

Systems Thinking for Health Systems Research: Using System Dynamics for Policy Evaluation

Rachel Cassidy

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3pm CET

SYSTAC Europe Forum seminar series

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1

Overview



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Conceptual overview



Considerations for study design



Application example



Questions and wrap-up

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2

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- Scientific Collaborator – Geneva Centre of Humanitarian Studies (2022-)
 - SENSELET Project:
Sustainably improving healthcare supply chain management in Ethiopia by supporting and building local and humanitarian response capacity.
Project Link: <https://humanitarianstudies.ch/research-0/senselet-project/>
 - PULSE Project:
Real Time Evaluation of Community Engagement for Vaccine Delivery in Humanitarian Settings
- Research Fellow / Honorary Research Fellow – London School of Hygiene and Tropical Medicine (2018-)
 - COSMIC Project:
Using systems thinking approaches (causal loop diagrams, system dynamics modelling) to further understanding on pathways to impact for results-based financing programmes and design recommendations for future implementation
Project Link: <https://www.lshtm.ac.uk/research/centres-projects-groups/cosmic>
 - Staff PhD (completed in March 2023):
Using systems thinking to optimise health system interventions for improved maternal and child health in low-resource settings
- Co-ordination team member SYSTAC EURO Hub:
WHO Alliance for Health Policy and Systems Research – part of GLOBAL SYSTAC network
Links: <https://systac-europe.org> and <https://hive.ahpsr.org>

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3

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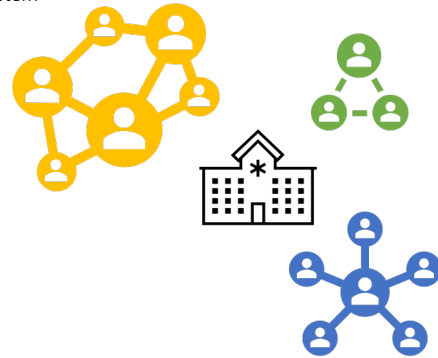
Questions and wrap-up



4

Systems thinking for health system research

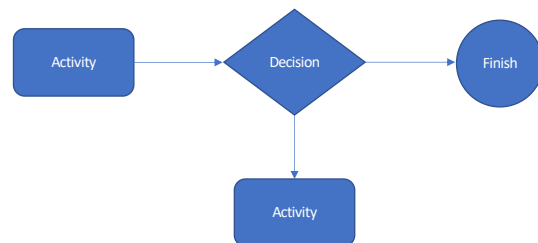
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- Viewing problems and the impact of interventions as part of a wider, dynamic system
 - Pattern of behaviour over time
 - Causality and how a behaviour is generated
 - On going process with feedback
- A variety of methods depending on research need...



Source(s): Don de Savigny and Taghreed Adam (Eds). Systems thinking for health systems strengthening. Alliance for Health Policy and Systems Research, WHO, 2009.
de Savigny D, Blanchet K, Adam T. 2017. Introduction: scope, intended audience and how to use this handbook. In: de Savigny D, Blanchet K, Adam T. Applied Systems Thinking for Health Systems Research: A Methodological Handbook. McGraw-Hill Education.

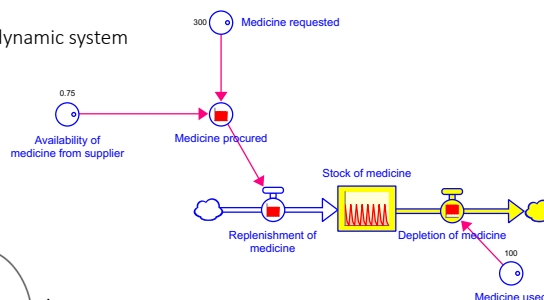
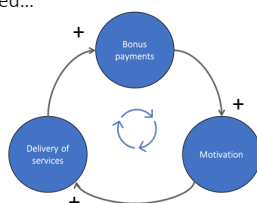
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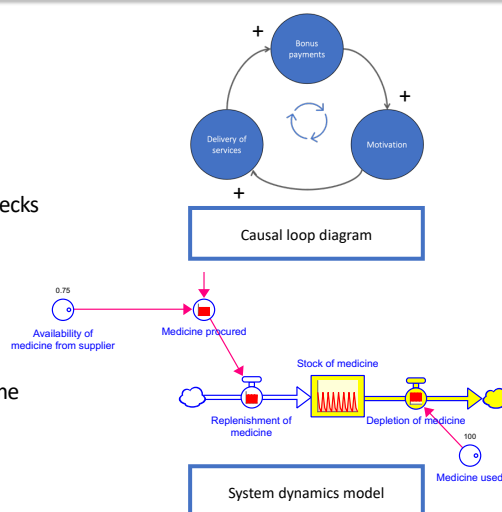
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Approaches and tools described in this book	Chapter	Describe the system and its boundaries	Analyse stakeholder relationships and engagement	Identify and understand systems problems	Identify solutions to problems	Support decision-making processes (negotiation)	Test and model potential solutions	Monitor and evaluate system interventions
Embedded systems approaches	2	*	*	*	*	*		
Boundary critique	3	*	*	*	*	*		
Soft systems	4	*	*	*	*	*		
Cynefin	5	*	*	*	*	*		
Causal loop diagrams	6	*	*	*	*	*		
Network analysis	7	*	*	*	*	*		
Human systems dynamics	8	*	*	*	*	*		
Process mapping	4	*	*	*	*	*		
System dynamics modelling	10	*	*	*	*	*	*	
Scenario technique	11	*	*	*	*	*	*	
Outcome mapping	12	*	*	*	*	*	*	

Linking research need to research tool/approach.
Source: de Savigny D, Blanchet K, Adam T. 2017. Conclusion: mapping methods to research challenges. In: de Savigny D, Blanchet K, Adam T. Applied Systems Thinking for Health Systems Research : A Methodological Handbook. McGraw-Hill Education, 226–7.


Why use CLDs and SDMs in Health Systems Research?


- Capture macro-level system behaviour
- **Causal loop diagrams (CLDs)**
 - Visualise complexity and system structure related to a problem
 - Gain holistic perspective of system to investigate delays and bottlenecks in health facility processes
 - Can be developed using a variety of data sources
- **System dynamics models (SDMs)**
 - Exploring behaviour over time
 - Monitoring interconnected processes between sub-systems over time
 - To determine impact of interventions before real world application




9


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 Considerations for study design

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 Questions and wrap-up

10

Considerations for study design for health systems research

Box 1. Four guiding steps that underpin the design and conduct of CLDs for health systems research

(1) What is the scope of this research?

To define the phenomena or behaviour that you are trying to unpack, there are three key elements to consider:

- Time frame of interest
- Boundary of issue
- Level of system aggregation

(2) What data do I need to collect or source?

To further understanding on what is driving phenomena/behaviour, we can source and analyse:

- Primary data (e.g. key informant interviews and group model building)
- Secondary data (e.g. programme evaluation data, published literature, health surveys or reports, policy documents and systematic or realist review).
- Primary and secondary data

(3) What is my chosen method for CLD development?

Method for analysing and extracting data for CLD development:

- Ex post development (e.g. thematic analysis and purposive text analysis)
- Real-time development (e.g. group model building)

(4) How will I validate the CLD?

Method for confirming the CLD is still grounded in the experience of those with expert knowledge of the phenomena/behaviour:

- Stakeholder dialogue, including group model building activities
- Comparison to primary/secondary data sources

Health Policy and Planning, 00, 2022, 1-8
DOI: <https://doi.org/10.1093/heapol/czac064>
Advance access publication date: 3 August 2022
How to Do (Or Not to Do)

OXFORD

How to do (or not to do)...using causal loop diagrams for health system research in low and middle-income settings

Rachel Cassidy^{1,2}, Josephine Borghi¹, Agnes Rwashana Semwanga², Peter Binyaruka³, Neha S Singh¹, and Karl Blanchet⁴

When can I use CLDs?

- Ex-ante, to inform the design of a health systems intervention or policy, or to develop a theory of change to guide its evaluation.
- Retrospectively to explore how policy implementation changes over time, or to explore why health policies have succeeded or failed.
- Used in conjunction with existing health system frameworks, for example by identifying interconnections and/or dynamic behaviour between the WHO health system building blocks.
- Support the synthesis of evidence regarding a health systems intervention, used to present the results of realist and systematic reviews
- Not just programme evaluation – how health systems respond to shocks, identifying factors that lead to a resilient system, drivers for sub-optimal health outcomes...

Source: Cassidy R, Borghi J, Semwanga AR et al. How to do (or not to do)...using causal loop diagrams for health system research in low and middle-income settings. Health Policy Plan, DOI: 10.1093/heapol/czac064.

Baugh Littlejohns L, Hill C, Neudorf C. 2021. Diverse Approaches to Creating and Using Causal Loop Diagrams in Public Health Research: Recommendations From a Scoping Review. Public Health Rev 42, DOI: 10.3389/phrs.2021.1604352

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11

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(1) What is the scope of this research?

To consider

- Time frame of interest – of the policy? What length is appropriate to capture drivers for system behaviour and trends?
- Boundary - where do we draw the line for what should be included/excluded?
- Aggregation – level of detail needed to understand patterns of behaviour? Daily, weekly, monthly occurrence?

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12

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(2) What data do I need to collect or source?

Examples

- Primary data
Sharma et al. (2020), Noubani et al. (2020)
- Secondary data
Cassidy et al. (2021), Nigenda et al. (2015), Namatovu and Semwanga (2020)

To consider

- Key informant interviews vs. group model building? *Valcourt et al. (2020)*
- Stakeholder engagement
- Use of secondary data for CLD development

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13

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(3) What is my chosen method for CLD development?

Examples

- Ex post
Kwamie et al. (2014), Lembani et al. (2018)
- Real-time
Noubani et al. (2020), Trani et al. (2016)

To consider

- Inductive vs. deductive coding
- Scripts available for group model building
- Combination of methods

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14

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(4) How will I validate the CLD?

To consider

- Why is it important?
- For stakeholder dialogue – piloting tools and adapting

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15

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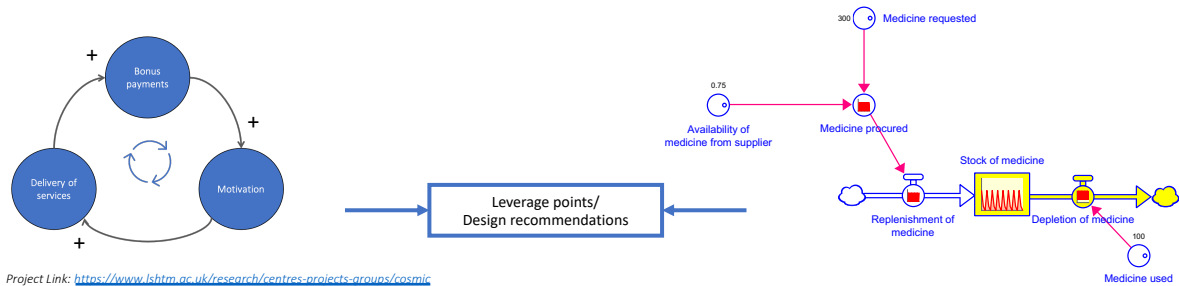


16

Application example: COSMIC project

How are CLDs and SDMs being used in this project?

- We wanted to gain a holistic perspective of the health system to identify how factors have hindered or facilitated the implementation of payment for performance programmes (P4P) over time.
- Examine how variations in the implementation of P4P could result in different outcomes.
- Policy relevant recommendations to optimise design of P4P for improved maternal and child outcomes.
- Testing generalisability of developed models to another setting (Zambia).
- Guidance on how to use these systems thinking approaches in LMIC health system research.





Project Link: <https://www.lshim.ac.uk/research/centres-projects-groups/cosmic>

17

Application example: COSMIC project


Data

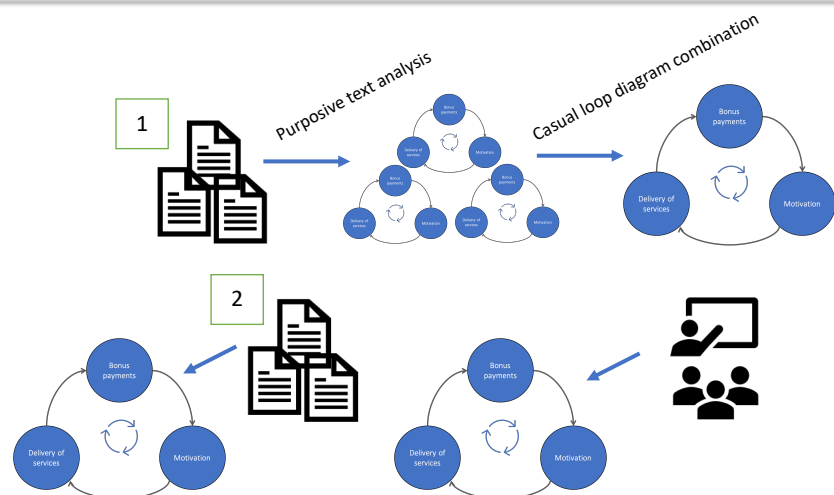
- Primary data 
- Secondary data 

Method for development

- Purposive text analysis
- CLD combination

Method for validation

- Comparison to data source
- Discussion with stakeholders 



Source: Cassidy R, Tomoia-Cotisel A, Semwanga AR et al. Understanding the maternal and child health system response to payment for performance in Tanzania using a causal loop diagram approach. Soc Sci Med 285: 114277.

18

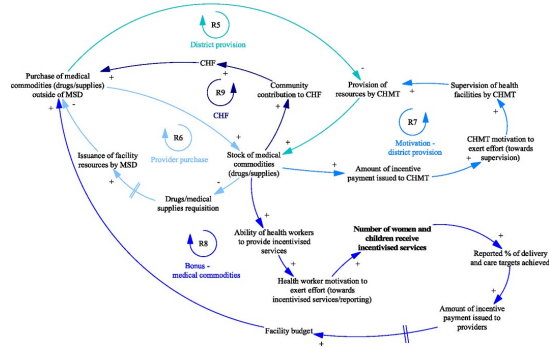
Application example: COSMIC project

Strengths

- Bottlenecks and policy targets/considerations
- Visual - engagement with stakeholders
- Utilising secondary data


Limitations


- Can't test programme design changes
- Difficult to show changes in variables over time
- Need to find a way to present the diagram so stakeholder/reader is not overwhelmed





Source: Cassidy R, Tomoia-Cotisel A, Semwanga AR et al. Understanding the maternal and child health system response to payment for performance in Tanzania using a causal loop diagram approach. Soc Sci Med 285: 114277.

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Final reflections....

1. Iterative process – not a linear path to development
2. Variety of data sources, methods for development and validation
3. Stakeholder engagement – pilot tools and adapt
4. Not modelling the ‘system’ but focus on a particular problem behaviour or issue
5. Possible to use two + systems thinking methods in one project
6. Validation is imperative

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21

COSMIC Project - Acknowledgements

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Agnes Rwashana Semwanga
Nkenda Sachingongu
Neha Singh
Andrada Tomoaia-Cotisel
Participants in stakeholder interviews



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22

References

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