

## Step 2: Theory of change

Never Stand Still

Medicine

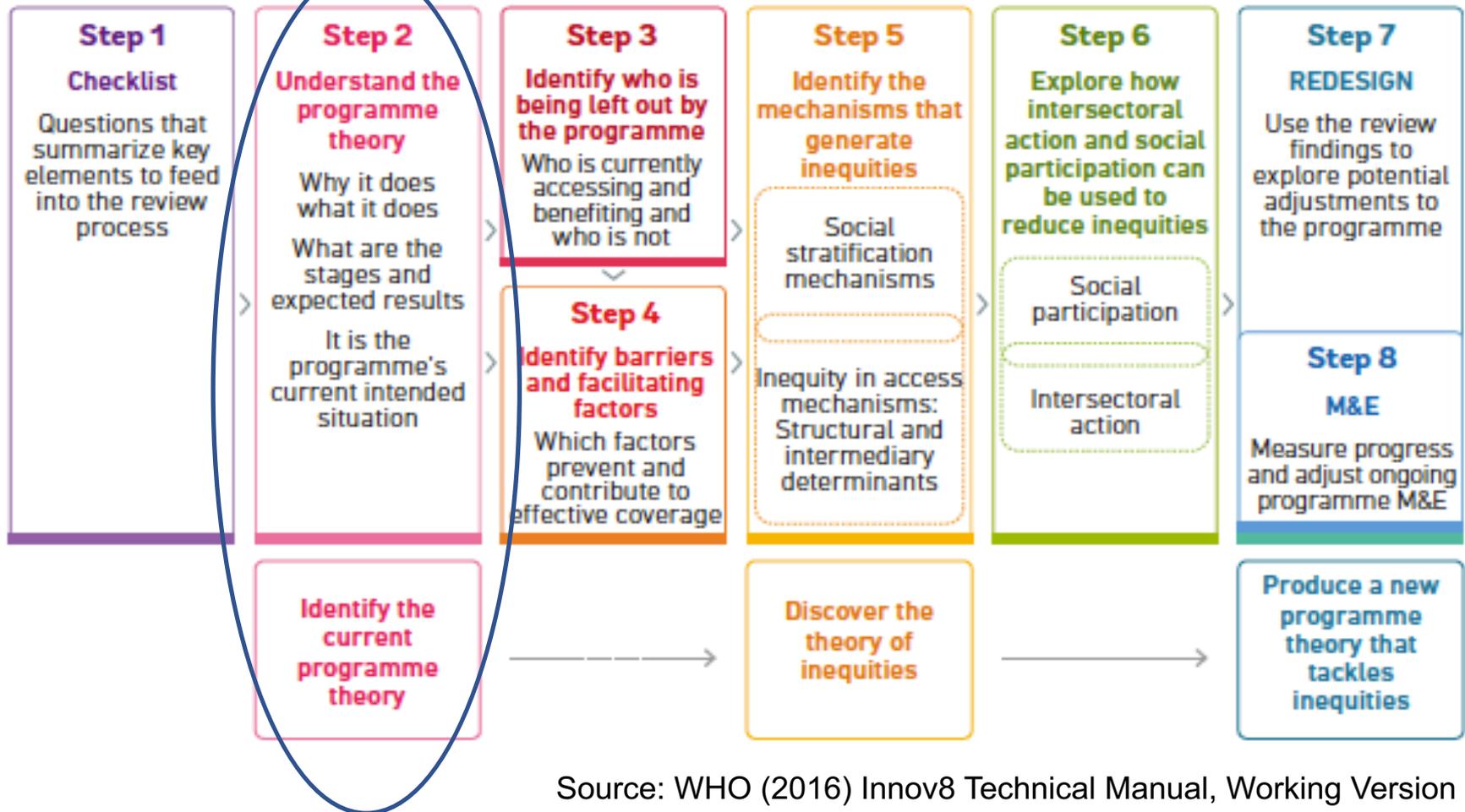
Centre for Primary Health Care and Equity

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Innov8: Equity and Commissioning Workshop  
2-3 August, 2017, North Sydney

# Analytical pathway for eight steps

Figure 1 Analytical pathway through the eight steps of Innov8



Source: WHO (2016) Innov8 Technical Manual, Working Version

# Objectives of Step 2

1. Begin development of a program diagram
2. Define the program theory including underlying assumptions
3. Identify existing program approaches to address equity, gender, human rights and social determinants of health

# Key messages: Step 2

- Program theory explains the logical flow of the activities and how these will lead to the intended results and includes
  - Assumptions about how activities should work to produce the expected outputs and outcomes
- Program diagram shows the sequence of activities of the program's key stages, linked to outputs and outcomes

# Why this step

- Clarifying understanding(s) about what the commissioning is intended to achieve including how, for whom and in what context
- Differentiating between the evidence of the 'problem space' and the evidence for the 'solution space'
- Interventions to improve health equity are often implemented without clarity about underlying mechanisms of inequity - i.e. problem space

# Developing a diagram that shows ...

*... the **mechanisms** by which means it is understood that the program [commissioning] activities contribute to the expected **outcomes** in the short, medium and long term.*



# Specifying the ABC of the program?

- A. Conceptualisation and contextualisation of the problem to be addressed
- B. What to do: the changes that must occur to address the problem(s) in the specific context
- C. How to do it – the actions needed to bring about new solutions to achieve the changes the program aims at



# Step 2, Serbia: problem definition

- Women in Serbia
  - highest incidence of cervical cancer in Europe (at 27.3 per 100 000 population)
  - fourth cause of mortality among women in Serbia.
- Age distribution of cervical cancer
  - typical increases 30+ years
  - peak in the age groups 45–49 years and 70–74 years
  - peak in the morbidity of cervical cancer is moving toward younger ages.
- Due to insufficient regular preventative gynaecological examinations, which mean that diagnosis of cervical cancer by Pap smear does not occur in an early phase when the disease is most treatable

Source: WHO (2015) *Review and reorientation of the Serbian national programme for early detection of cervical cancer towards greater health equity* ROMA HEALTH – CASE STUDY SERIES NO. 3



# Step 2, Serbia: program solution space

- Decreasing incidence and morbidity through preventive action including
  - well-organized screenings that use cervical Pap smears, quality control and an established system for data collection and analysisand
  - health education in schools, public promotion of healthy lifestyles and social mobilization of the population

Source: WHO (2015) *Review and reorientation of the Serbian national programme for early detection of cervical cancer towards greater health equity* ROMA HEALTH – CASE STUDY SERIES NO. 3

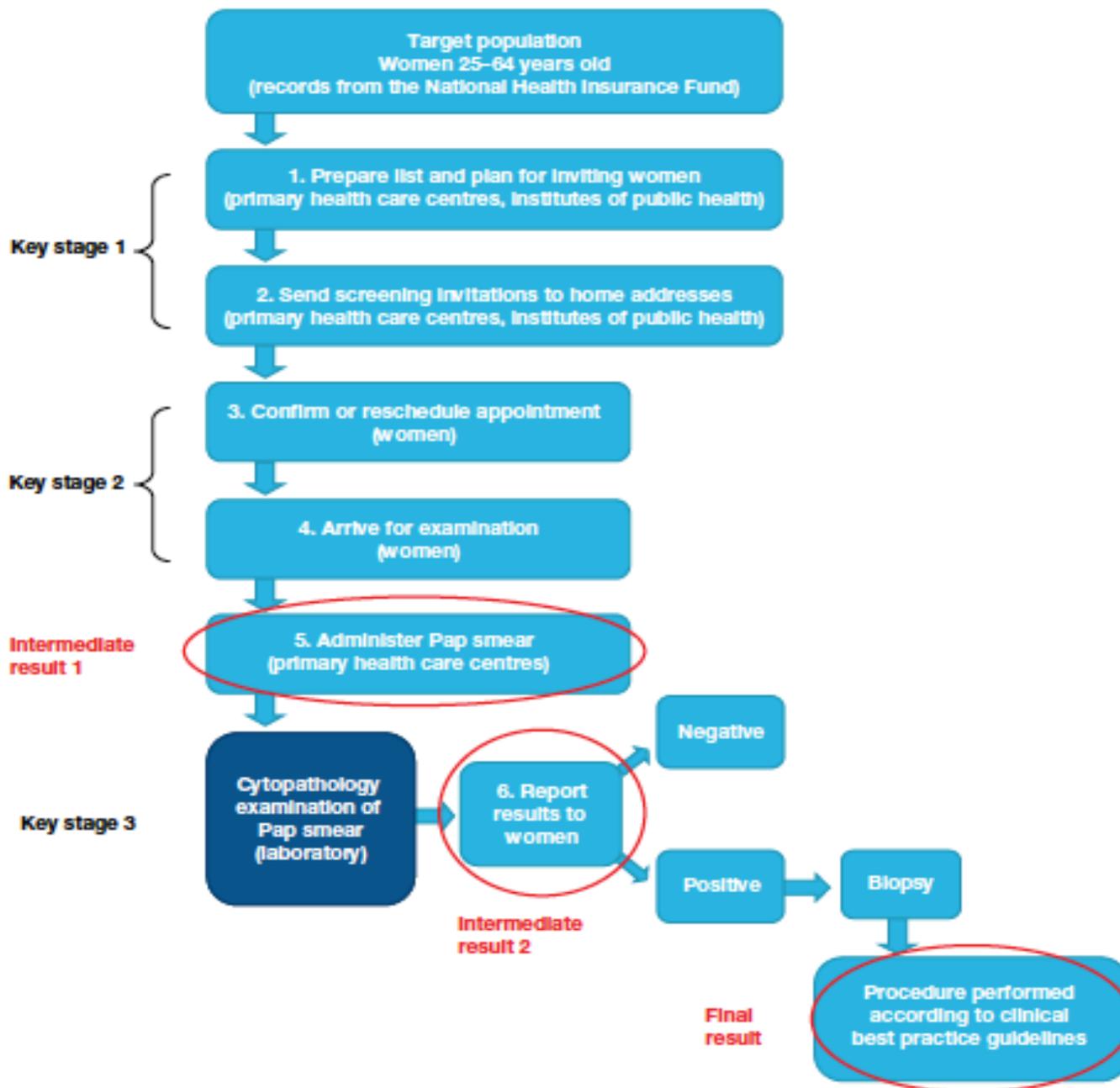
# Step 2, Serbia: key stages of program

1. Preparing the list and plan for inviting women to screening, and then, sending screening invitations to their home addresses (delivery of invitations).
2. Responding to the screening invitation.
3. Technical aspects of the screening, after the cervical Pap smear is performed e.g. examination, conducted in accredited cytological laboratories.

Source: WHO (2015) *Review and reorientation of the Serbian national programme for early detection of cervical cancer towards greater health equity* ROMA HEALTH – CASE STUDY SERIES NO. 3



**Fig. 1. Flowchart of the methodological guide for conducting cervical cancer screening**



Source: WHO (2015)  
*Review and reorientation of the Serbian national programme for early detection of cervical cancer towards greater health equity* ROMA HEALTH – CASE STUDY SERIES NO. 3

# Step 2, Serbia: program theory

“The national program for early detection of cervical cancer aims to decrease the morbidity and mortality of cervical cancer. The theory behind this program is that morbidity and mortality of cervical cancer greatly depends on the successful implementation of preventive programs. Preventive programs comprise well-organized screenings that use cervical Pap smears, quality control and an established system for data collection and analysis, but also require health education in schools, public promotion of healthy lifestyles and social mobilization of the population. Altogether, they contribute significantly to the reproductive health of women and their well-being. In addition, successful implementation of these programs assures considerable long-term savings for the health system and society.”

Source: WHO (2015) *Review and reorientation of the Serbian national programme for early detection of cervical cancer towards greater health equity*  
ROMA HEALTH – CASE STUDY SERIES NO. 3



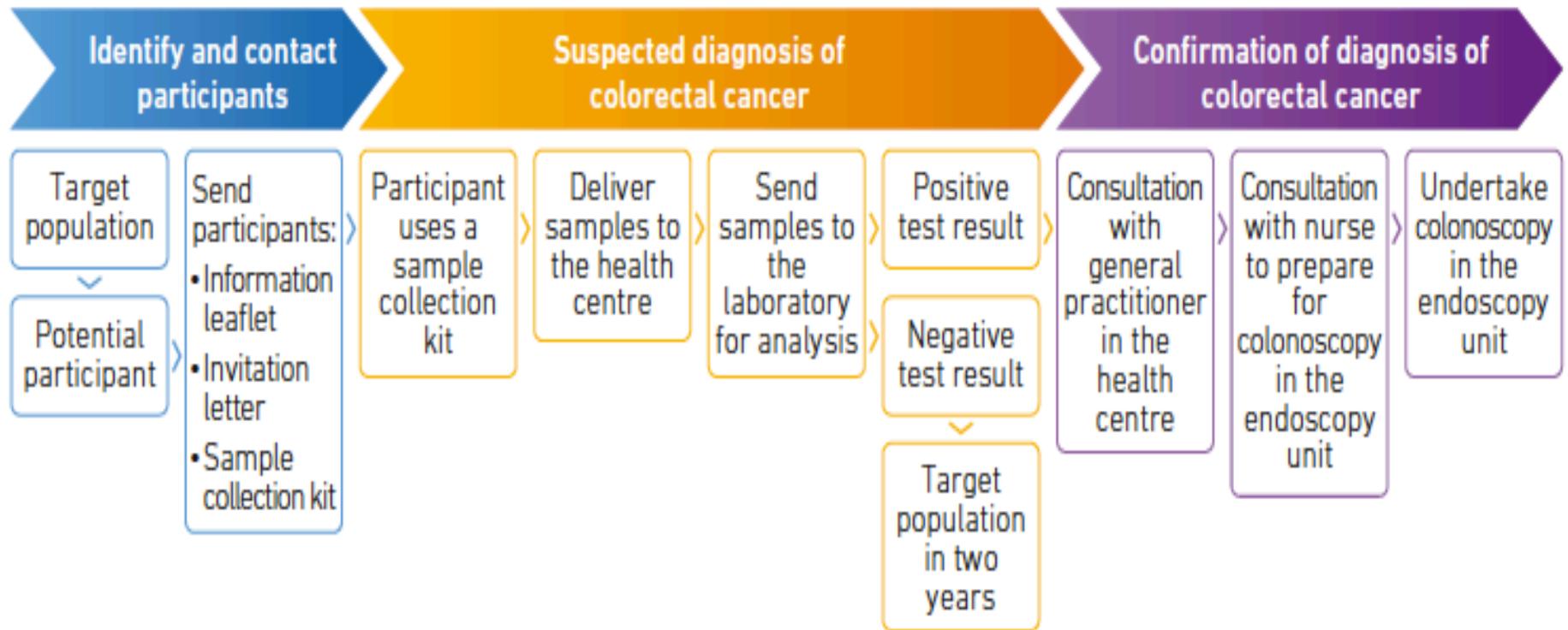
# Plenary discussion: Basque case study

- What is the problem addressed by the program in the case study?
- What are the three key stages of the program (refer to program diagram)?
- What are the main outcomes of the program (use program theory statement)?
- What are the assumptions behind the program?



# Basque key stages

**Figure 2.2** Key stages of the screening programme for colorectal cancer of the Basque Government of Spain



Source: WHO (2016) Innov8 Technical Manual, Working Version

Identify some equity, social determinants, gender and rights issues that might affect these two screening programs?

Anything missing?



# Working group: Step 2

Focus is on defining the program theory including

1. Key stages of the program
2. Problem/topic addressed
3. Program outcomes and expected impact
4. Program key stages
5. Activities within the key stages
6. Assumptions re how the program will work and how individuals will interact with it



# Step 2 and PHN commissioning

Defining the program theory for commissioning

1. What 'problems' or issues are addressed by PHN commissioning?
2. What are the outcomes and expected impact of PHN commissioning?
3. What are the key stages of PHN commissioning?
4. What are the activities within the key stages?
5. What assumptions are made about how commissioning will work and how individuals will interact with it?

