

NICE National Institute for
Health and Care Excellence



Evidence for Better Decisions: Institutional Strengthening and the International Decision Support Initiative

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In collaboration with Itad

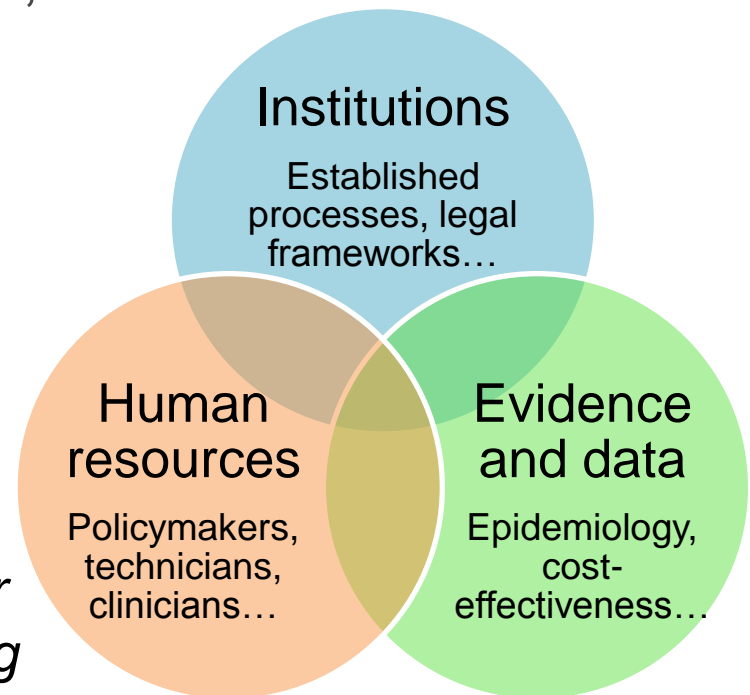
Overview

- NICE International
 - Who we are
 - What we do
- Our approach to institutional strengthening
- Evaluation of our approach in India and China
- Future plans

Sustainable UHC: How could countries get there?

- Sustainable UHC means **actively setting priorities** by following robust process that considers scientific and economic evidence, and people's own values
- Despite increasing political commitment by LMICs to UHC, capacity for evidence-informed priority-setting is **limited and uncoordinated**

Capacities required for effective priority-setting



NICE International supports institutional strengthening for UHC

Mission Statement: To contribute to better health around the world through the more effective and equitable use of resources...by providing **advice on the use of evidence and social values** in making clinical and policy decisions.

- **Practical support** to specific projects led by government institutions
 - HTA; guideline development; quality improvement...
- Supporting **development of institutions and processes** for evidence-informed policy
- **Raising awareness** of priority-setting principles and systems

Our approach to institutional strengthening: Core principles

Demand-driven

- Respond to expressed desire from countries for support, based on country-defined objectives and circumstances
- Flexible and adaptable – no “off-the-shelf” solutions

Sustainable

- Form relationship over several years
- Long term impact through building capability and capacity of individuals and institutions

Complementary and collaborative

- Hands-on support and problem solving
- Collaborating with existing local and international organisations where work overlaps

International Decision Support Initiative: A growing network



- More strategic approach to bringing **UK and global partners** (academic, public sector and international development) to support LMIC institutional strengthening
- **Consolidate funding support** from DFID, Gates and Rockefeller
- Identified **need for M&E strategy** – help us better understand impact of our network and activities, and learn/refine our approach

NICE International



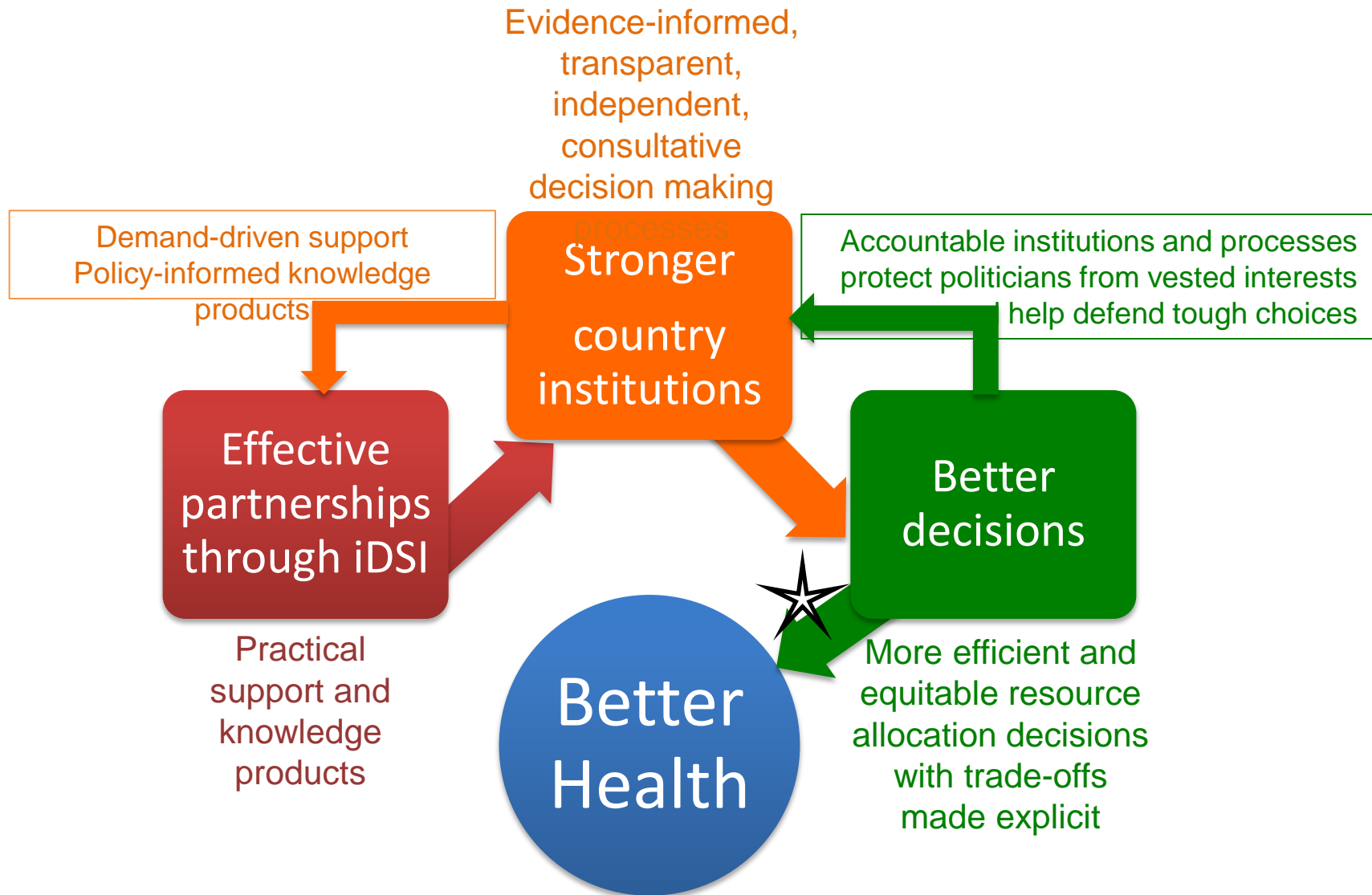
UNIVERSITY *of* York

Imperial College
London



PRICELESS SA
Priority Cost Effective Lessons
for System Strengthening

Better Decisions for Better Health: iDSI Theory of Change



Our work through DFID Health Partnership Scheme

India

- State level (Kerala) - **Quality Standards** (indicators) in maternal health
- Union level (RSBY) - **Clinical pathways** and standards for common surgical interventions

China

- Partnership with CNHDRC:
 - Collaboration to support Chinese **rural health reforms**
 - Exchanging **expertise and experience** to support dedicated priority-setting structures

India: Collaboration with National Health Mission, Kerala on Quality Standards for post-partum haemorrhage

- Developing **evidence-informed quality indicators** for hospital maternal care, based on local epidemiology and contextualisation of local/international guidelines
- **Locally-owned, participatory process**, with NMH Principal Secretary convening and leading multidisciplinary working group*
- **Wider impact** resulting from strengthened institutional capacity:
 - **Locally-driven pilot implementation**, and expansion to child health
 - **South-South collaboration** through sharing with Odisha and Bihar
 - **Model for quality improvement at National level**: clinical pathways for reimbursement of common surgical procedures under RSBY (Below Poverty Line)



**Public & private sector, expert clinicians/academics, providers, NHM, insurers*

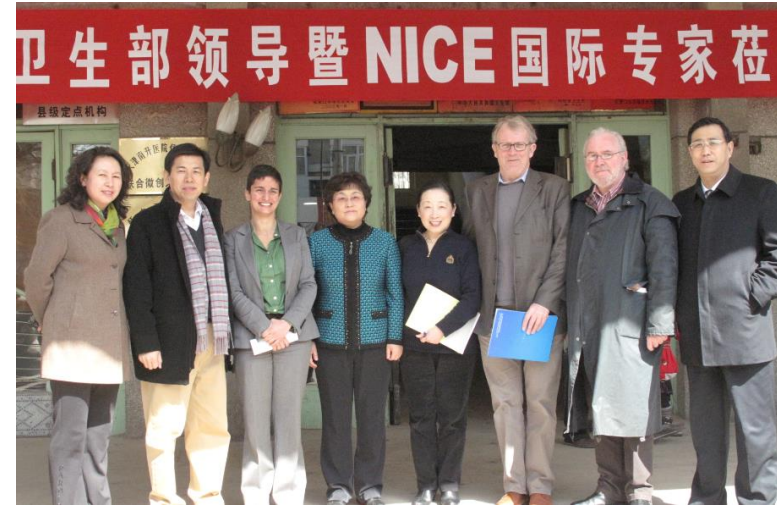
China: joint CNHDRC-NICE pilots on clinical pathways and payment reform

Phase I (2009-2012)

'Simple' pathways for selected surgeries

Phase II (2012-)

Pathways for stroke and COPD in four counties



Phase II requires coordination and leadership by CNHDRC of an increasingly complex intervention

- Pathways adjusted to each pilot site, facilitating **local ownership**
- **Quality indicators** developed for routine collection
- Non-communicable disease focus adds **complexity**, including severity tiering and different care settings
 - Aiming to develop the first **integrated care pathways** across multiple tiers in the system (linked with payment reform)

Understanding our impact on institutions for priority-setting

- How do stakeholders implementing our joint projects view **their roles** in the project?
- What are the **practical needs** of implementation?
- Can lessons from our joint projects be **adapted and adopted** elsewhere in the health system, and in our wider work?
- How have we affected the ability of policymakers and practitioners to **use evidence and values** in decision-making?

Itad: Our approach to measurement

- Complex nature of what NICE does lends itself to a theory based approach
- Developed Indicators for key outcomes and causal linkages
- Testing indicators in India and China
- Part of ongoing process of working with NI to develop the best ways of measuring evidence informed priority setting in health

India: Supporting locally generated solutions

NI's support is valued for being **bespoke** and **flexible**:

- The Kerala Quality Standard is perceived as being “made in India”
- Kerala-led process, informed by local evidence underpinned by NICE principles
- Recognition that full NICE model not applicable yet
- Better communication of ‘proof of concept’ to capitalise on experience

India: the power of the NICE 'brand'

NICE International has **convening power** and is a **marker of quality**:

- NICE brand and methodology is respected at all levels for being: evidence based, rigorous, consultative
- NICE has convening power. Able to facilitate innovative partnerships such as KFOG, Gov't of Kerala.
- NICE association also serves as a marker of quality (Kerala hospitals volunteering to use QS)

India: The role of evidence champions

“Champions” of evidence-informed priority setting have been crucial to NI’s engagement.

- QS process driven by key personalities in KFOG and Government (Principle Secretary of Health in particular)
- At central level, relationships are being leveraged to raise profile of evidence-informed priority setting
- This approach to change can pose risks, as individuals move on. Need institutionalisation

China: establishing and nurturing the right partnerships

Long standing **partnership with CNHDRC** has been central to NI influence

- Synergistic relationship
- NICE supports the strengthening of CNHDRC capacity and positioning as the expert in China on evidence informed priority setting (secondments, hosting Chinese delegation, training, mentoring)
- CNHDRC has in depth local knowledge and experience, including: links with the Chinese National Health and Family Planning Commission and subnational government

China: mobilising range a of capacity building approaches

NI / CNHDRC have successfully mobilised a range of **capacity development activities** to influence attitudes and practices of clinical staff and hospital management:

- Positive views of the level of support and guidance that has been provided, and the combination of activities:
 - NI bring in experts from the UK (e.g. stroke treatment)
 - Joint NI / CNHDRC training and ongoing mentoring
 - CNHDRC supported training of trainers
 - Secondments of CNHDRC staff to local hospitals
 - Learning between pilot sites
- Right mix of ongoing external and locally led capacity support

What we have learnt so far about measuring NI activities

- SMART indicators perhaps not the best approach to measuring complex reform efforts
- Exploring with NI how we could develop composite scoring scales more suited to complex interventions

Conclusion: Priority-setting matters for health systems strengthening

- Supporting priority-setting institutions and principles is essential on the road to UHC
- NICE International approach as a model for HSS:
 - demand-driven
 - convening relationships and partnerships at different levels
 - building technical and institutional capacity
 - local ownership
- Complex interventions need robust M&E framework and strategy to maximise learning and impact

Thank you

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- Twitter: @nice_intl, @idsihealth