Social Science & Medicine 133 (2015) 159–167

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Review

Anchoring contextual analysis in health policy and systems research: A narrative review of contextual factors influencing health committees in low and middle income countries

Asha George [a], Kerry Scott [a, b, *], Surekha Garimella [b], Shinjini Mondal [b], Rajani Ved [c], Kabir Sheikh [b]

[a] *Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA*
[b] *Public Health Foundation of India, New Delhi, India*
[c] *National Health Systems Resource Centre, New Delhi, India*

ARTICLE INFO

Article history:
Available online 28 March 2015

Keywords:
Context
Health committee
Community
Health facility
Health administration
Society
Low and middle income countries

ABSTRACT

Health committees, councils or boards (HCs) mediate between communities and health services in many health systems. Despite their widespread prevalence, HC functions vary due to their diversity and complexity, not least because of their context specific nature. We undertook a narrative review to better understand the contextual features relevant to HCs, drawing from Scopus and the internet. We found 390 English language articles from journals and grey literature since 1996 on health committees, councils and boards. After screening with inclusion and exclusion criteria, we focused on 44 articles. Through an iterative process of exploring previous attempts at understanding context in health policy and systems research (HPSR) and the HC literature, we developed a conceptual framework that delineates these contextual factors into four overlapping spheres (community, health facilities, health administration, society) with cross-cutting issues (awareness, trust, benefits, resources, legal mandates, capacity-building, the role of political parties, non-governmental organizations, markets, media, social movements and inequalities). While many attempts at describing context in HPSR result in empty arenas, generic lists or amorphous detail, we suggest anchoring an understanding of context to a conceptual framework specific to the phenomena of interest. By doing so, our review distinguishes between contextual elements that are relatively well understood and those that are not. In addition, our review found that contextual elements are dynamic and porous in nature, influencing HCs but also being influenced by them due to the permeability of HCs. While reforms focus on tangible HC inputs and outputs (training, guidelines, number of meetings held), our review of contextual factors highlights the dynamic relationships and broader structural elements that facilitate and/or hinder the role of health committees in health systems. Such an understanding of context points to its contingent and malleable nature, links it to theorizing in HPSR, and clarifies areas for investigation and action.

© 2015 Published by Elsevier Ltd.

1. Introduction

Health committees (HCs) are one of the better documented mechanisms in an incipient empirical evidence base on community accountability in health systems (Molyneux et al., 2012). In many countries, they are a familiar fixture of health systems, and can be effective in improving quality and coverage of health care, as well as improving health (McCoy et al., 2012). Despite their widespread prevalence, their contributions vary due to their diversity in formation, roles, resources and mandates. One part of unlocking their potential to engage communities and improve health care quality and coverage lies in better understanding their contextual location within health systems and societies. To further such understanding, in this article we explore how context is understood in health systems and policy research (HPSR) and from that basis present findings from our literature review on HC contextual factors.

Emphasis on understanding context in HPSR (Walt and Gilson, 1994) is part of what distinguishes it as a social science subject

* Corresponding author. Health Governance Hub, Public Health Foundation of India, Sector 44, Plot 47, Gurgaon, Haryana 122003, India.
E-mail address: kerry.e.scott@gmail.com (K. Scott).

http://dx.doi.org/10.1016/j.socscimed.2015.03.049
0277-9536/© 2015 Published by Elsevier Ltd.

(Sheikh et al., 2011). Context, according to the Oxford dictionary, is defined as “the circumstances that form the setting for an event, statement, or idea, and in terms of which it can be fully understood and assessed” (OED, 2014). Rather than being an afterthought, contextual analysis enables the meaning and inner workings of our main variable of interest to be better illuminated (Collins et al., 1999). It also functions outwards, by encouraging us to examine a broader range of relationships that may influence our outcome of interest, potentially changing our unit of analysis or focus of intervention. As a core part of research, understanding context is vital to generalizing findings, whether this is from statistical representation, analytical generalization or case-by-case transferability (Polit and Tatano Beck, 2010).

While the purpose of research is to create generalized knowledge that is abstract, in HPSR it is ultimately applied in specific circumstances, with consequences, whether intended or not, on a range of social actors and the power relations that connect them (Flores et al., 2014). As ‘nothing happens in a vacuum’, contextual analysis in health systems enables us to better grasp whether specific reforms are appropriate, feasible and sustainable (Collins et al., 1999; IFAD, 2009). There is growing recognition that traditional evaluation methodologies can no longer ignore contextual variables (Victora et al., 2011) as real world settings vary with time and location (Collins et al., 2007; Timmermans, 2013) with multiple pathways of influence (Timmermans, 2013), far beyond the control of investigators. More fundamentally, realist perspectives have approached programs as social and dynamic processes best understood and evaluated by asking “what works for whom and in what context?” (Pawson and Tilley, 1997).

The re-emergence of the importance of contextual analysis is represented in HPSR in varied ways (Ssengooba et al., 2007; Mbindyo and Gilson, 2009; Zaidi et al., 2012; De Savigny et al., 2012; Belaid and Ridde, 2014; Smith, 2014). Yet in many conceptual frameworks, context is primarily an empty arena surrounding the health systems phenomena of interest. It is all encompassing but ephemeral. One consequence of such depictions is that it implies an air of inevitability, an assumption that contextual features are not actionable or are beyond human intervention. At the other extreme is the production of generic lists, such as the PESTLE (Political, Economic, Social, Technological, Legal, Environmental) tool used in business planning. Others are more specific to health reforms (Collins et al., 2007) or policy analysis (Leichter, 1979). A key limitation of these approaches is that they can reify static categories, which in turn limit our understanding.

Collins et al. (1999) caution against making context an end in itself, removed from the subjectivities of the actors involved, the messiness of real life and its inter-relationships. In this sense, while context is typically seen as external to the variable of interest, in open or ecological systems (Bronfenbrenner, 1979) contextual factors are malleable and shaped by the interventions they influence (Marchal et al., 2012). Pawson and Tilley (1997) similarly remind us that context is more than just locality; it embodies social systems integrating individuals, inter-relationships, institutions and infrastructure in dynamic ways. An appreciation of intersectionality—how different social hierarchies combine in unpredictable and interactive ways (Hankivsky, 2012)—is also relevant to understanding context in this way. Similarly, conceptual mapping is another way of demonstrating the interconnectedness between multiple factors operating at different levels (Tiberghien et al., 2011).

These more dynamic ways of examining contextual features are not without their limitations. Introducing complexity can lead to excessively lengthy and amorphous analyses, making it difficult to determine which variables are more influential and demand greater consideration. It can also be challenging for researchers to understand where to draw the boundaries of contextual exploration.

Rather than rely on empty arenas, generic lists or amorphous detail, our approach to understanding context follows realist perspectives of evaluation that emphasize the development of program theories to guide exploration (Pawson and Tilley, 1997; Marchal et al., 2012). Based on an iterative exploration of how context is understood in HPSR and the HC literature, our conceptualization of how contextual features interact with HCs considers the dynamic relationships and linkages that constitute health systems. We present our work not as a definitive way of understanding context as an end in itself, but as an approach to anchoring it to our phenomena of interest. After detailing our narrative review process, we present our derived conceptual framework and organize our review findings accordingly.

2. Methods

2.1. Search strategy

Between June and August 2013 we searched the online database Scopus, which includes all PubMed and Embase content from 1996 onward, for peer-reviewed journal articles in English containing the concept of health committees, as detailed in Table 1. Concurrently, we searched grey literature online (www.google.com) for reports on HCs using the same terms listed earlier and also searched websites of 16 organizations and web-archives known to specialize in the subject. Ethical approval was not required as this was secondary research.

Articles were included in this review if they met the following criteria: (1) contained substantial content on HCs, defined as groups containing some layperson representation, having a formal link to the government, and existing to improve local well-being; (2) are about existing HCs (rather than calls to develop HCs in the future); (3) focus on low and middle-income countries; (4) are in English and (5) were published between 1996 and 2013.

The titles and abstracts of all publications found during these searches were read by one of two reviewers. Articles were excluded during this stage if their titles and abstracts indicated failure to meet the inclusion criteria. All other articles were passed to the second screening, where the entire article was read to determine whether it met the inclusion criteria. When the first reader was unsure if an article should be excluded, the second reader also read it and consensus was reached through discussion (Fig. 1).

2.2. Data abstraction and analysis

All retained articles were re-read and relevant data abstracted

Table 1
Search terms used to identify articles on health committees.

	Search term
1	“Village health committee*”
2	“Health committee*” AND [community OR village]
3	“Local committee*” AND health
4	“Health facility committee*”
5	“Health cent* committee*”
6	“Village development committee*” AND health
7	“Village governance” AND health
8	“Facility committee*” AND health
9	“Health planning group”
10	“Health facility operation and management committee*”
11	“Health social action committee*”
12	“Municipal health council”
13	Panchayat AND health
14	“Health board” AND [village OR community OR municipal]

Download English Version:

https://daneshyari.com/en/article/7332642

Download Persian Version:

https://daneshyari.com/article/7332642

Daneshyari.com