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Chapter

9

Health services research at work in Case II

The second case in this thesis concerned the implementation of respiratory care guidelines in Nepal. With the aim of improving the quality of care for children (over 5 years of age), youths and adults with respiratory symptoms, the World Health Organization (WHO) developed the Practical Approach to Lung Health (PAL)-initiative. In Nepal, we studied the cost-effectiveness of the development and implementation of PAL as a contribution to its wider, global development and to inform the national government about the initiative's implementation costs and effects. The results can guide the decision-making process on implementing PAL nationwide. In addition, we developed three research questions that focused on the context and processes in which the PAL package is implemented in Nepal.

The answers to these questions were presented in the case study. First, in Chapter 6 we presented the *implementability* of PAL [1]. In Chapter 7 we described the context in which PAL is implemented: the health care system in rural Nepal as experienced by patients who were treated for tuberculosis [2]. In Chapter 8 we explored a method for priority-setting in health policy and applied to the situation in Nepal. We assessed how much of a priority the implementation of PAL would be if our method was the gold standard for priority-setting in Nepal [3]. The cost-effectiveness of PAL in Nepal, addressed elsewhere by our health services research team [4;5], showed that implementing PAL costs more for the government than the current practice, but that PAL care is cheaper for patients. Also, patients treated in facilities where PAL had been implemented gave higher quality-of-life scores than those treated in facilities where current practice is used.

The research group that evaluated PAL consisted of health economists, public health specialists, medical doctors, a health scientist and epidemiologists of different nationalities. We worked together with the designers of PAL at the WHO and with the implementers of PAL in Nepal, the National Tuberculosis Center (NTC). We formed a consortium of involved institutions, which was chaired by the Nepal Health Research Council. The director-general for health services of the Ministry of Health participated in this consortium. Furthermore, a steering committee was formed to supervise the implementation and evaluation of PAL. Representatives of academic institutions, professional organizations, the Nepalese Ministry of Health and health care providers participated in this committee. The evaluation research proposal was developed in close collaboration with the PAL designers and implementers at the WHO and the NTC. The research was commissioned by the Netherlands Organisation for Scientific Research's Foundation for the Advancement of Tropical Research (WOTRO) as part of its subsidy programme 'Knowledge Enriches' [6].

Inclusion of additional research questions

The selected research questions were: 1) What is the implementability of PAL in Nepal? 2) What route did tuberculosis patients take through the health care system? and 3) What is the relative importance of PAL in Nepal compared to other programmes?

We used different strategies to be able to pursue these additional research questions. Answering the first question was a precondition negotiated with the principal investigator of the cost-effectiveness evaluation for the involvement of the author of this thesis. As project

manager stationed in Kathmandu, Nepal, the author was in a position to collect the data for the *implementability* study. As long as it did not interfere with the project management tasks and as long as it could be carried out on a 'budget-neutral basis' there were no objections to 'piggybacking' because it was potentially a win-win situation. The implementability study was presented to other stakeholders in Nepal as an integral part of the initial research proposal, not as a separate research activity. Additional financial support for this study was obtained from the Department of Social Medicine at the Amsterdam Medical Center (computer facilities and two months of research time) under the condition that one research paper would be produced on this topic.

The second study was conducted by a team of Nepalese research staff and a Dutch fourth-year medical student conducting his obligatory research internship. The student provided his own finances for this study [7].

The third study was the result of successfully combining a workshop held to present the outcomes of the PAL-Nepal evaluation study with a discussion on the future of PAL in Nepal. The initiative for the workshop and for exploring rational priority-setting was taken in response to questions from our counterparts in Nepal. The initiators were senior researchers involved in the cost-effectiveness evaluation of PAL and developing tools for rational priority-setting [8]. The workshop received financial support from the WHO and WOTRO.

Interactions with policymakers and other actors

In general, our experiences of the interactions with policymakers and other actors in achieving these additional research goals were very positive. Although the initial evaluation proposal strictly focused on the costs and effects of implementing PAL, our counterparts in Nepal and at the WHO certainly welcomed additional information. The assessment of the quality of the guideline and the implementation strategy was 'desk research' and interaction with other actors was limited to discussions with the designers of PAL at the WHO to define what was actually in the PAL package. Assessing the receptiveness of the social system at national level involved Nepalese health officials, who ranked stakeholders by their power to influence PAL's uptake. These officials were apprehensive about the consequences of this exercise, even after the promise of anonymous participation. At international level, we had intense discussions with our colleagues at the WHO on the phrasing of the paper, which later developed into Chapter 6 of this thesis. Because we as health services researchers wanted to contribute to PAL's development, we did not want to upset potential support for the PAL programme. Presenting our study results, which were critical about several aspects of the PAL package, was therefore complicated. The good cooperation between us and our colleagues at the WHO and the NTC was an important facilitator to jointly write a critical message about PAL that could be useful in PAL's further development.

The assessment of patients' routes in seeking health care was welcomed by senior staff at the NTC because it provided information about how the health care system functioned and could produce views and suggestions for improving passive case-finding of tuberculosis patients in Nepal. Cooperation was both positive and constructive, both from management

level in the tuberculosis programme as well as in the health care facilities where the interviews were conducted.

For assessing the relative importance of the PAL programme in Nepal, organizing a workshop was a logical approach. The two funding organizations (WOTRO and the WHO) supported the idea of having a workshop with two goals: presenting results of the evaluation and discussing the future of PAL. Also, the NTC had provided information about feedback of study results on several occasions. During the workshop the question of 'What do we do with the results of the evaluation studies?' was linked with the topic of prioritization in health care [9;10] The discrete choice experiment [3] that was conducted during the workshop was presented as an integrated part of the discussion on the future of PAL in Nepal. The intention is to discuss the results of this exercise with the participants and other stakeholders in the near future.

Follow-up of events and developments

We can conclude that we had good and constructive cooperation with other stakeholders, both in Nepal and in the WHO. This facilitated our contribution to the discussion in Nepal about respiratory care and the functioning of the primary health care system and we explored a method for priority-setting. In June 2005, during the workshop mentioned in Chapter 8, we were able to present some of the results of the evaluation study. Most of the audience were enthusiastic about this opportunity to discuss the results of the evaluations and the future of PAL in Nepal with staff members from the NTC and the Ministry of Health. For example, the results of the study on patients' routes through the health care system raised the interest of the staff at the NTC to involve the private health care sector in the implementation of PAL [11]. Unfortunately, the WHO staff were not able to attend this meeting and an opportunity to share ideas with them was lost. At international level, we contributed to PAL research and review meetings together with representatives from Nepal [12;13]. As a result, supervision of the health workers trained in using PAL guidelines was included as a recommended implementation strategy.

PAL has gained momentum worldwide. By 2002, PAL had been introduced in four countries: Chile, Morocco, Nepal and South Africa. By the end of 2005, this number had increased to 16 countries [14] and more evaluation results have become available [15]. However, it is difficult to estimate the impact of our studies on the development of PAL in general and more specifically on the decision-making process regarding nationwide implementation in Nepal. Several developments in Nepal need to be mentioned in this regard. Firstly, after the fieldwork for the evaluation study was completed in September 2003, no PAL-related activities were undertaken, either in the district of Nawalparasi or at national level at the WHO offices or the NTC. The fact that the evaluation results were not available till June 2005 could well be linked to this situation. As the director of the NTC told us during the assessment of the social system at national level, a good start for mobilizing support for implementing PAL was to prove its cost-effectiveness [16]. Now that it has been shown that implementing PAL costs the government money, it is likely that further implementation will not be easy.

In that sense, our findings negatively influenced the implementation process in Nepal. The WHO had already indicated that funding the pilot implementation was a one-off. Funding the nationwide implementation was the responsibility of the government. No funds from the WHO would be available for this purpose. Other political developments influenced PAL as well. For example, during the period of the PAL evaluation, the NTC's charismatic director had been a strong supporter of PAL. In 2004 this director was removed from office and the new director was reluctant to support PAL, for reasons unknown to us. Also, in addition to this changing political climate at the NTC, the general political and security situation in the country has deteriorated, both during and since the time of the PAL evaluation. Democracy has been seriously challenged by continued violent actions between army and Maoists and by the dismissal of the house of representatives by His Majesty the King of Nepal in 2002. After long and violent demonstrations, the house of representatives was reinstated in April 2005. Since then, the King has lost much of his ruling power. These unstable circumstances are not favourable for attracting potential donors who can support successful implementation of new initiatives such as PAL.

In conclusion, the studies presented in this case pointed out the room for improvement in the PAL package, the characteristics of the health care context in which PAL is implemented, and the level of priority that mid-level health care managers assign to PAL. These findings are useful for the further development of PAL as expressed by stakeholders during the workshop in Nepal. However, such developments seem to have come to a standstill. This could be because of the lack of funds to implement PAL nationwide, but could also be because of the negative influence of political developments. At international level, our studies contributed to improving the PAL package and informed the international community about PAL's cost-effectiveness in a low-income country.

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