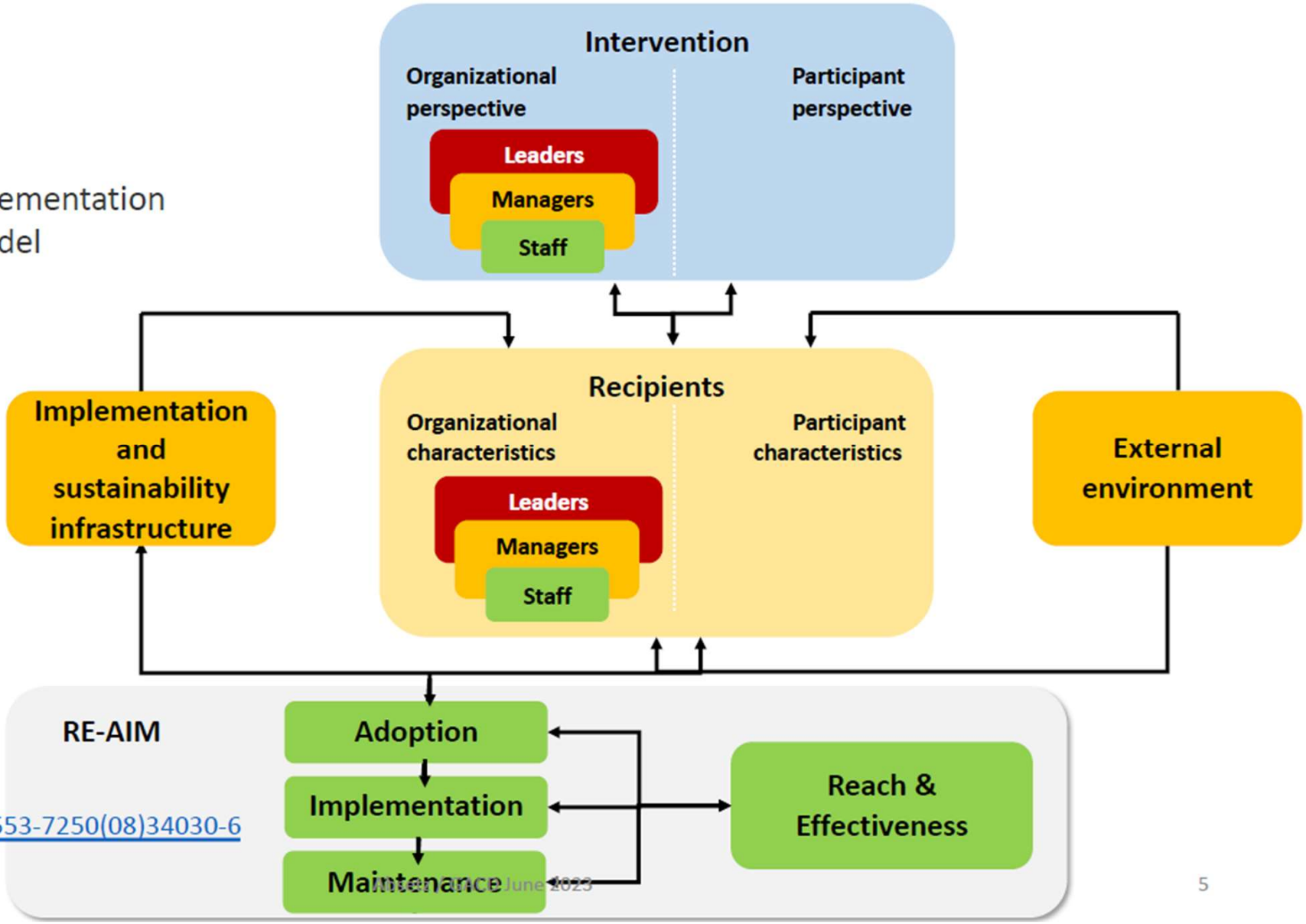
PRISM

Practical, Robust Implementation and Sustainability Model



Feldstein & Glasgow. 2008
https://doi.org/10.1016/s1553-7250(08)34030-6

Context dimension	Description	
Micro level of health care		
Patients	Patients' preferences, expectancies, attitudes, knowledge, needs and resources that can influence implementation	
Meso level of health care		
Organizational culture and climate	Shared visions, norms, values, assumptions and expectations in an organization that can influence implementation (i.e. organizational culture) and surface perceptions and attitudes concerning the observable, surface-level aspects of culture (i.e. climate).	
Organizational readiness to change	Influences on implementation related to an organization's tension, commitment or preparation to implement change, the pro… context for change, the organization's prioritization of implementing change, the organization's efficacy or abil… organization's flexibility and innovativeness	
Organizational support	Various forms of support that can influence implementation, includi… training, material resources, information and decisio… …d, staff	17
Organizational structures	Influences on implementati… …ccurs, including size, complexity, specialization, differentiati…	
Macro level of health care		
Wider environment	Exoge… …n health care organizations, including policies, guidelines, research findings, evidence, regulation, legislation, mandates, direct… …, political stability, public reporting, benchmarking and organizational networks	
Multiple levels of health care		
Social relations and support	Influences on implementation related to interpersonal processes, including communication, collaboration and learning in groups, teams and networks, visions, conformity, identity and norms in groups, opinion of colleagues, homophily and alienation	15
Financial resources	Funding, reimbursement, incentives, rewards, costs and other economic factors that can influence implementation	16
Leadership	Influences on implementation related to formal and informal leaders, including managers, key individuals, change agents, opinion leaders, champions, etc.	
Time availability	Time restrictions that can influence implementation	
Feedback	Evaluation, assessment and various forms of mechanisms that can monitor and feed back results concerning the implementation, which can influence implementation	
Physical environment	Features of the physical environment that can influence implementation, e.g. equipment, facilities and supies	

Context as barriers and facilitators

Nilsen, P., Bernhardsson, S. Context matters in implementation science: a scoping review of determinant frameworks that describe contextual determinants for implementation outcomes. BMC Health Serv Res 19, 189 (2019). https://doi.org/10.1186/s12913-019-4015-3

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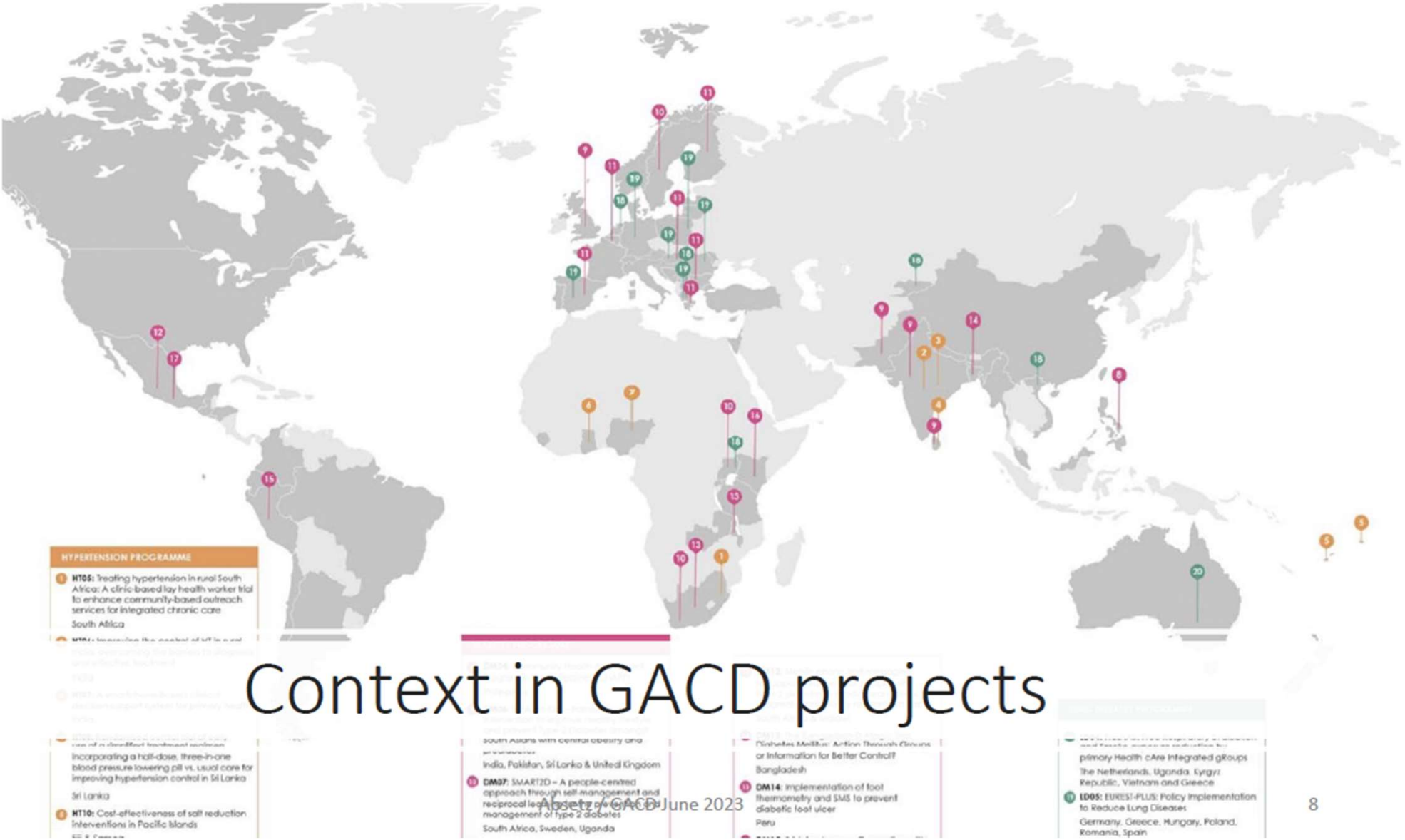
Most IS frameworks acknowledge that

- Context is not merely a passive backdrop to implementation
- Context is intangible and active, complex and multi-dimensional
- An underlying assumption that context can be broken down to its constituent parts; the parts can be influenced to have an impact on implementation outcomes

Nilsen, P., Bernhardsson, S. Context matters in implementation science: a scoping review of determinant frameworks that describe contextual determinants for implementation outcomes. BMC Health Serv Res 19, 189 (2019). https://doi.org/10.1186/s12913-019-4015-3



Context in GACD projects

The role of context in implementation research for non-communicable diseases: Answering the 'how-to' dilemma.

Daivadanam et al. (2019)
https://doi.org/10.1371/journal.pone.0214454

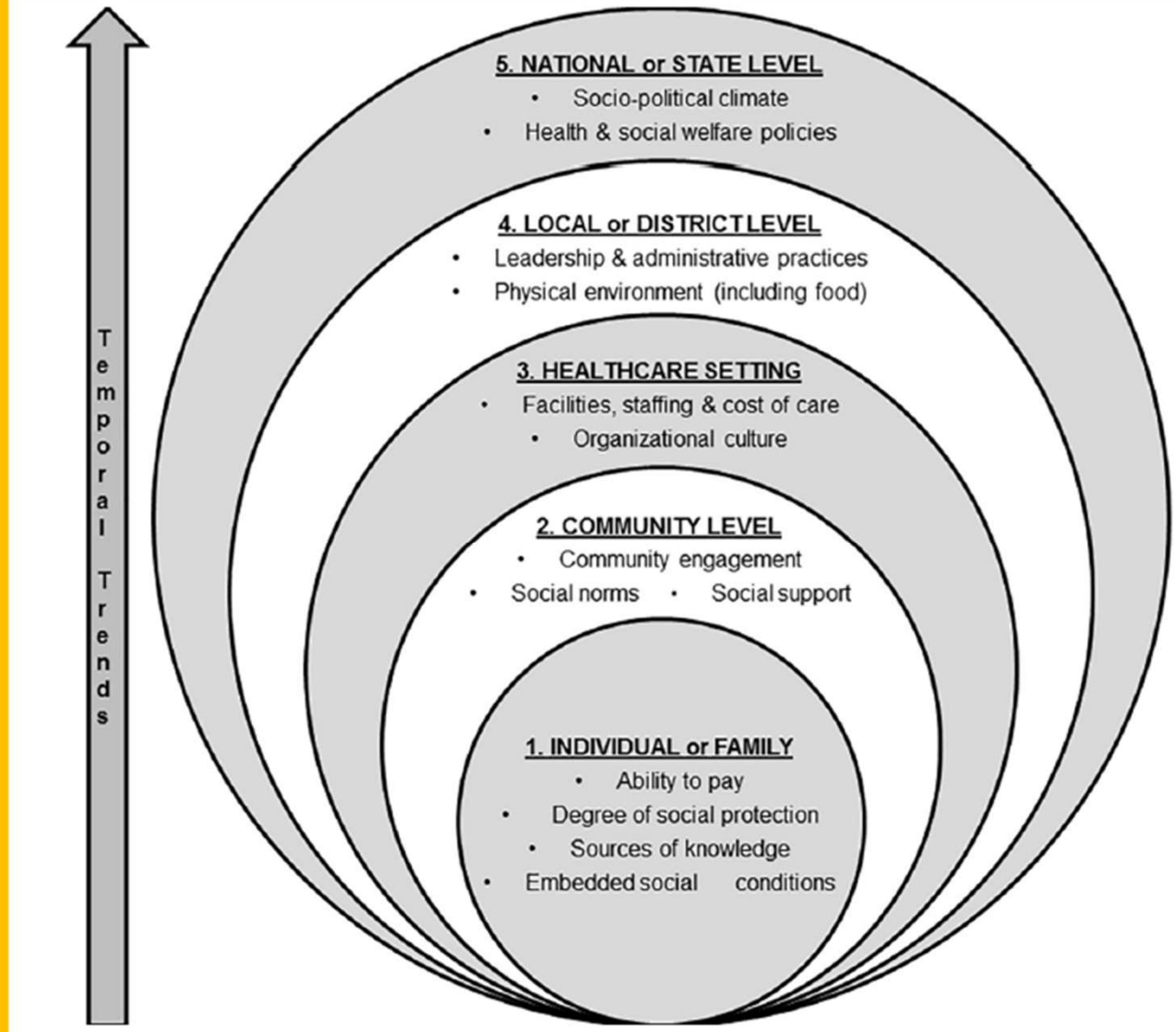
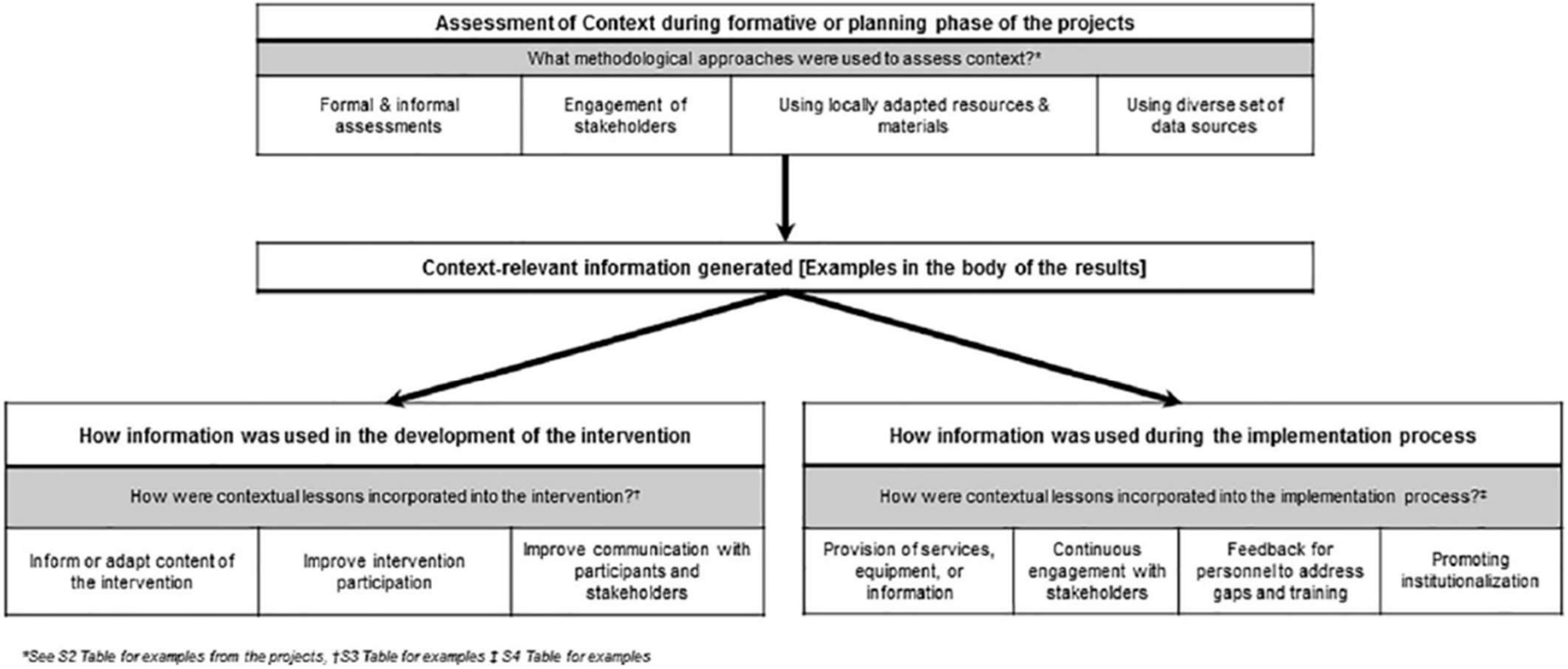


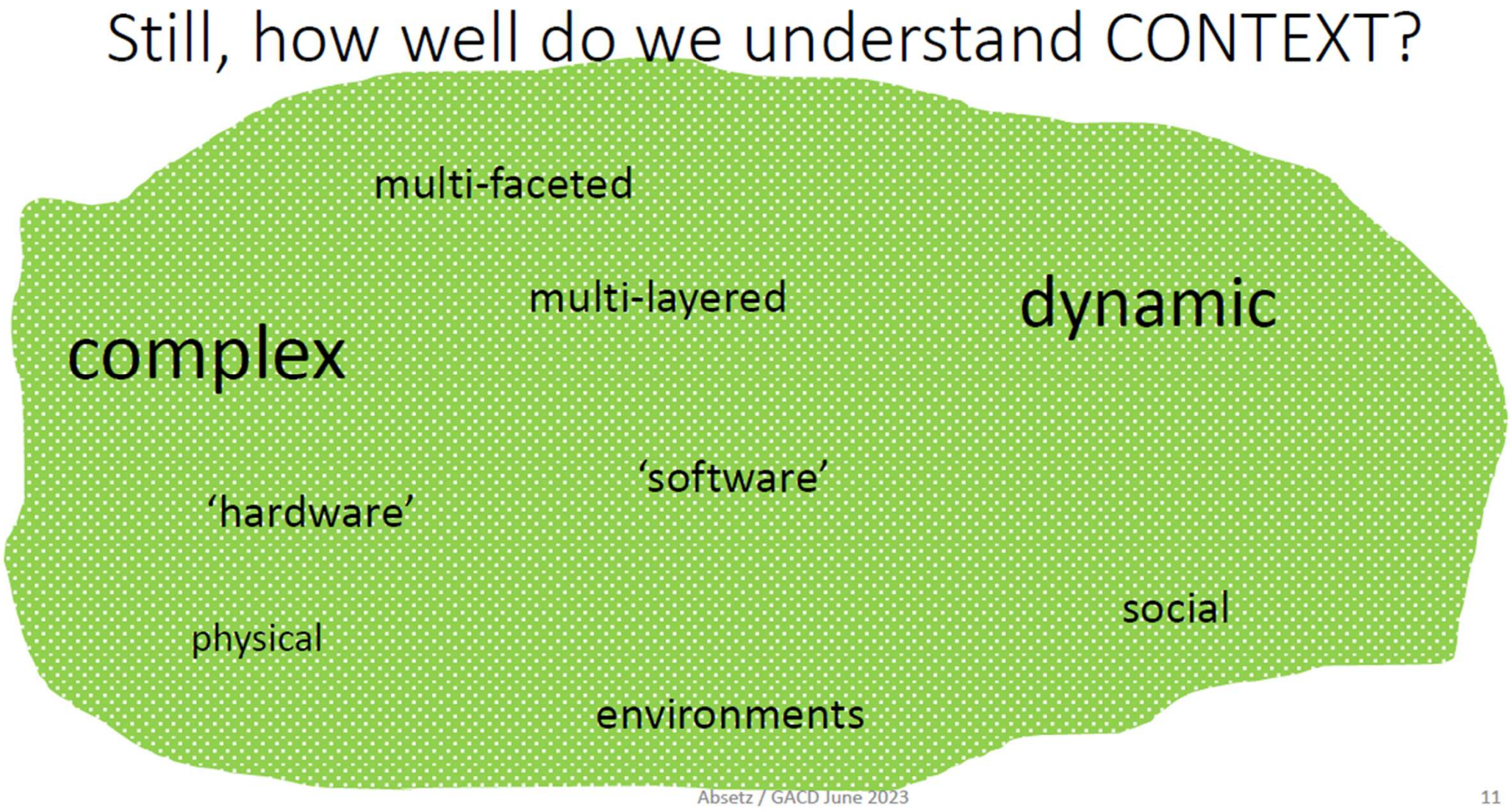
Fig 2. Multi-layered context framework.



*See S2 Table for examples from the projects, †S3 Table for examples ‡ S4 Table for examples

Fig 4. Themes identified to describe methodology or approach used to assess context and how contextual lessons are incorporated into the intervention or the implementation process.

https://doi.org/10.1371/journal.pone.0214454.g004


Still, how well do we understand CONTEXT?
multi-faceted
multi-layered
dynamic
complex
'software'
'hardware'
social
physical
environments
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Paradigm shift from positivism to complexity?

- Positivist paradigm:
  - Intervention, implementation, context, and outcomes seen as distinct components of a system
  - Assessing the components leads to understanding the system as a whole
  - Interventions are defined purely as a new set of components
  - Contextual factors as facilitators and barriers that act as confounders and moderators
- Complexity approach:
  - Context as a core aspect, not as one of many components
  - Intervention as a process of disrupting system functioning and resulting in a re-configuration of the context

- Pfadenhauer, 2022 https://doi.org/10.34172/ijhpm.2021.147
- Moore et al., 2019 https://doi.org/10.1177/1356389018803219

Complexity (VICTORE)

- **Volitions:** Targets are active agents, not passive recipients. Their reasoning, interpretation and volition causes behavioural change, not the policies themselves.
- **Implementation:** Implementation chains are long, with various actors and their interconnections -> implementation is prone to inconsistencies, delays and unintended consequences, and thus is never linear.
- **Contexts:** Conditions/circumstances/environment are an integral part of a policy's implementation and effects. Contexts are complex, multi-layered, intertwined and constantly evolving, and thus policies are never implemented in similar circumstances.
- **Time:** The history and timing of the policy will affect the implementation outcomes.
- **Outcomes:** Intended consequences, no consequences, or unintended (positive or negative) consequences.
- **Rivalry:** In policy-saturated world policies are intertwined, and the impact of a single policy is difficult to assess.
- **Emergence:** Components in a system combine and produce new components, and thus the system under investigation is continually changing. Change is never totally controllable or predictable.

Pawson, 2013. The Science of Evaluation: A Realist Manifesto https://doi.org/10.4135/9781473913820

Complex social systems

System characteristic
The functioning of complex social systems is shaped by patterns of ***interaction among diverse and ever changing agents***
Complex social systems typically comprise nested sub-systems and are part of larger supra-systems;
Systems have permeable boundaries and hence influential interactions occur both ***within*** and ***between complex social systems***;
System survival depends upon ***ceaseless adaptation***, with systems responding to changes to internal and surrounding system structures;
Systems typically have a combination of formal **rules**, and more informal '**ethos**', or shared understandings about the norms and values of the system;
New ways of working give rise to ***feedback loops*** that reinforce system behaviour, or lead to discontinuance;
Systems have a propensity toward ***self-organization***, with order emerging through spontaneous interactions of agents within the system, rather than central planning.
Efforts to introduce change create disruption, triggering agents to self-organize to return the system to an ***attractor*** state (i.e. a new state of relative stability);
System histories and ***starting points*** play an important role in shaping responses to a new innovation.

Moore et al., From complex social interventions to interventions in complex social systems: Future directions and unresolved questions for intervention development and evaluation. Evaluation, 2019, 25(1), 23–45. https://doi.org/10.1177/1356389018803219

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Complex social systems approach with the MRC framework?

Stage	Traditional stage focus	Additional considerations from an events in systems perspective
Intervention development	Identification of intervention components which have been effective in addressing similar problems elsewhere; Theorization of how components interact with one another to influence the target outcome.	Identification of how the dynamics of a particular social system perpetuate and sustain sub-optimal health outcomes; Theorization of how patterns of system behaviour might be disrupted by the introduction of new ways of working to optimize the health promoting potentials of the system.
Feasibility and pilot testing	Exploration of whether an intervention, and evaluation, approach is acceptable to key stakeholders; Short-term testing of whether an intervention can be feasibly implemented with fidelity and acceptability to participants; Refinement and testing of key methodological parameters.	Feasibility and acceptability as dynamic concepts, changing over time through positive reinforcing or balancing feedback loops; Focus on potential of an intervention to gain traction within its system; Assessment of whether intervention can be implemented with fidelity of functions (rather than form) across a purposive range of settings. Exploration of metrics for describing systems and assessment of how to sample these in a larger study of effects.
Evaluation	Testing of the extent to which an intervention 'works' and is cost-effective; Process evaluation focused on whether the intervention is implemented as intended to ensure the internal validity of outcomes evaluation.	Testing and refinements of theories about: mechanisms of disruption; intended and unintended proximal and distal consequences; and system-context moderation of these; Explicit consideration of likely outcomes over time to guide durations of follow-ups. Assessment of whether intervention was implemented with fidelity of functions (rather than form) to assess the internal validity of outcomes evaluation.
Implementation	Dissemination of research evidence to key stakeholders; Maintenance of effects from evaluation in routine practice.	Implementation, in system change terms, as a process which is understood on increasing scales throughout intervention development, feasibility assessment and evaluation.

From Moore et al., From complex social interventions to interventions in complex social systems: Future directions and unresolved questions for intervention development and evaluation. Evaluation, 2019, 25(1), 23–45. https://doi.org/10.1177/1356389018803219

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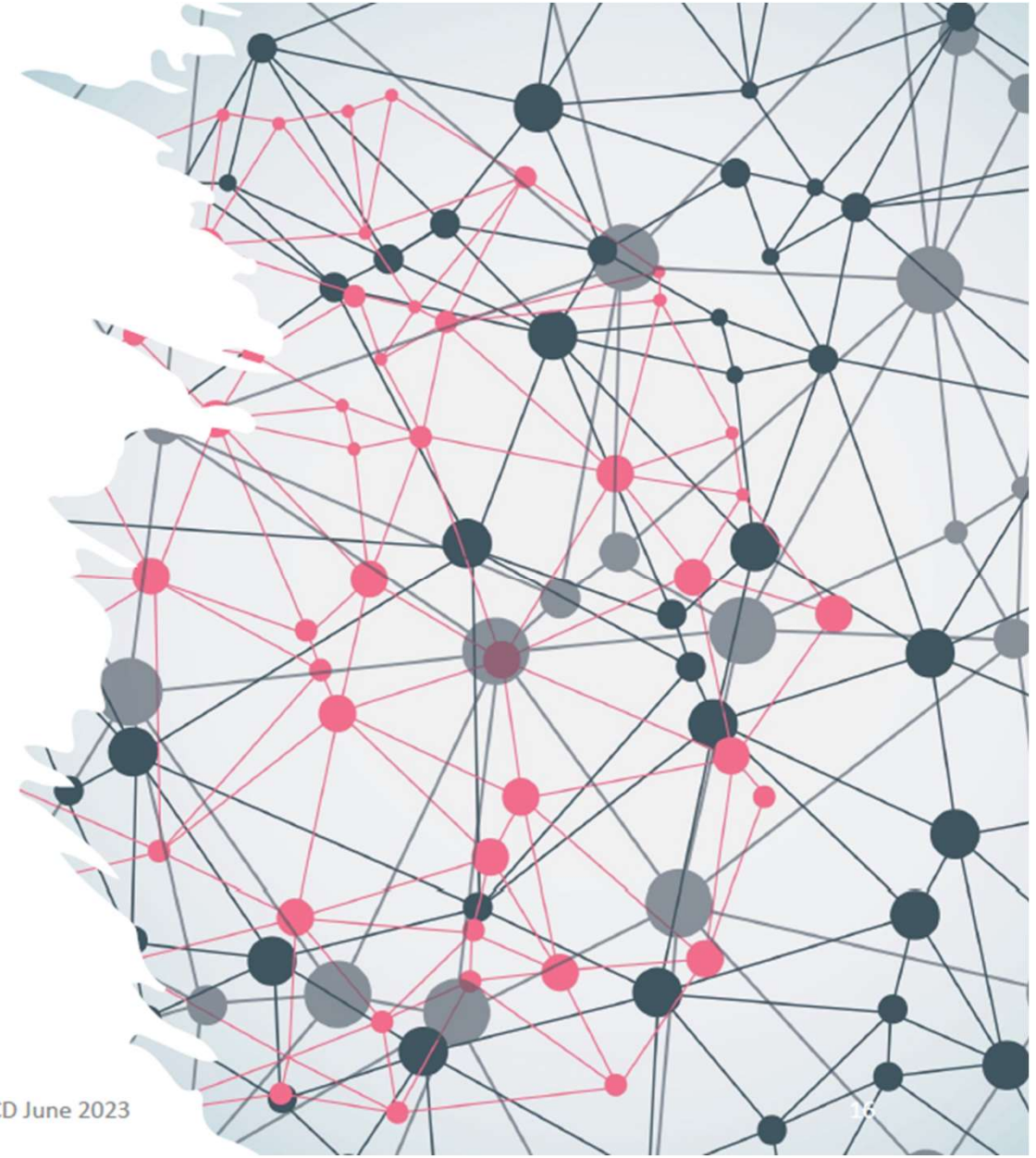
We need to REALLY acknowledge complexity…

although it will change the way we think about implementation research




CONTENT is KING
BUT
CONTEXT is GOD
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Regional parallel sessions

Sitting A: Eastern Mediterranean Region, South-East Asian Region, Western Pacific Region

Sitting B: Region of the Americas, European Region, African Region

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Eastern Mediterranean Region

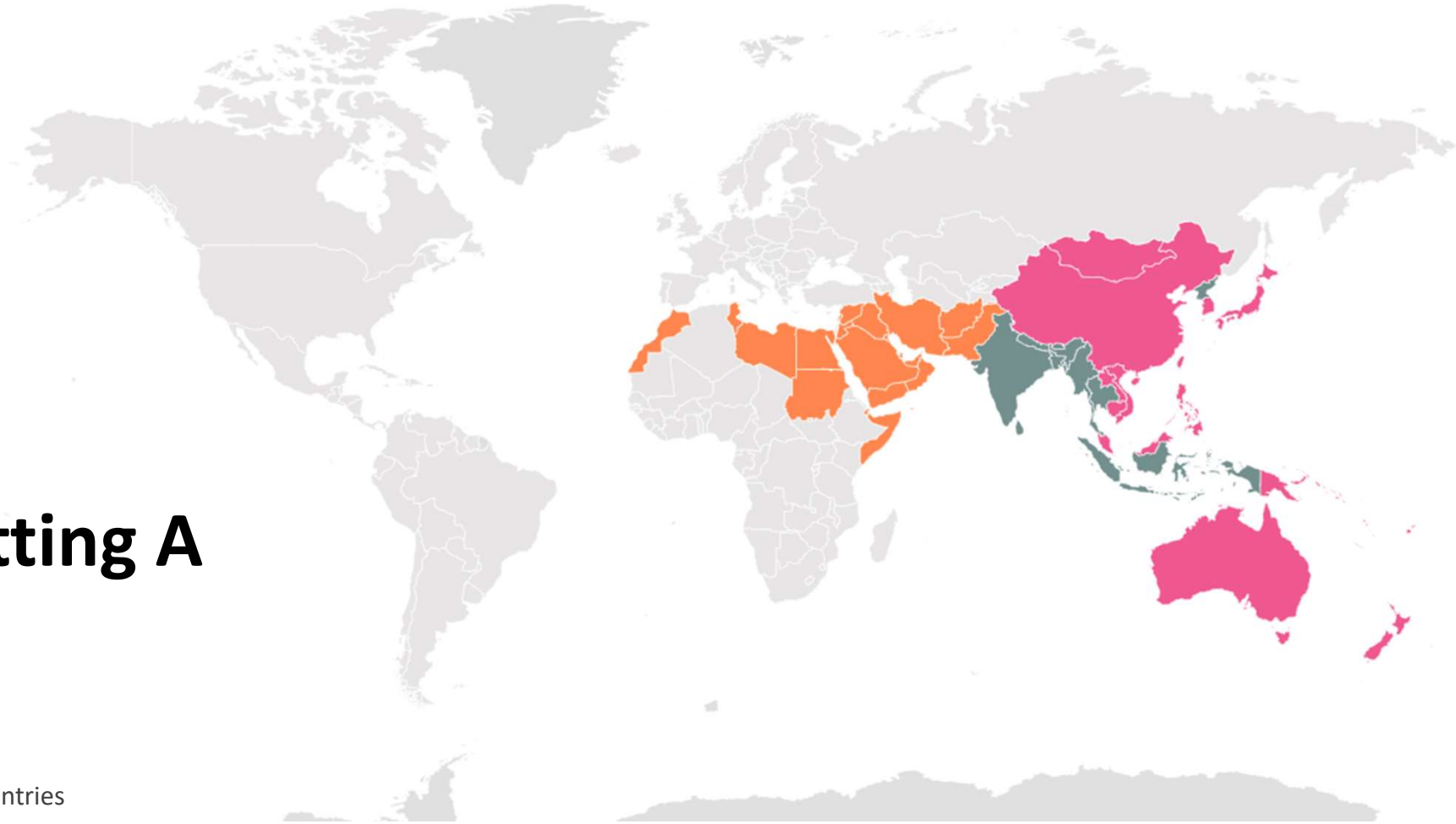
Breakout room 1

South-East Asia Region

Breakout room 2

Western Pacific Region

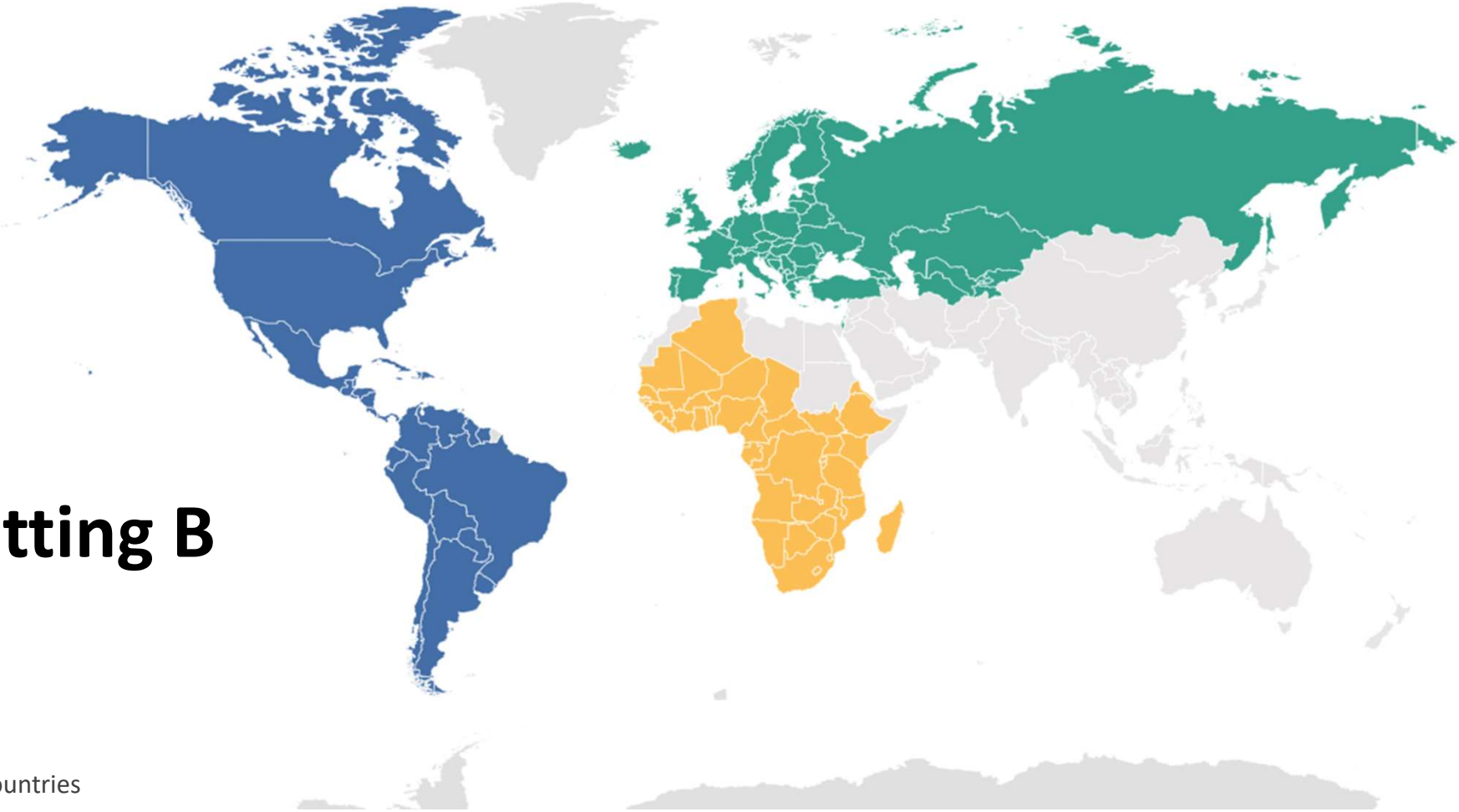
Breakout room 3



Sitting A

www.who.int/countries

Region of the Americas	European Region	African Region
Breakout room 1	Breakout room 2	Breakout room 3



Sitting B

www.who.int/countries

Sitting A, breakout room 1:

Eastern Mediterranean Region

Omara Dogar – *University of York, UK*

Rima Nakkash – *George Mason University, US*

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Adapting complex interventions to LMIC context

Dr Omara Dogar

Annals of Internal Medicine | ORIGINAL RESEA

Action to Stop Smoking in Suspected Tuberculosis (ASSIST) in Pakistan

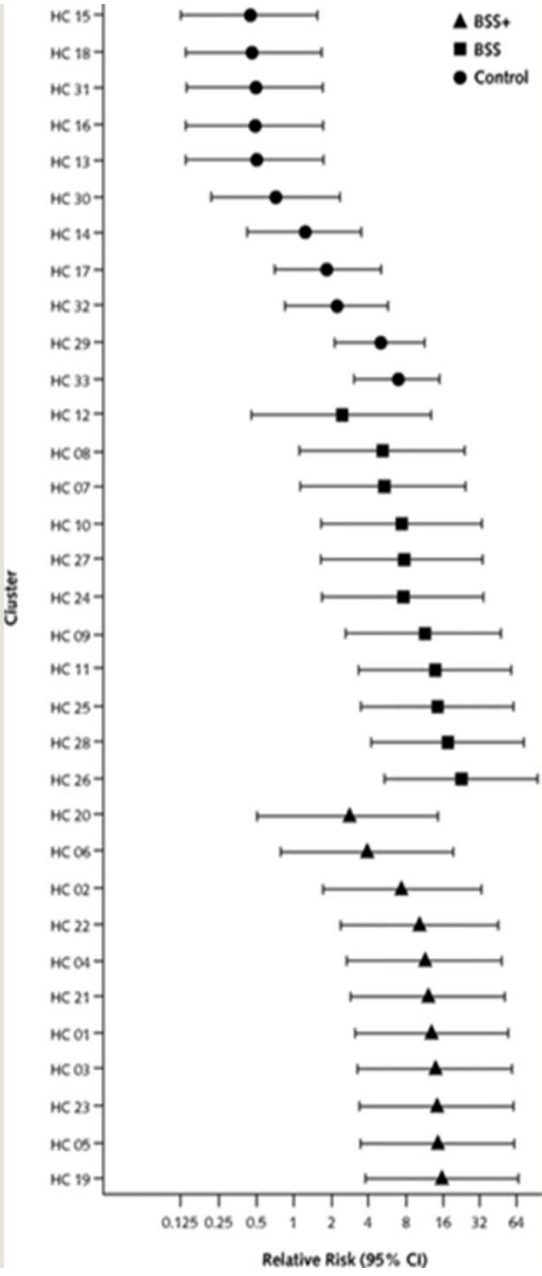
A Cluster Randomized, Controlled Trial

Kamran Siddiqi, PhD; Amir Khan, PhD; Maqsood Ahmad, MPhil; Omara Dogar, MPH; Mona Kanaan, PhD; James N. Newell, PhD; and Heather Thomson, BA

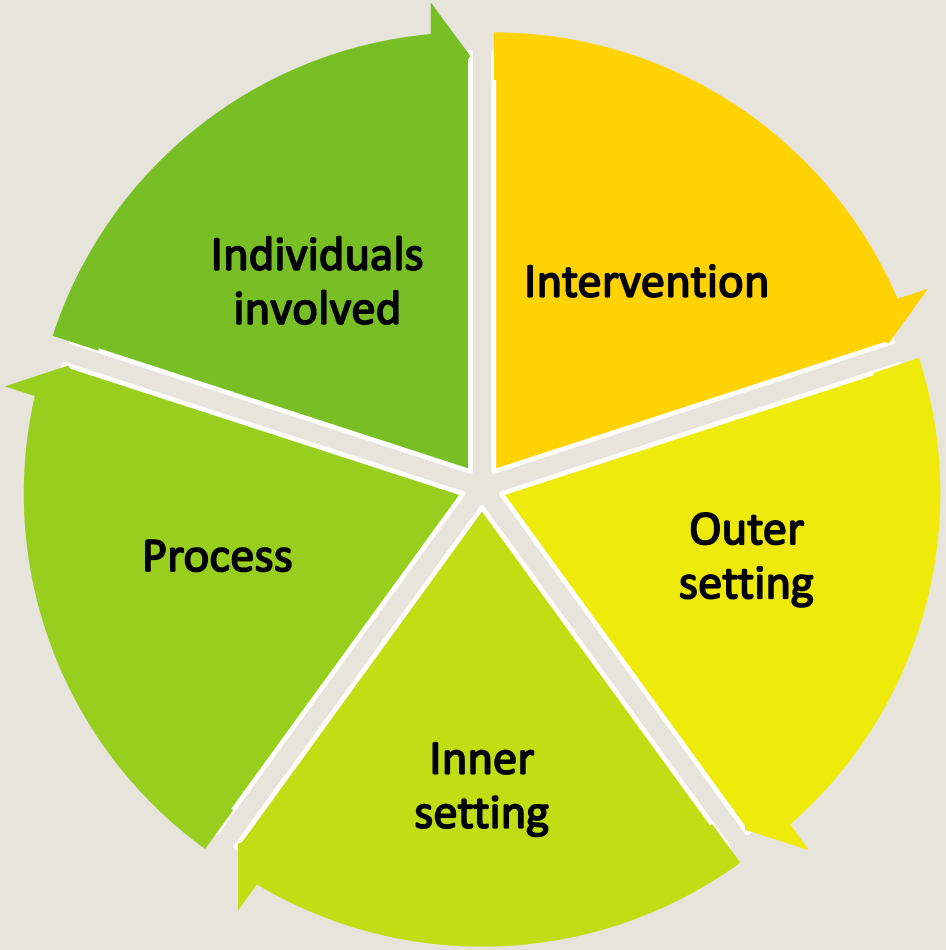
41% of those receiving behavioural support stopped smoking compared to 8% in the control group.

However,

Quit rates ranged from **7% to 70%** across the 22 intervention sites!



Consolidated Framework for Implementation Research (CFIR)



Journal of **Smoking Cessation**, *11*(2), 108–115
 doi:10.1017/jsc.2015.20

Challenges of Integrating Tobacco Cessation Interventions in TB Programmes: Case Studies from Nepal and Pakistan

Omara Dogar,[1] Helen Elsey,[2] Sudeepa Khanal,[3] and Kamran Siddiqi[1]

- Complexity of intervention
- Levels of motivation
- Opportunity - clinic contexts play a mediating role

METHODS AND TECHNIQUES doi:10.1111/add.14804

Measuring fidelity to behavioural support delivery for smoking cessation and its association with outcomes

Omara Dogar[1,2], Jan R. Boehnke[1,3], Fabiana Lorencatto[4], Trevor A. Sheldon[1,5] & Kamran Siddiqi[1,5]

UNIVERSITY of York

Quality with which behavioural support was provided doubled the odds of quitting

Fidelity Scores	Odds ratio (95% CI)	p-value
Adherence to content	0.55 (0.40- 0.77)	0.0005
Quality of interaction	2.15 (1.43- 3.24)	0.0002

Tobacco cessation within TB programmes: An effectiveness-implementation hybrid multi-country study

https://www.york.ac.uk/healthsciences/research/public-health/projects/tb-tobacco/

ARTICLE OPEN

Health worker and patient views on implementation of smoking cessation in routine tuberculosis care

Melanie Boeckmann[1,2,3], Sahil Warsi[4], Maryam Noor[5], Omara Dogar[2], Esha Haowa Mustagfira[6], Fariza Firoze[7], Raana Zahid[5], Anne Readshaw[2], Kamran Siddiqi[2], Daniel Kotz[1,8,9] and the TB & Tobacco Consortium

Shorter intervention, embedded in TB counselling, achieving 29% quit rates at 12 months

Measuring fidelity to delivery of a new smoking cessation intervention integrated into routine tuberculosis care in Pakistan and Bangladesh: Contextual differences and opportunities

Melanie Boeckmann[1,2,3], Omara Dogar[2,4], Saima Saeed[5], Arman Majidulla[5], Shilpi Swami[6,2], Amina Khan[7], Kamran Siddiqi[2,8], Daniel Kotz[3,4]

INT J TUBERC LUNG DIS 26(11):000–000

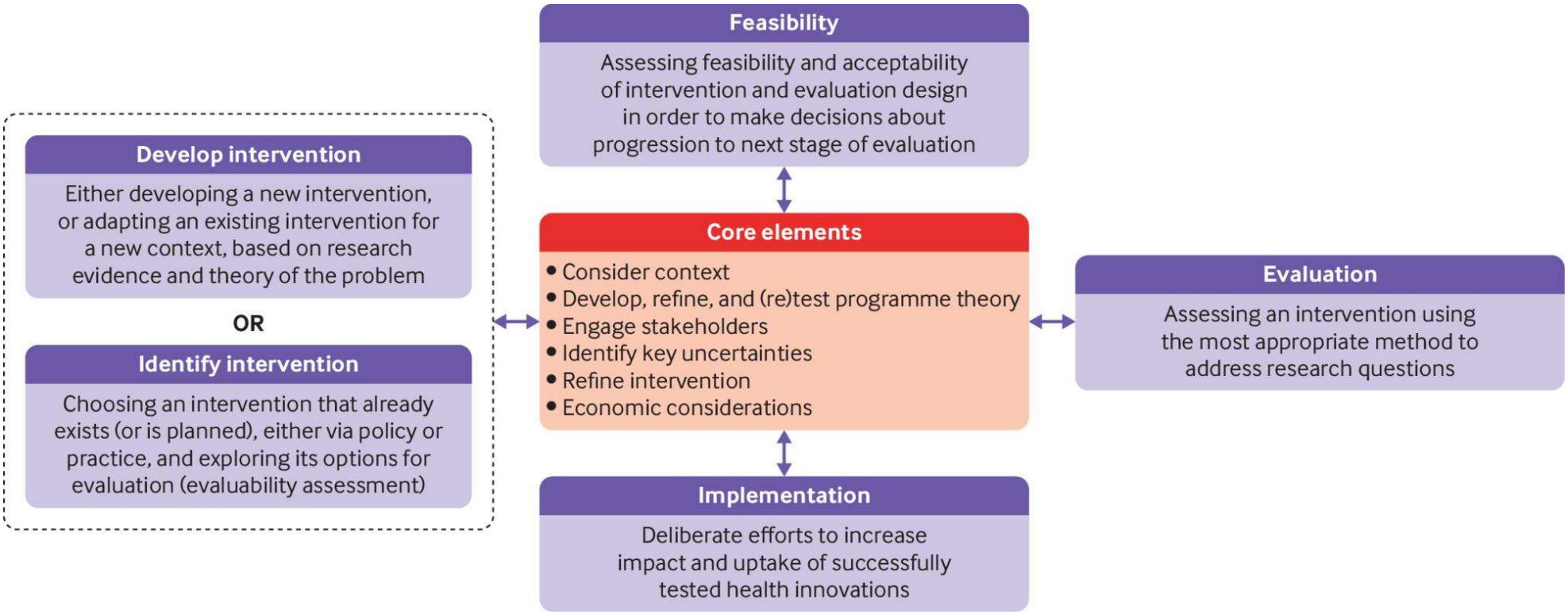
http://dx.doi.org/10.5588/ijtld.22.0236

Predictors of long-term smoking abstinence in TB patients

Future considerations and Key messages

- Simplifying content of behavioural tobacco treatments
- Training emphasis on patient-engagement
- Context matters when adapting complex interventions from HICs to LMICs.

Framework for developing and evaluating complex interventions.



Kathryn Skivington et al. BMJ 2021;374:bmj.n2061

References

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2. Siddiqi K, Khan A, Ahmad M, Dogar O, Kanaan M, Newell JN, Thomson H. Action to stop smoking in suspected tuberculosis (ASSIST) in Pakistan: a cluster randomized, controlled trial. Annals of internal medicine. 2013 May 7;158(9):667-75.
3. Dogar O, Elsey H, Khanal S, Siddiqi K. Challenges of integrating tobacco cessation interventions in TB programmes: case studies from Nepal and Pakistan. J Smoking Cessation 2016;11:108–15.
4. Breimaier HE, Heckemann B, Halfens RJ, Lohrmann C. The Consolidated Framework for Implementation Research (CFIR): a useful theoretical framework for guiding and evaluating a guideline implementation process in a hospital-based nursing practice. BMC nursing. 2015 Dec;14:1-9.
5. Boeckmann M, Warsi S, Noor M, Dogar O, Mustagfira EH, Firoze F, Zahid R, Readshaw A, Siddiqi K, Kotz D. Health worker and patient views on implementation of smoking cessation in routine tuberculosis care. NPJ primary care respiratory medicine. 2019 Sep 3;29(1):1-2.
6. Boeckmann M, Dogar O, Saeed S, Majidulla A, Swami S, Khan A, Siddiqi K, Kotz D. Measuring fidelity to delivery of a new smoking cessation intervention integrated into routine tuberculosis care in Pakistan and Bangladesh: Contextual differences and opportunities. Tobacco induced diseases. 2021;19.
7. Krishnan N, Siddiqi K, Dogar O, Gabe R, Keding A. Predictors of long-term smoking abstinence in TB patients. The international journal of tuberculosis and lung disease: the official journal of the International Union against Tuberculosis and Lung Disease. 2022 Nov 1;26(11):1074-6.

Thank you

Working with context to implement non-communicable disease interventions
--GACD mid year workshop--

Rima Nakkash
Professor
Department of Global and Community Health
College of Public Health
George Mason University
Virginia, U.S.A

Objective

- To share practical examples of context assessment for implementation research relating to NCD programmes, focusing on region- or country-specific matters.

PHOENICS

Phone Enabled Implementation of Cessation Support

Funded by the National Cancer Institute (R01CA262319)

Principal Investigators: Ramzi Salloum and Rima Nakkash
Funding period: 09/09/2022 - 08/31/2027

PHOENICS KICKOFF MEETING

PHOENICS KICKOFF MEETING

Background

Adult smoking rates in Lebanon are among the highest worldwide

- 35% of adults currently smoke cigarettes, 39% smoke waterpipe tobacco, and 4% smoke both cigarettes and waterpipe tobacco
- Highest incidence of lung cancer for females and second highest for males in the Eastern Mediterranean Region
- Weak tobacco control policy framework

Background (cont.)

Public resources to support smoking cessation are scarce

- World Health Organization (WHO) Framework Convention on Tobacco Control
- Article 14: recommends health systems strengthen sustainable infrastructure for wide access to smoking cessation
- AUB ongoing cessation services at the Medical Center

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PHOENICS KICKOFF MEETING

Addressing This Evidence-to-Practice Gap

Goal: To reduce tobacco use by developing sustainable models for implementing evidence-based tobacco dependence treatment in low-resource settings, in partnership with existing health systems.

Objective: To evaluate the comparative effectiveness of promising multi-component interventions for implementing evidence-based tobacco treatment in Lebanon's national system of primary healthcare centers.

PHOENICS KICKOFF MEETING

Specific Aims

1. Adapt and tailor an existing smoking cessation program to deliver phone-based counseling to adults who smoke in Lebanon
2. Test the effectiveness and cost-effectiveness of a referral-based program that delivers smoking cessation services to primary care patients
3. Examine the multilevel determinants of implementation and sustainability

PHOENICS KICKOFF MEETING

Multilevel Intervention Components

Level	Motivating need/problem	Component	AAA	AAC	AAC+ NRT
Clinic	Lack of integration into practice	Electronic reminders	◉	◉	◉
Provider	Insufficient knowledge, self-efficacy	Provider training	◉	◉	◉
Patient	Insufficient knowledge	Educational materials	◉	◉	◉
	Insufficient self-efficacy, motivation	Phone counseling		◉	◉
	Nicotine withdrawal symptoms	Nicotine patches			◉

PHOENICS KICKOFF MEETING

Conceptual Framework

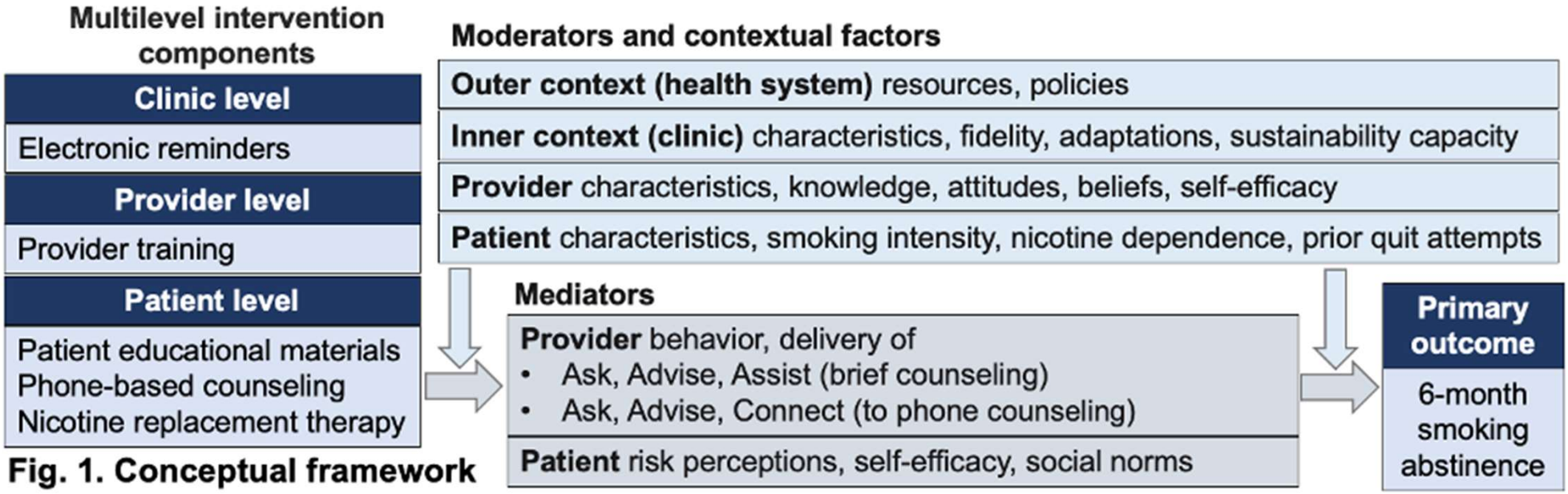

Fig. 1. Conceptual framework

TOBACCO CONTROL RESEARCH IN MENA

Project launch with primary healthcare centers

PHOENICS KICKOFF MEETING

Aim 1: Adapt and tailor an existing smoking cessation program to deliver phone-based counseling to smokers in Lebanon

- **Focus groups**: 8 groups with adults who smoke
- **Baseline provider surveys and in-depth interviews**
- **Workflow tailoring**: Direct observation and optimization
- **Pilot testing**: 1 non-participating clinic conducting AAC+NRT
- **Engaging stakeholder advisory committee:** Offer feedback throughout project

Aim 2: Test the effectiveness and cost-effectiveness of a referral-based program that delivers smoking cessation services to primary care patients

- Enrollment: 1500 patients
- 3-arm group-randomized trial comparing:
    1) Ask-Advise-Assist (AAA)
    2) Ask-Advise-Connect (AAC)
    3) AAC+NRT

PHOENICS KICKOFF MEETING

Aim 3: Examine the multilevel determinants of implementation and sustainability

- Quantitative and qualitative analysis pre/post trial
  - Fidelity
  - Adaptations
  - Sustainability capacity
  - Implementation context and outcomes
- Clinician and MOPH engagement

Challenges

- Weak tobacco control policy framework
- Overburdened health care system and health care professional cadre
- Low interest in quitting

Sitting A, breakout room 2:

South-East Asian Region

Arunah Chandran – *International Agency for Research on Cancer, France*

Zinzi Pardoel – *University of Groningen, Netherlands*

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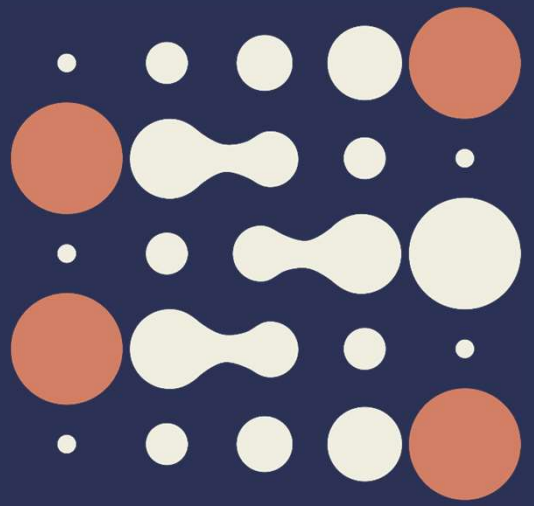
Global Alliance for Chronic Diseases

Mid-year workshop 2023

ACCESS CANCER CARE INDIA (ACCI)

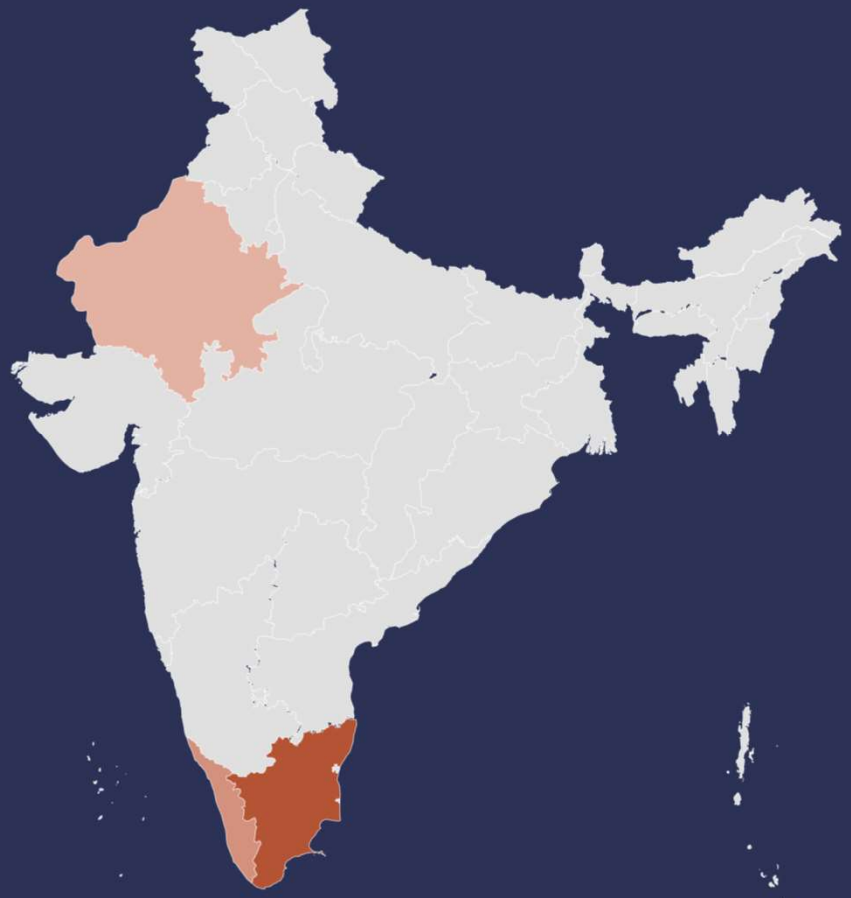


International Agency for Research on Cancer

World Health Organization

Objective of ACCI Project

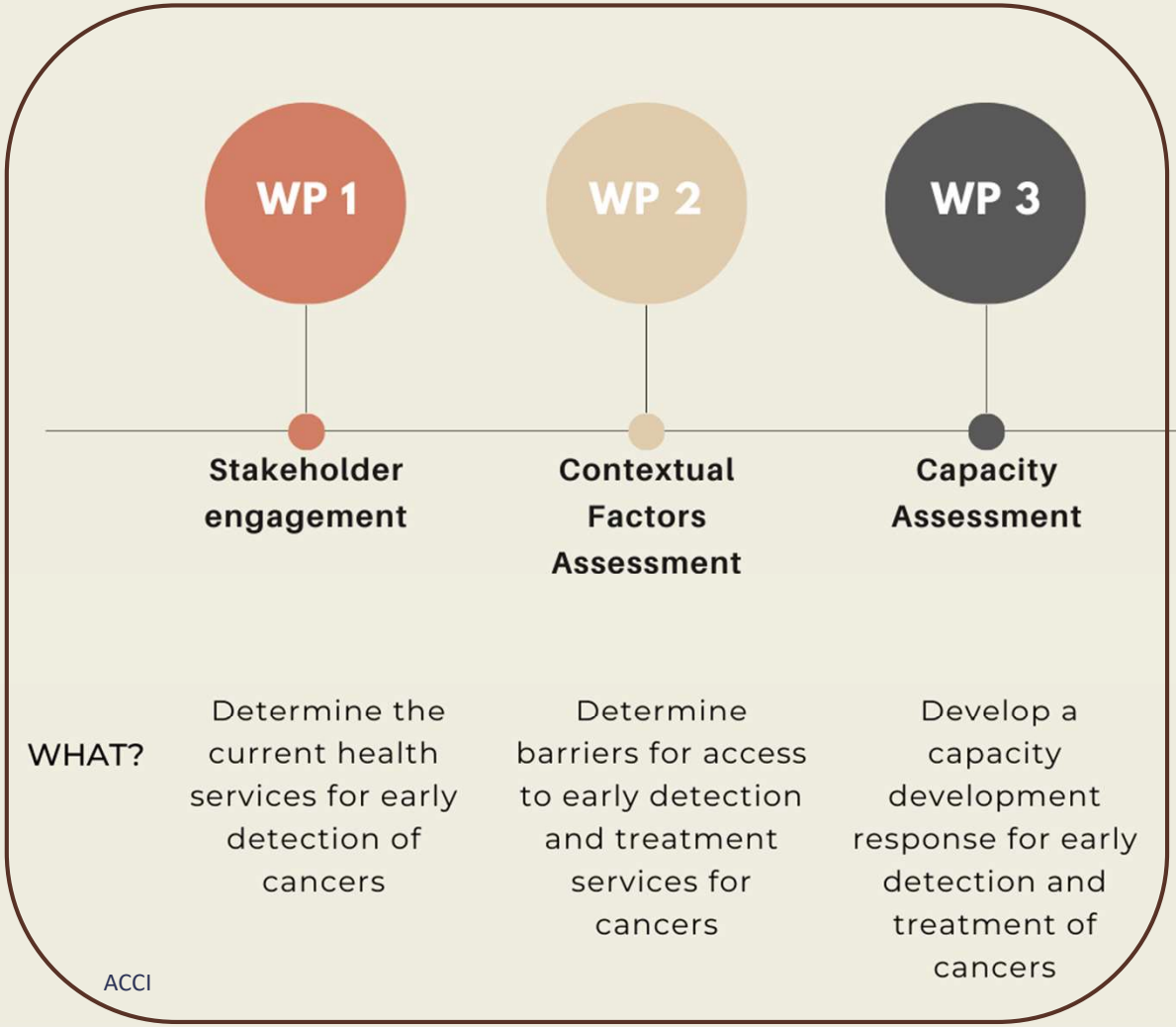
To design and evaluate a new multi-level strategy, integrated, and contextualised to the local health system, to improve access to the early detection and care continuum for oral, breast and cervical cancers among rural population in India.



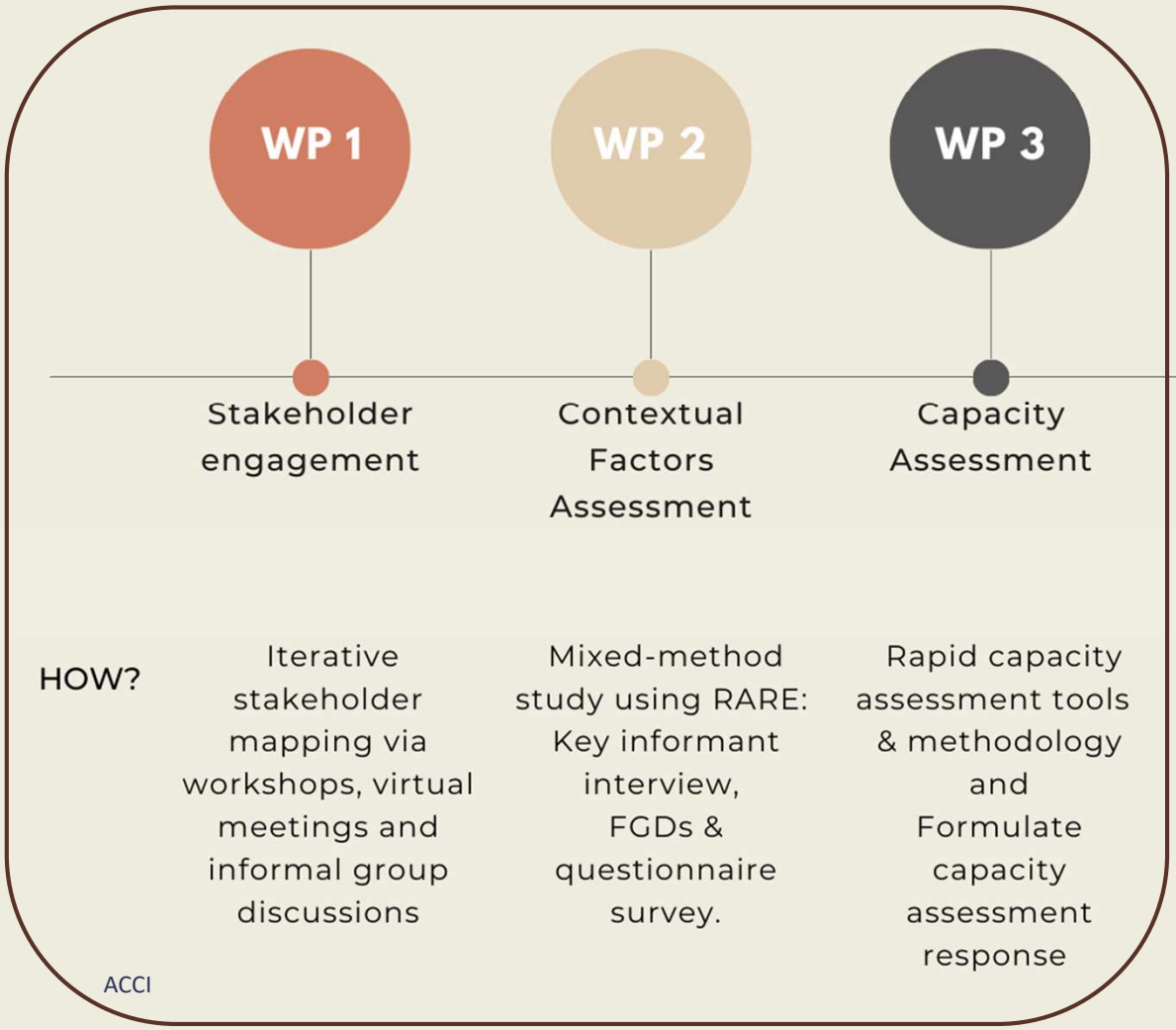
International Agency for Research on Cancer

World Health Organization

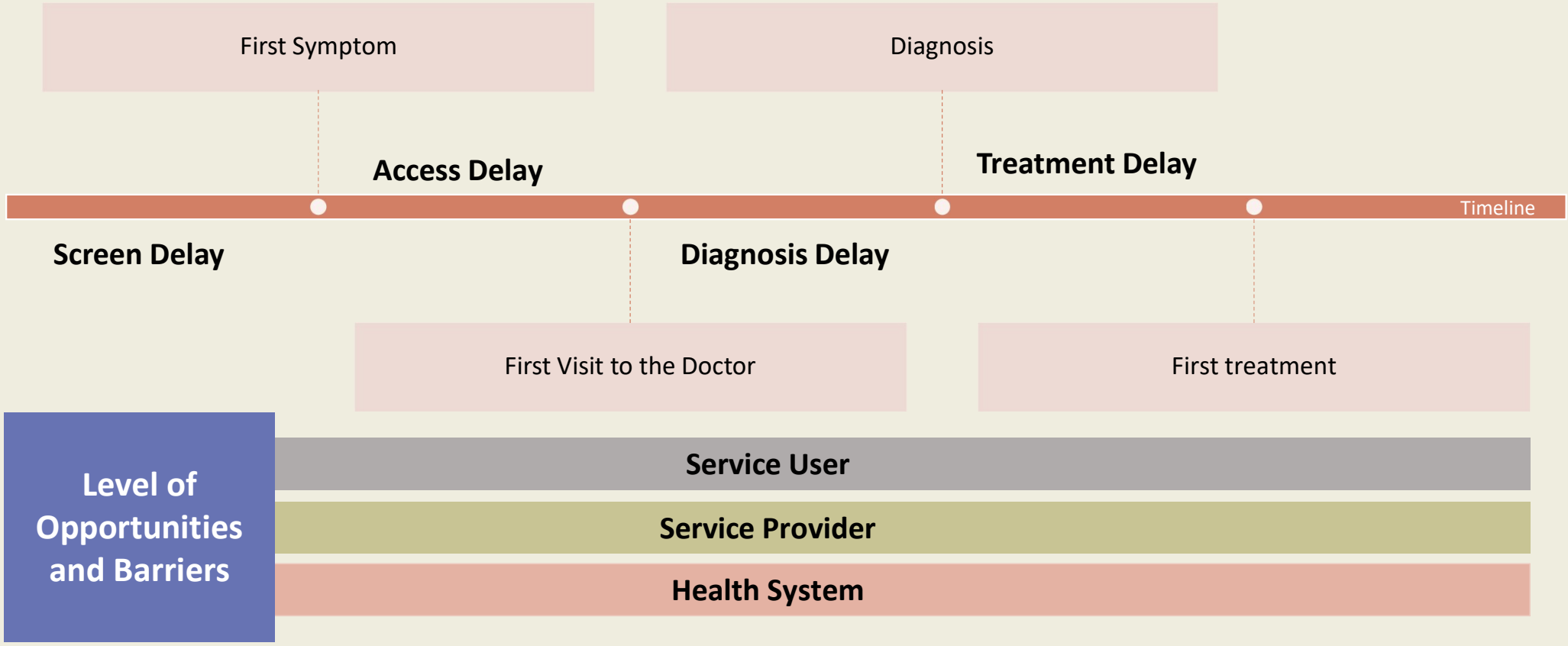
ACCI: Work Package and Objectives



ACCI: Work Package and Methodology



Barriers to Screening, Diagnosis and Treatment



3

Barrier and Opportunities to Access

Service users | Service Providers | **Health systems**

Screening

asymptomatic
general population

Diagnosis

symptomatic
population

Treatment

diagnosed
population

3

Capacity Assessment

Mixed Methods

Desk Review

- Policies and governance
- Screening protocols
- Information system
- Quality assurance

Policy Analysis

Facility Visit

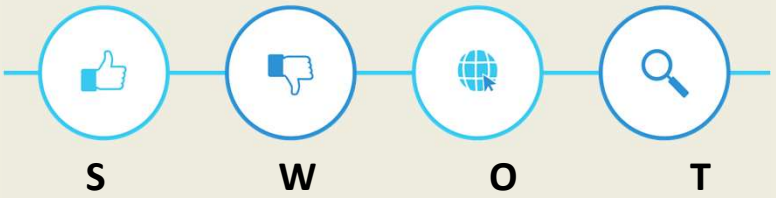
- Screening centres
- Diagnostic and treatment centres

Health Systems Readiness Score

Interview

- In-depth interviews with key informants

Implementation Climate

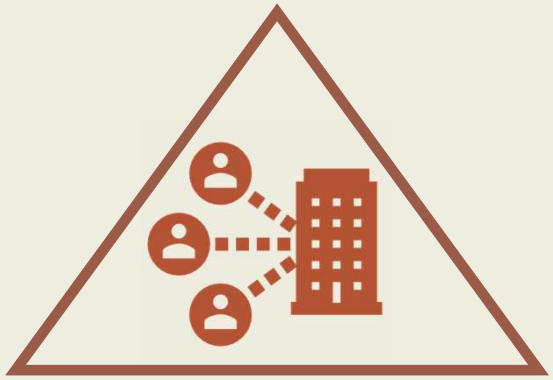


Building blocks

Leadership & governance
Financing
Health workforce
Access to care
Service delivery
Information system & quality assurance

7

To design a protocol for a multi-level intervention strategy



The findings of the Phase 1 will be synthesized and triangulated to feed the 'intervention'

'Intervention' presented to a stakeholders' team workshop.

Collaboratively, identify the intervention elements that are 'best fit'. Interventions may be different to suit the local context in the selected pilot sites.

To design a protocol for a multi-level intervention strategy

Design site specific implementation protocol

Tools for implementation

Training protocol for pilot sites

- **Integrated into the existing healthcare delivery system**
- **Involve rolling out selected intervention**
- **The mechanism for implementation will be driven by findings from the barrier and capacity assessment**

Estimate Key Performance Indicators

Data across the screening continuum reviewed: number of clients invited, number screened, screen positive, screen positive undergoing further evaluation, number of cancers detected, the stage

9

ACCI: Key Takeaways for Phase 1

- **Do your research**
  - Many existing tools can be used for implementation research on cancer. Research these tools and identify which ones are most likely to be successful in your own context.
- **Use a participatory approach and involve stakeholders**
  - Participatory approaches involve stakeholders in developing the tools.
  - Get input from stakeholders throughout the development process can help to ensure that the tools are relevant and user-friendly.
- **Pilot test the tools**
  - Pilot tests the tools with a small group of users before scaling them up for wider use. This will help to identify any problems with the tools and make sure that they are effective.
- **Preparatory phase takes time and collaboration is key**
  - Be flexible, be open to feedback

Thank you

On behalf of ACCI Consortium:

Arunah Chandran

chandranA@iarc.who.int

International Agency for Research on Cancer

World Health Organization

Cultural sensitive community capacity building for prevention and control of NCDs

In Southeast Asia

Zinzi Pardoel

Scaling-Up NCD Interventions in South-East Asia (SUNI-SEA) project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 825026.

Background

- In Southeast Asia Community-based programs (CBPs) are common, screening for non communicable diseases and promoting healthy behaviour, aiming to reduce health risk behaviours

- CBPs promote health effectively when tailored to sociocultural aspects linked to health perception, for instance the local language, religion and traditions.

- Practical guideline regarding contextual adaption of CBPs was missing

Objective

To develop a guideline for contextual and cultural adaption of community-based programs

Methods

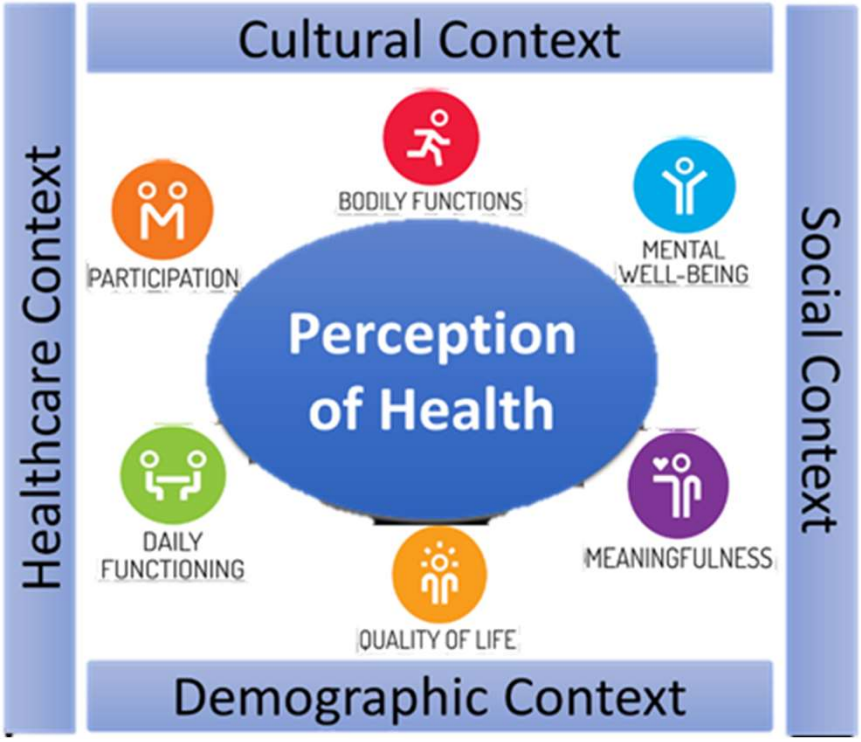
1. Developed a checklist: A literature review based on the conceptual framework of positive health and its determining contexts

2. Developed a guideline: in co-creation with local stakeholders and experts. The guideline was pilot-tested.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 825026.

Positive Health and Context

Mapping cultural and contextual aspects with the concept of Positive health and its determining contexts.



Family structure and being able to participate and having a role in usual family activities discussed: In the Southeast Asia there is a high inter-generational co-residence; children take care of their parents. The Southeast Asian older people participate mainly by providing advice to family and community members, on mainly health-related issues.

Stigmatization of mental health main issues identified and discussed : In Southeast Asia, emotional expression is commonly considered as personal weakness, which can contribute to stigmatization of mental illness

Psychological stress sources identified and discussed: In South-East Asia the number of persons exposed to extreme stressors is large, due to humanitarian crisis related to mainly natural disasters.

Religious and spiritual beliefs discussed: Factors that give life meaning in different cultural societies are often found in their spiritual and religious beliefs. Most Southeast Asia countries are multicultural, resulting in a variety of religions.

Results

Insight in culture and context of the end-users, which is especially helpful when developing a new program or an program is implemented in another area or with other target users

"When implementing a training in a rural area and then in an urban areas, there are differences between the target groups. With the guideline we revised the training to make it more fitting with the local context. This can also be helpful when a training is adopted in another country."

(Participant from Vietnam)

"The guideline can be used broader, not only for health focus or topics. For example, disaster reduction, it should be like also culture and context sensitive. Often we use or reference to materials from other countries, and we forget that we have a different context and a different culture."

(Participant from The Philippines)

Thank you

SUNI-SEA
creating synergies

Questions?

Zinzi Pardoel

z.e.pardoel@umcg.nl

Sitting A, breakout room 3:

Western Pacific Region

Gade Waqa – *Fiji National University, Fiji*

David Meharg and Jennifer Alison – *University of Sydney, Australia*

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Innovative approaches to project settings in the Pacific

Scaling Up Food Policy Interventions to Reduce Non-Communicable Diseases in the Pacific Islands (SU18)

Dr. Gade Waqa - Fiji National University

Aims and objectives

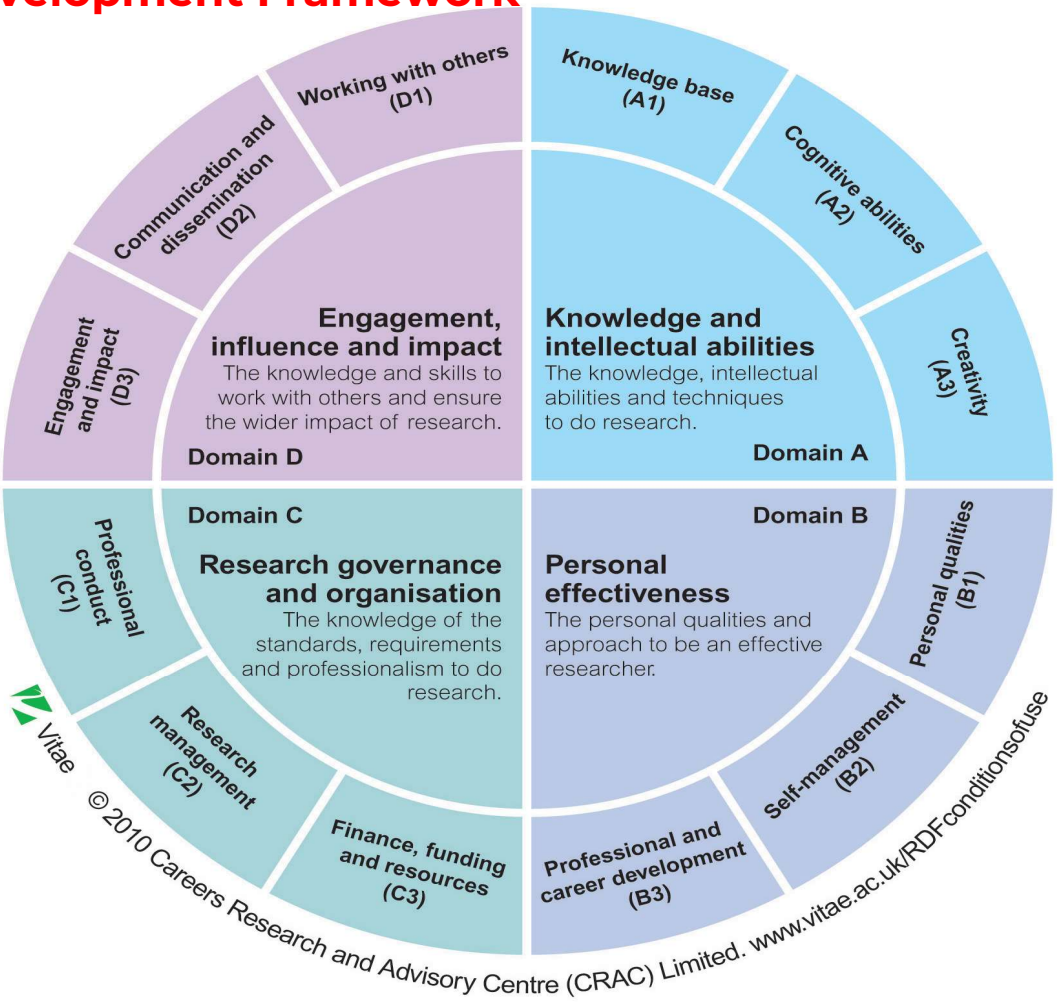
To evaluate the impact and process of implementation of effective food-related policies to reduce salt and sugar consumption, in Fiji.

Approach

- **Repeat nutrition surveys** to measure and monitor food sources and food intake
- **Policy analyses** to help us understand the context and opportunities for scale-up
- **Modeling impact and cost effectiveness of interventions** to evaluate the impact, process and cost-effectiveness of implementing chosen food policies
- Engagement with policy makers and other stakeholders to **strengthen implementation** of government food policies
- Comprehensive **impact and process evaluation**

Global landscape - transferable skills for early researchers

UK Vitae Researcher Development Framework



Strengths in the study and policy environment

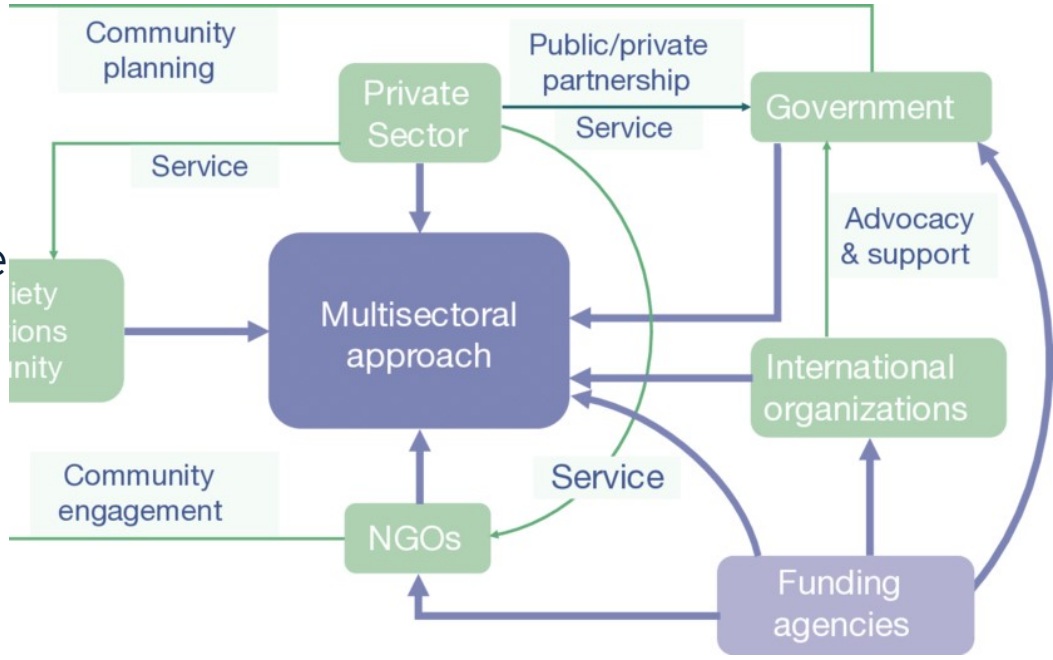
- **Collaboration** between 4 Universities across Australia (TGI of UNSW, Uni Sydney, Deakin Uni) and Fiji (C-POND from Fiji National University (FNU))
- **Technical support** from government and Partner Organisations (FAO, SPC, WHO, WB)
- **Funding** – secured from GACD
- **Ethics** - UNSW and FNU
- Whole-of-Government commitment to NCD prevention and nutrition
- Ministry of Health have 3 policies for NCDs, nutrition and food security and wellness
- Ministry of Agriculture is a key actor for improved nutrition and diet quality
- Education includes nutrition in its curriculum, and has a healthy canteen policy aimed at banning unhealthy foods from being sold to children
- Excise taxes on unhealthy food and beverages including ice cream, SSBs, sweet biscuits, imported chicken, chocolate and confectionary. Subsidies on fruit and vegetables

Innovation: Successful Community Engagement and Ownership

- Formal collaboration - The ethics processes requires endorsement from the Heads of the Facilities involved in data collection.
- Aligns with government and research protocol
- Consultations drive ownership by the Institutions involved (Ministry of iTaukei (Indigenous) Affairs and the Ministry of Local government, housing and Environment)
- Provincial offices, Village Heads, Advisory councilors, Faith-base Organizations
- Dissemination of results to stakeholders via conference, infographics and media
- A forthcoming National NCD Strategic Plan provides an opportunity to further improve alignment between health, agriculture, trade education, and strengthen enforcement

Innovation: Strengthen interdisciplinary partnership or multistakeholder collaboration

- The Alliance for Healthy Living in Fiji, including Consumer Council of Fiji, Diabetes Fiji and the National Food and Nutrition Centre (NFNC, within Ministry of Health), with partners from WHO and CPOND at the Fiji National University
- Hosted three consultative workshops to bring stakeholders together, including teachers, businesses and Faith-Based Organisations – these enabled a consume -led agenda and were critical, in terms of showing that the Alliance represented the interests of a wide range of different stakeholders.
- Following the consultations, the Alliance ran advertisements about the negative health effects of SSBs, and MoH provided 'health promotion' TV slots for these.



Multilateral collaborations and engagement

- Leading the WHO Collaborating Centre for Obesity Prevention and Management
- WHO Collaborating Centre for Population Salt Reduction, WHO Collaborating Centre for Obesity Prevention
- Technical Advisor in WHO Western Pacific Regional Coordination Mechanism for Non-Communicable Diseases

- UN Food Summit: TGI support community organisations in Australia and Fiji to ensure indigenous voices are heard are part of discussions leading to the UN Food Summit in November 2022 Key topics included the health, environmental and equity impacts of ultra processed foods on community food systems.

Key lessons/principles for working with partners

- Build local research capacity
- Map and strengthen networks
- Ongoing stakeholder consultations
- Strengthen research culture in government ministries
- Build linkages with other relevant initiatives
- Transparency in project model
- Sustainability and joint ownership
- Balance between perfect study design and feasibility

Vinaka! (Thank you)

And Vinaka to:	And key supports:
• The communities visited • The participants • The research team!	• Ministry of Health and Medical Services • Navua Medical Subdivision • Community Health Workers Deuba • Nakasi Medical Subdivision • Ministry of ITaukei Affairs • Serua Provincial Council • Ministry of Local Government • Provincial Administrator Navua • Area Advisory Councillors Deuba/Waidamudamu • Nausori Town Council • Pundit Waidamudamu • Anglican Church Nakasi • Methodist Church Nakasi

2023 GACD Workshop

Assessing the Aboriginal Australian context to support the implementation of the Breathe Easy, Walk Easy, Lungs for Life (BE WELL) Project

Presented by David Meharg, University of Sydney

On behalf of the project partners, Aboriginal Community Controlled Health Services and Investigating Team

THE UNIVERSITY OF SYDNEY

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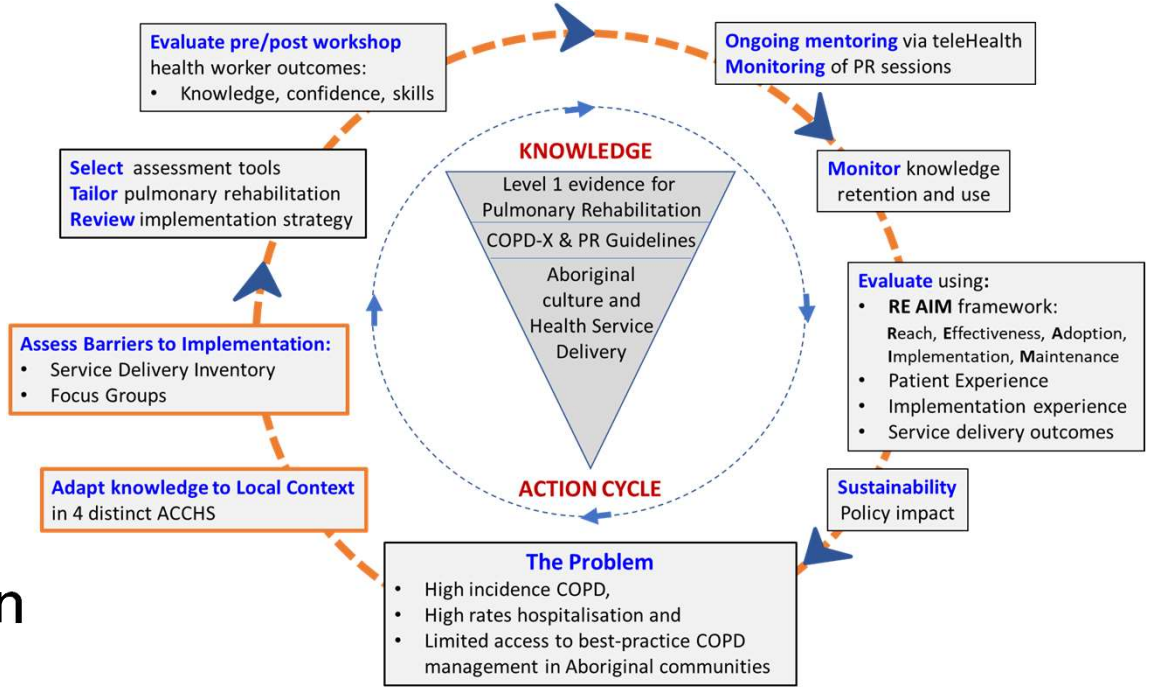
Cls: Jennifer Alison, Christine Jenkins, Graeme Maguire, Stephen Jan, Tim Shaw, Sarah Dennis, Zoe McKeough, Vanessa Lee, Kylie Gwynne, Boe Rambaldini, Debbie McCowen and David Meharg

Overview

- LD17: Breathe Easy, Walk Easy, Lungs for Life (BE WELL)
- Context
  - Aboriginal Community Controlled Health Services (ACCHS)
  - Aboriginal cultural, community and health research
- Assessing and responding to the cultural context
  - Role of Aboriginal health researchers
- Lessons learnt

BE WELL Project

- National Health and Medical Research Council of Australia
- Implementation Science Framework
- Knowledge-to-action cycle and RE-AIM
- Evaluate the implementation and impact of pulmonary rehabilitation programs within culturally safe ACCHSs



Aboriginal Community Controlled Health Services

- Governed by Boards from local Aboriginal community
- Address inadequacies of public health services to deliver culturally safe care
- Deliver holistic primary care
- Cultural interface between Western medical delivery and Aboriginal ways of knowing, being and doing

Aboriginal cultural and community

- Contemporary culture guided by family, community, land (Country) and language
- Emphasis on respect for Elders, sharing and caring for others and Country
- Honours Aboriginal knowledges, systems and protocols
- Engage and be of service to our knowledge holder's

Aboriginal health research in Australia

- High levels of chronic disease as consequences of colonization
- History of exclusion Aboriginal paradigms within research practice and academic institutions
- Poorly aligned to Aboriginal peoples goals, values, voices
- Absence co-design and community engagement

New era of Aboriginal health research

- Stronger alignment to Aboriginal research ethics guidelines
- Approaches valuing Aboriginal worldviews and paradigms
- Aboriginal-led research and reflexive 'allyship' with non-Aboriginal researchers transforming how research implemented
- Avoiding replicating harmful colonial practices
- Commitment to co-design and partnership
- Application of strengths-based approaches to issues
- Privileging Aboriginal voices, respecting self-determination and building local capacity

(Meharg et al., 2023) The Lancet

Role of Aboriginal researchers

- Relationships and building trust
- Engage respectfully 'seek to understand'
- Advocate power sharing (co-design principles and re-orient)
- Walk hand in hand as true partners 'Nothing about us without us'
- Community leading the way

Assessing and responding to the cultural context

- Better understand how to implement culturally safe pulmonary rehabilitation within the context of ACCHS
- Reflect on our perceptions of context during site visits through the Aboriginal staff and community lens
- Test the current knowledge
- Changes to the initial proposal were needed to enable the project to respond and align to the Aboriginal context
- Inclusion community awareness days, experience of care, online education using Aboriginal pedagogy and co-design principles and a state-wide service mapping

(Meharg et al., 2023) BMC Public Health

Lessons learnt

- Effective assessment of cultural context requires reflection on our perceptions (clarity)
- Inclusion of Aboriginal Elders and Aboriginal researchers
- Supportive Chief Investigator and Investigating Team
- Value Aboriginal ways of knowing, being and doing
- Practice cultural humility and respect and be flexible

For GACD

- Fund proposals that incorporate and value Aboriginal knowledges, methodologies and researchers.
- Strengthen mechanisms for cultural advice and support

Thank you.

'Breath of Country'
Jason Luscombe, Wiradjuri Artist

This painting tells the story of living with the lung disease.

No matter how you are feeling or where you are, you always breathe in Country. Country means kinship, community and support.

Within the lungs, I've shown the support that people with COPD get from family. Outside of the lungs is the support from medical services.

For First Nation people with COPD, they need to breathe Country, and have family and medical support to maintain a good life with this disease.

Sitting B, breakout room 1:

The Americas

Lucy Cordova Ascona – *Univesidad Peruana Cayetano Heredia, Peru*

Marshall Tulloch-Reid – *University of the West Indies, Jamaica*

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ANDES Study:
Addressing HyperteN**N**sion and **D**iabetes through Community-**E**ngaged **S**ystems in Puno, Peru

ANDES pilot study:
Challenges encountered and implemented solutions

MSc. Lucy Cordova Ascona
Universidad Peruana Cayetano Heredia

ANDES Intervention Strategy

Adapted WHO HEARTS Technical Package	ANDES Strategy Components
Healthy lifestyle counseling	**Community health worker home care: health coaching *"5 Moments"***
	Text messaging program
Access to essential medicines and technology	**Medication delivery facilitation**
Team-based care	**Community health worker home care: BP monitoring**
Systems for monitoring	**Performance and quality reporting**

Role of Community Health Workers

Community Health Worker Training

- In charge of health facility.
- Frequency, topics, quality, methodology and length depends on the resources and availability of professionals of each facility

Lack of Resources

- Transportation
- Educational materials
- Economic incentives

Health fairs as a strategy

Health Fairs Characteristics

- Activities are organized in collaboration with the health facility
- Promoted via media campaigns (radio broadcast & flyers)
- Variable frequency
- Presence of medical specialists

Main challenges found

- Limited resources and personnel
- Medical specialist visits is infrequently
- Lack of internet access

UG3: ANDES Pilot Study

Stages:

- Identification of potential hypertensive participants
  - Health Fairs
  - Review of registries

    (local healthcares facilities)
- Baseline in-home visits
  - 20 CRF surveys
  - CHWs → **ANDES Intervention**

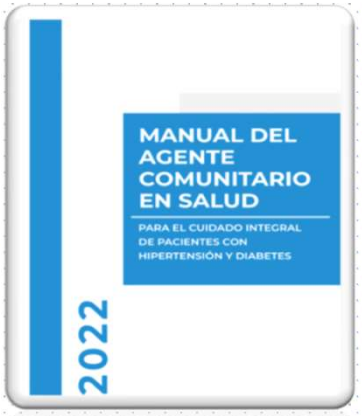
Participants:

- ≥18 years of age
- Diagnosis of HTN (physician)
- Willing and available to receive visit from CHW

HEALTH FAIRS

HOME VISITS

ANDES intervention materials



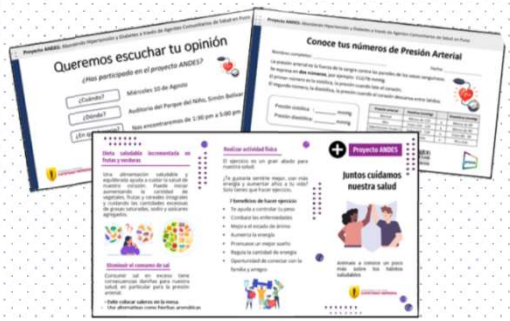
CHW Manual

Recipe book

BP logbook

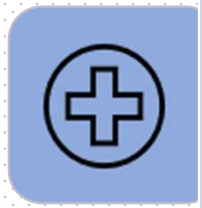
Pillbox & calendar

Flip chart



Informative material

Pilot Key Findings

	Pilot Strategy	Key Findings	Implications for Main Study
	General population **health fair** screening and enrollment.	Health Fairs had a 2.8% enrollment rate; patient registers had a 78% enrollment rate.	Use of patient registries from health systems; health fairs supplementally implemented at health facilities only.
	Participants evaluated by physicians at health centers.	**Difficulty in setting up appointments** to **follow-up and management.**	Creation of a Center of Excellence in Hypertension Control run by a **multi-disciplinary team.**
	Implementation of **“5 moments” at each visit.**	Participants and CHWs describe these as repetitive and lengthy.	Focus on **one aspect of the 5 moments** during each visit .

	Pilot Strategy	Key Findings	Implications for Main Study
	**Text messages** directly sent to participants and CHW	**Few participants have a personal cell phone** but have a family phone Well received by **CHW.** Used as a supervision method.	Text messages will be sent to CHW with messages to consolidate key healthy habits messages to participants.
	Participants responsible for picking up their own medications	**Medicine is often unavailable due to stock out**, and participants express desire for a home delivery service	Medication delivery as a part of home visits
	Cluster randomized trial	Patients commonly **receive healthcare from more than one health facility**	Individually randomized trial

CATCH

Caribbean and South America Team-based Strategy to Control Hypertension

Jiang He, Patricio Lopez-Jaramillo, Marshall Tulloch-Reid (MPI)
Presented by Marshall Tulloch-Reid on behalf of CATCH Study Team
June 7, 2023

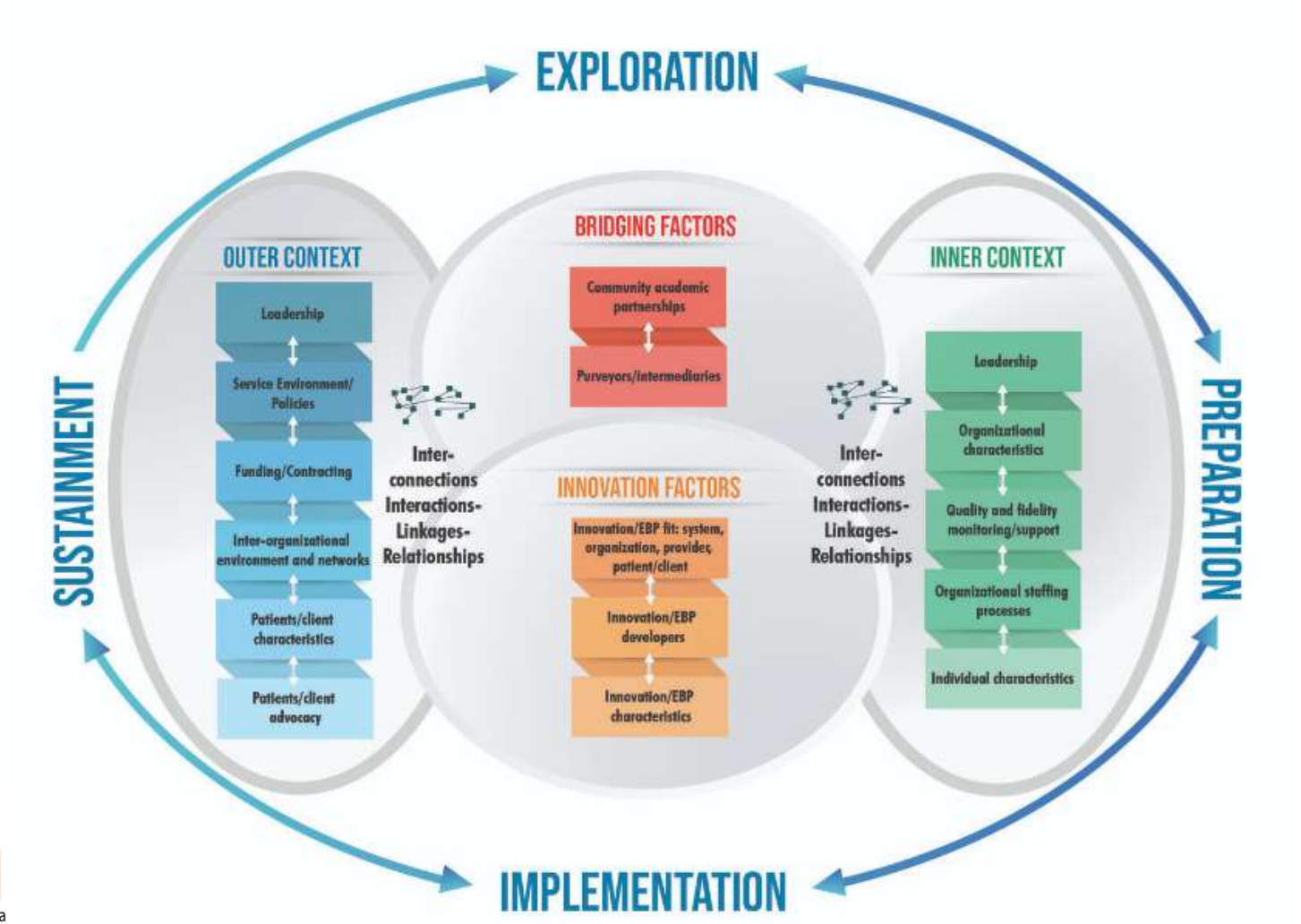
The What, Who and Where of Context

- **What is context**
- **Who**
  - Individual
  - Team
- **Where**
  - Organizational
  - National
  - Regional
  - External

Rogers, L., De Brún, A. & McAuliffe, E. Defining and assessing context in healthcare implementation studies: a systematic review. *BMC Health Serv Res* **20**, 591 (2020). https://doi.org/10.1186/s12913-020-05212-7

CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

EPIS Framework



CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

CATCH Evaluating Context

- Focus groups – patients and providers
- Key Informant Interviews – providers
- Patient surveys
- Investigator opinion

CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

Qualitative Findings

Providers

Outer Context

- ***Leadership*** – Implementation of international guidelines, team member roles in care, workforce management
- ***Service Environment*** – resistance to task shifting
- ***Funding*** – little for medication and basic needs, less for added interventions
- ***Clients*** – unaware of services available to them
- ***Advocacy*** – improve awareness of available services, provide support

Inner Context

- ***Leadership*** – management of care
  Organization – task shifting
- ***Organization/staffing process*** – inadequate staff, staff relationships and staff communication

Patients

Inner Context

- ***Leadership*** – patient communication
  Organization – accessing care, and other processes,
- ***Organization/staffing process*** – frequent staff rotation/turnover

Outer Context

- ***Leadership*** – Poor management of health care services worsened by COVID-19 pandemic
- ***Service Environment*** – poor quality care
- ***Funding*** – little for lifestyle changes, Transportation
- ***Clients*** – poor hypertension knowledge and preference for natural approaches to care
- ***Advocacy*** – family is an important social support system

Quantitative Findings

Inner Context

- ***Leadership*** – patient communication about medications by health care providers
  Organization – long wait times, poor access to medications

Outer Context

- ***Clients*** – hypertension and stress, preference for natural approaches to care
- ***Advocacy*** – social support for care comes from family members and not from the clinical services

CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

Informal Assessment

- Engagement with retired leaders with a track record of successful implementation

- Other contextual factors –
  - personality vs “champions”
  - Leadership driven models for implementation

CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

Adaptations based on Context Assessment

- Guide how investigators engage with health care leadership in each county – advocate for needs
- Development of culturally relevant interventional materials that address patient concerns
- Addressing specific training needs for health care workers – communication, team dynamics – and using those lessons in scale up
- Identification and engagement of local resources to support patients – family

CATCH
Caribbean and South America
Team-based Strategy to Control Hypertension

Sitting B, breakout room 2:

European Region

Kostyantyn Dumchev – *Ukrainian Institute on Public Health Policy, Ukraine*

Violette Delisle – *Paris School of Economics, France*

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Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine

NIDA U01 DA045384
Start: June 2018

Kostyantyn Dumchev, MD, MPH

UIPHP UKRAINIAN INSTITUTE ON PUBLIC HEALTH POLICY

Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine (MEDIUM)

NIDA R01DA045384 (Dvoryak, PI; Altice, Co-PI)

1. Evaluate the effectiveness of integrated treatment of depression in methadone clinics
   - Using a three-arm cluster-randomized trial design comparing standard of care (N=450) versus ECHO facilitation with (N=450) or without P4P incentives (N=450)
   - 12 methadone clinics (4 per arm) stratified by geography
   - Primary (service-level) and secondary (patient-level) outcomes

2. Implementation science methods to examine the contribution of client, clinician and organizational factors
3. Cost-effectiveness analysis

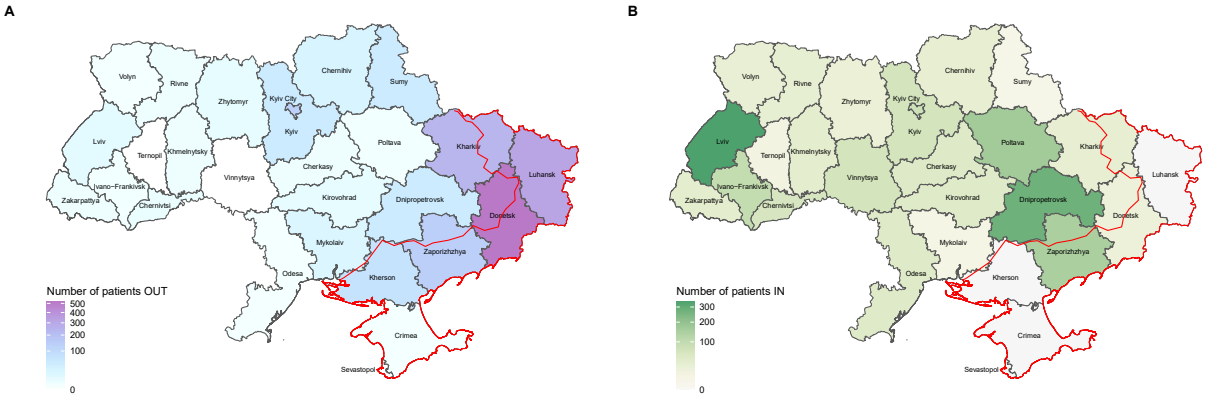
UIPHP

Challenges in provision of health services for chronic conditions in the war context

- regular visits are impossible due to physical risks when military action is present
- disruption of logistical chains led to shortages of medications
- substantial migration creates uneven workload for health facilities

- about 2,000 of 16,000 OAT patients were displaced

- Discontinuation of HIV and OAT treatment in occupied areas (Donbass, Kherson and Zaporizzhya oblasts)
  - many patients, especially men, cannot leave to government-controlled areas because of *'filtration'* and forced deportation to russia
  - a precedent in Crimea, leading to involuntary detoxification and deaths among OAT patients



Morozova O, Ivanchuk I, Gvozdetska O, Nesterova O, Skala P, Kuzin I, Dumchev K. Treatment of opioid use disorder in Ukraine during the first year of the Russia-Ukraine war: Lessons learned from the crisis. Int J Drug Policy. 2023 May 20;117:104062.

PRESS RELEASE

UNAIDS warns that the war in Ukraine risks a humanitarian catastrophe for people living with and affected by HIV

Urgent call issued for a dramatic upscaling of international support for the heroic efforts of civil society-led networks to reach people with life-saving HIV treatment

nature

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NEWS | 15 March 2022

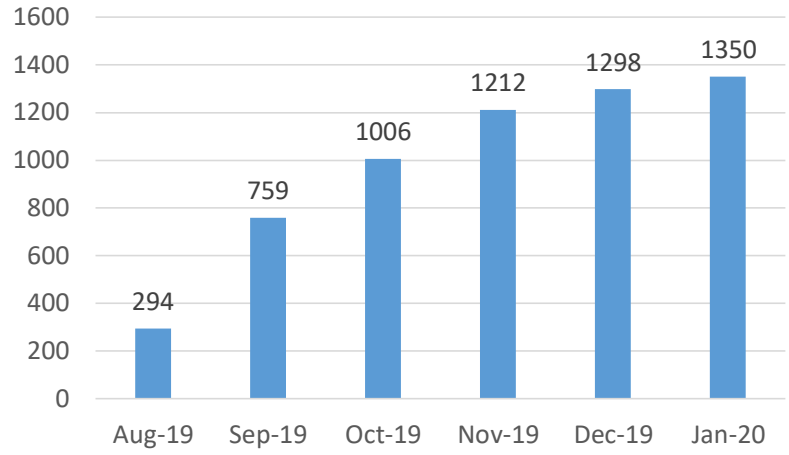
Surge of HIV, tuberculosis and COVID feared amid war in Ukraine

Infectious diseases are likely to spread as Russia's invasion displaces people and disrupts health services.

A bombed hospital in Volnovakha in Ukraine's Donetsk region on 12 March. Credit: Anadolu Agency via Getty

Status (started Year 6)

- Recruitment and data collection for the patient cohort and providers were completed in January 2022
- Year 5 was planned for data analysis, additional exploratory data collection and next proposal development
- All project OAT sites continue to work
  - The site in Kramatorsk (Donbass region – target of a major offensive by aggressor forces) is <20 km from the front line, opens once in several weeks to dispense medications
- Medications for depression treatment are now provided by international donors – due to the experience of our project



ELSEVIER

Contemporary Clinical Trials

Available online 30 May 2023, 107248

In Press, Journal Pre-proof What's this?

Design, implementation and preliminary results of a type-2 hybrid cluster-randomized trial of integrating screening and treatment for major depressive disorder into specialty clinics providing opioid agonist therapies in Ukraine

Eteri Machavariani [a], Daniel J. Bromberg [b c], Kostyantyn Dumchev [d], Sergii Dvoriak [d], Oleksandr Zeziulin [d], Olga Morozova [e], Denise Esserman [f], Iryna Pykalo [d], Nataliia Saichuk [d], Roman Ivasyi [a], Marwan S. Haddad [g], Frederick L. Altice [a b c h]

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https://doi.org/10.1016/j.cct.2023.107248

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UIPHP

Context assessments in MEDIUM Year 5

1. Assess the change in mental health, substance use, quality of life, access to services among OAT patients

   Methods: the existing cohort of patients (N=1069 at month 24) was re-enrolled for an additional follow-up survey (month 30 from baseline)

2. Assess the impact of the war on provision of OAT and depression treatment from the perspective of health care providers

   Methods: Clinical providers of participating sites (N=120, 10 per site) were completed a structured survey

3. Investigate priorities for mental health interventions (pharmaceutical and non-pharmaceutical) among OAT patients and staff

   Methods: Two focus groups (one with patients and one with providers) will be conducted at each participating site

UIPHP

Plans for Year 6

- Do additional qualitative (context) assessment to explain discrepancies between the depression treatment guidelines and practice at certain sites
- More in-depth analysis of previously collected qualitative data
- Primary outcome analysis and publication

- Continued advocacy for SSRI provision for OAT patients

UIPHP

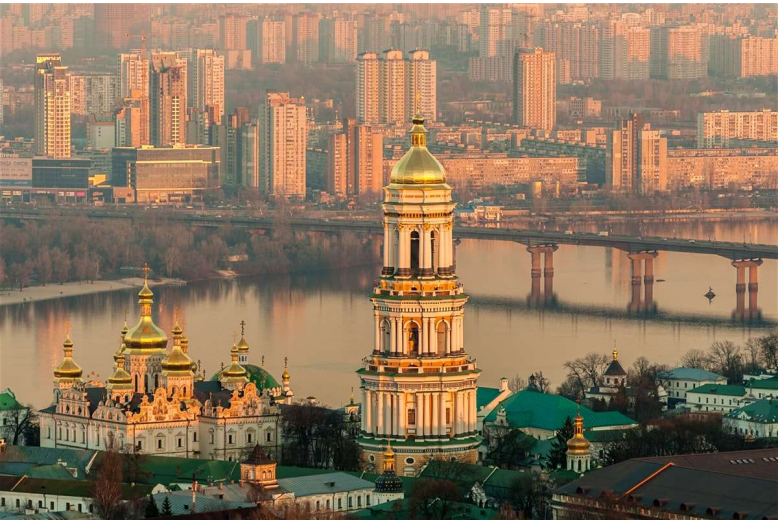
Context assessment

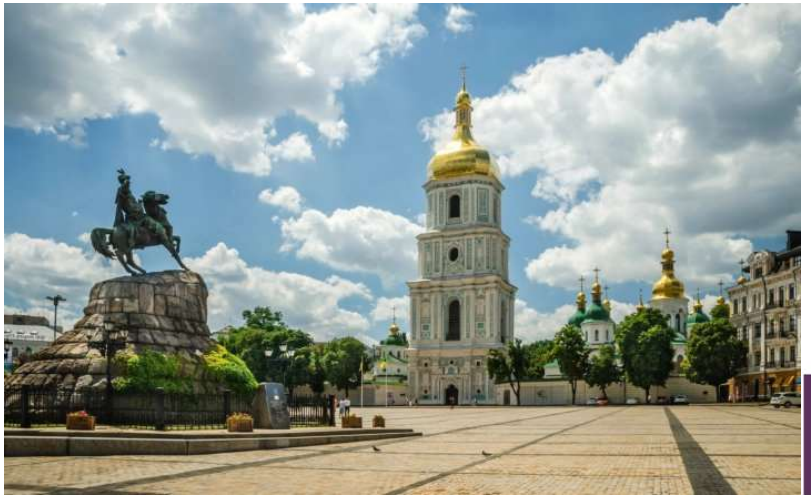
- What innovative techniques or approaches have you used to assess context in your project setting?
  - we use surveys and qualitative methods to assess the changing context (COVID, full-scale war)
- What were the similarities and modifications in how you conducted context assessment between different project sites?
  - try to use standardized approach across sites for comparability
- What challenges did you encounter when assessing context for your project setting and how did you overcome them?
  - increased burden for clinical staff
  - war-related stressors
- Once you assessed the context of your project setting, how did the findings change or influence implementation plans?
  - we changed the format for survey and interview administration (more use of technologies)
  - adjust the training plans (webinars/ ECHO sessions)
  - continued advocacy for SSRI provision

UIPHP

Thank you!

dumchev@uiphp.org.ua





CBIG-SCREEN Project | A collaborative approach to cervical cancer screening

Cbig-Screen : A collaborative approach to cervical cancer screening

European Project Horizon 2020

Violette Delisle,

Research Assistant at Hospinnomics (Paris School of Economics, Paris)

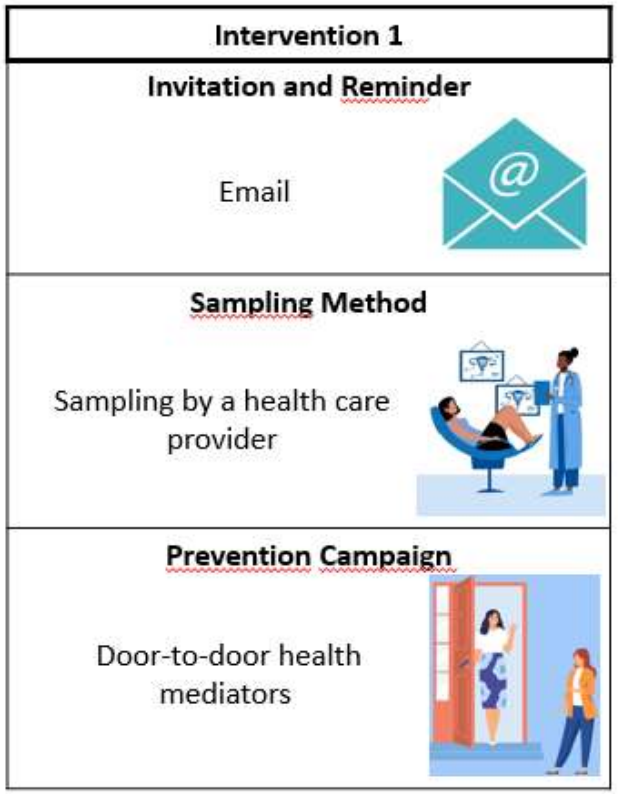
The Cbig-Screen Project

- Aim: tackling inequalities in cervical cancer screening
- Target population: Vulnerable women (women who do not fully adhere to the recommendations for cervical cancer screening)
- Consortium: 14 Partners in 11 european countries, set in 7 Working Packages (WP)
- The work of the different WP progresses sequentially, allowing for the definition of pilot interventions focused on self-screening and tested in Estonia, Portugal, and Romania by the International Agency for Research on Cancer (IARC) (WP7)
- At Hospinnomics, WP4: in charge of identifying the most promising interventions through a preference study

CBIG-SCREEN Project

WP4, task 4.3: Analysis of preferences of high-risk women for the most promising targeted interventions

- Method: Preference elicitation through an Online Discrete Choice Experiment (DCE)
- Aim: Identifying the most promising targeted interventions for WP7
- Challenge: identifying relevant attributes and levels for each of the intervention countries: Estonia, Romania and Portugal



Context Assessment

- Two main challenges:

1. Assessing the feasibility of an online experiment in the three intervention countries

2. Assessing each national context to identify relevant interventions while ensuring comparability of results between countries

1. Assessing the feasibility of an online experiment in the three intervention countries

CBIG-SCREEN Project

- Online Questionnaire aimed at Healthcare Professionals, Social and NGO Workers…
  - Sent to around 500 contacts
- Aim: Identifying ways to reach out to the vulnerable populations in the three intervention countries
- Feasibility: Results were encouraging regarding the possibility of conducting an online experiment in terms of literacy, digital literacy and access to internet
- Types of vulnerability identified: women from low-socio economic background, migrants and isolated women, women who inject drugs

2. Assessing each national context to identify relevant interventions while ensuring comparability of results between countries

Challenge: Establishing a unique DCE in three intervention countries

Co-construction of Cbig-Screen: we relied on the work of different WP namely WP2 and WP3

- Collaborative User Boards in each intervention countries: prevention stakeholders from different levels: micro – women – meso –social workers, NGOs, health workers- and macro – decisions makers.

- Qualitative Interviews : framework analysis to ensure comparability of results across countries.

This co-construction allowed us to identify relevant attributes and levels for the DCE

The DCE

Invitation and reminder	Email	SMS	Mail	Electronic portal (amelie.fr)
Sampling method	Screening at a health professional	Self-sampling with kit received by mail	Self-sampling with kit to pick up at proximity center	Self-sampling with kit to pick up at health center
Prévention campaign	Poster and leaflets in the community	Door-to-door health mediators	Prevention workshops	Social media

CBIG-SCREEN Project

Thank you for your attention!

Hospinnomics

violette.delisle@psemail.eu

Sitting B, breakout room 3:

African Region

Ruth Verhey – *Friendship Bench, Zimbabwe*

Dike Ojji – *University of Abuja, Nigeria*

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AN ALLIANCE OF HEALTH RESEARCH FUNDERS

WORKING WITH CONTEXT TO IMPLEMENT NON-COMMUNICABLE DISEASE PROGRAMMES

Practical examples of context assessment for implementation research in mental health / Friendship Bench

African Region
Ruth Verhey, PhD

Mh 03 *Optimizing implementation strategies of the scale-up of a primary care psychological intervention: The Friendship Bench Zimbabwe*

1. Classify primary health clinics that offered FB according to their performance levels
2. Determine the factors influencing performance based on stakeholders' feedback and develop strategies to improve

Clinic visit to meet stakeholders and view clinic data on FB implementation

Stakeholder meeting to discuss results and get input

Prime Tool Research Consortium led by UCT (SA) funded by DFID

- Relevant context
- Mental health politics,policies and plans
- Mental health treatment coverage (district, community)
- Monitoring and evaluation

programme for improving mental health care

Situation Analysis Tool

Developed by the Programme for Improving Me

IV	District Level Health Service	Baseline situation								Source of Evidence / Date for Data
11.8	Psychosocial therapies	National / state level				District level				
	Which of the following psychosocial interventions are available?	Public		Private / NGO		Public		Private / NGO		
		% cover	% free cover	% cover	% free cover	% cover	% free cover	% cover	% free cover	
	Problem-solving therapy									
	Behavioural activation therapy									
	Supportive counselling									
	Cognitive behavioural therapy									
	Interpersonal psychotherapy									
	Brief interventions for alcohol									
	Motivation enhancement therapy									
	Other psychosocial therapy (specify) Positive psychotherapy									

Theory of Change

Research | Open Access | Published: 07 September 2021

Using a theory of change to develop an integrated intervention for depression, diabetes and hypertension in Zimbabwe: lessons from the Friendship Bench project

Tiny Tinashe Kamvura ✉, Jean Turner, Ephraim Chiriseri, Jermaine Dambi, Ruth Verhey & Dixon Chibanda

BMC Health Services Research **21**, Article number: 928 (2021) | Cite this article

2912 Accesses | **2** Citations | **12** Altmetric | Metrics

Abstract

Background

Non-communicable diseases (NCDs) are projected to become the leading cause of disability and mortality in sub-Saharan Africa by 2030; a vast treatment gap exists. There is a dearth of

Working with Context to Implement Non-Communicable Disease Programmes

Dike Ojji, MBBS, PhD, FWACP, FACP, FESC

University of Abuja & University of Abuja Teaching Hospital,

Gwagwalada, Abuja, Nigeria

Background

- Context is defined as **everything else that is not the intervention, but may influence the intervention implementation and outcomes**.

- Knowing which 'contextual factors' will help or hinder implementation of different changes, and very useful to implementers, managers, policy makers, regulators and purchasers of healthcare.

- It could help them to:
  - Judge the likely success of possible improvements
  - Determine conditions that should be modified to make implementation more effective.

Levels of Context in Nigeria Sodium Study

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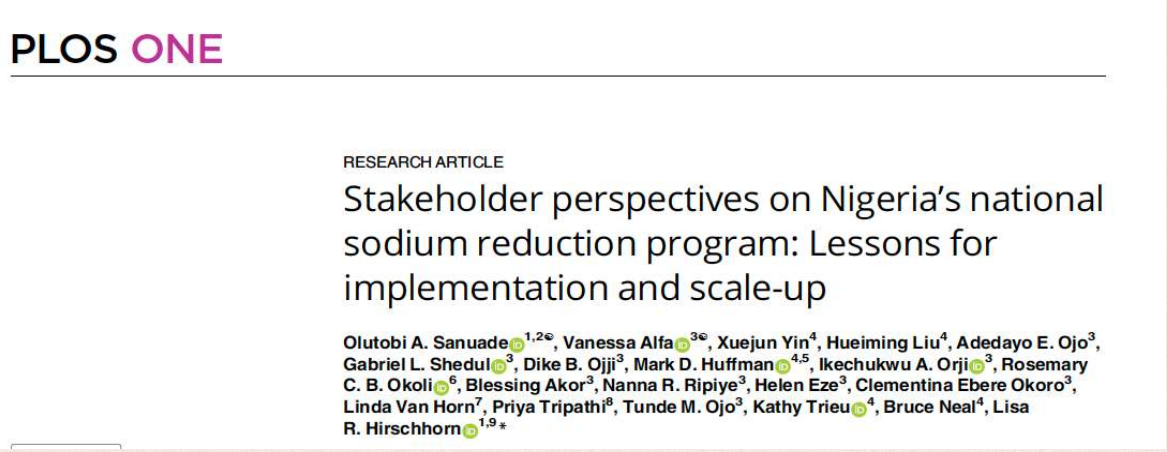
Assessment of Context

- In-depth interviews
- Focus group discussions
- Informal engagements
- Formal stakeholders' workshop
- Diverse nutrition databases – Nigerian;West Africa; NDSR

We used the CFIR framework



PLOS ONE

RESEARCH ARTICLE

Stakeholder perspectives on Nigeria's national sodium reduction program: Lessons for implementation and scale-up

Olutobi A. Sanuade[1,2*], Vanessa Alfa[3*], Xuejun Yin[4], Hueiming Liu[4], Adedayo E. Ojo[3], Gabriel L. Shedul[3], Dike B. Ojji[3], Mark D. Huffman[4,5], Ikechukwu A. Orji[3], Rosemary C. B. Okoli[6], Blessing Akor[3], Nanna R. Ripiye[3], Helen Eze[3], Clementina Ebere Okoro[3], Linda Van Horn[7], Priya Tripathi[8], Tunde M. Ojo[3], Kathy Trieu[4], Bruce Neal[4], Lisa R. Hirschhorn[1,9*]

ESC European Society of Cardiology

European Heart Journal (2022) 00, 1–3
https://doi.org/10.1093/eurheartj/ehac025

CARDIOPULSE

Global Spotlights

Developing long-term strategies to reduce excess salt consumption in Nigeria

Dike Ojji * and Nigeria Sodium Study Team†

Department of Internal Medicine, Faculty of Health Sciences, College of Health Sciences, University of Abuja, Abuja, Nigeria

The disease burden attributable to excess sodium consumption in Nigeria, the most populous country in Africa, is large, with 10% of all deaths from cardiovascular disease due to excess dietary sodium.[1–3] While a very wide range of estimates of mean daily dietary

programmes. The NaSS team uses a Type III hybrid, mixed-methods study design through repeated: (i) stakeholder interviews, (ii) populations surveys, and (iii) retail surveys based on the Exploration, Preparation, Implementation, and Sustainment implementation

Context in the Nigeria Sodium Study

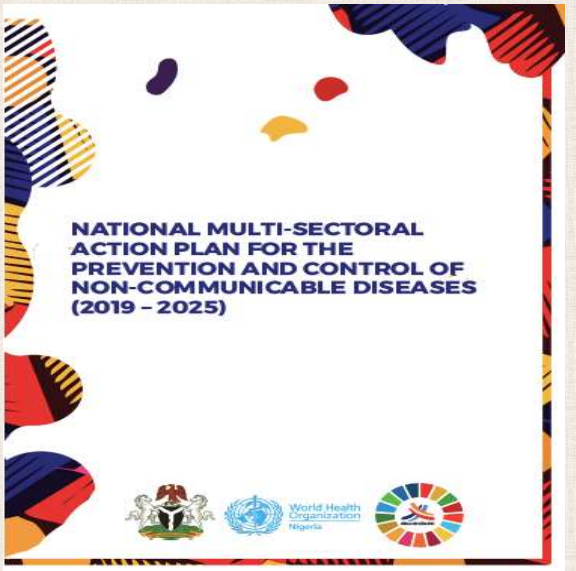
Level of context	Issues addressed
Individual and family	Levels of knowledge; social norms
Community	Community engagement, awareness campaigns and education
Local government council	Leadership and implementation of salt policy
State and national levels	Implementation of the National multisectorial action plan (particularly salt policy)
Professionals	Buliding capacity in Nutrionists to conduct nutrition survey and 24-hour dietary recall, and in scientists to conduct 24-hour urinary sodium estimation

Incorporating Contextual Lessons into Implementation Processes

Level of context	Item incoroprated
Professionals (Nutritionists)	Incorporation of trainings by Nutrition Coordinating Centre (NCC) of University of Minnesota on conduction of 24-hour dietrary recalls in the communities of Kano and Ogun states, and the Fderal Capital Territory of Nigeria
Professionals (Nutrionists)	Enriching the National Data System for Research with over 50 Nigeria recipe
Professionals (Scientists)	Incorporation of training on collection of urine for 24-hour urinary sodium on population level
State and National levels	Expanding the relevant stakeholders mapping to include more Federal Ministries: Education; Information; Planning and Budget
State and National levels	Involving Standard Organisation of Nigeria as major stakeholders
State and National levels	Expanding the salt policy document of Nigeria to be more holistic (salt substitute)

Favourable Contextual Factors

- Ability to align with **STEPs survey of the FMOH**
- Leveraging the **National Multisectorial Action Plan** with a policy statement on sodium reduction in the Nigerian population
- Avaibility of **human resources** (Scientists, Nutritionists and Dieticians) for population level salt survey



In 2019, Nigeria announced its Multisectoral Action Plan for NCDs, which included a target to reduce mean population dietary sodium intake by at least 30% by 2025.

Conclusion

- Context, in relation to implementing EBIs, is the **environment or setting in which the proposed change is to be implemented**
- Understanding context is crucial for successful implementation
- EBIs are implemented in complex, multi-faceted and dynamic environments, which arguably means that the **same intervention would rarely work in the same way in different contexts.**

Conclusion

- Such context will determine above others, the acceptability of the intervention in a given sociocultural environment.

- All identified contextual factors should be taken into account for any intervention to be effectively implemented.


THANK YOU VERY MUCH

Panel reflections

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Sitting A

Maryam Noor

Mercian Daniel

David Meharg

Sitting B

Martin Heine

Althea Bailey

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