

# SURE Guides for Preparing and Using Evidence-Based Policy Briefs

## 3. Clarifying the problem

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### The SURE Collaboration

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**Web address:** [www.evipnet.org/sure](http://www.evipnet.org/sure)

**Email address:** [sure.guides@nokc.no](mailto:sure.guides@nokc.no)

# 3. Clarifying the problem

## Summary

The first step when preparing a policy brief is to clarify the problem that it will address. Often such problems are unclear when they are first brought to attention. Clarification is therefore essential but if it is done too rapidly, or in a cursory way, it may lead to: focusing on a problem that is not important or not perceived to be important by key stakeholders; considering inappropriate solutions; and failing to consider appropriate solutions. A failure to reconsider a problem iteratively as additional information is found can have the same consequences. Holding discussions about the problem section with policymakers, stakeholders, and key informants prior to preparing the rest of a policy brief can help to ensure that these undesirable consequences are avoided.

For a policy brief to be useful it must address a problem that warrants attention. Clarifying how the problem came to attention, how it has been framed, the size of the problem, and the cause of the problem, can help to ensure that the problem warrants attention and that appropriate options for addressing the problem are considered.<sup>1</sup> The following questions will help to clarify the problem that a policy brief addresses:

- What is the problem and how did it come to attention?
- How has the problem been framed (described) and what are the consequences of this framing?
- How big is the problem?
- What is the cause of the problem?

Based on the questions above, a policy brief could therefore contain four corresponding section headings:

- The problem
- Background
- Size of the problem
- Underlying factors

Although the questions are presented sequentially, clarifying the problem is often an iterative process. The best way to present a problem may vary: sometimes it may be helpful to include, after the background section, a section in the policy brief that addresses how the problem has been framed (described), or it may be better to place this at the end of the description of the problem.

## Evaluating the guides

As you use the guides please complete the [evaluation form](#) included in the '[Additional resources](#)' section so that the guides can be improved.

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## What is the problem and how did it come to attention?

The starting point for clarifying the problem in a policy brief is to indicate how the problem was described when the decision to prepare a policy brief was taken. This should include a description of how the problem came to attention and the motivation for preparing a policy brief about this particular problem. As a rule, this information should be provided in the first background paragraph of the problem description, which should share some of the same characteristics of a lead in a newspaper article. It should be short (a couple of sentences); it should summarise what the problem is and why the policy brief is needed; it should contain only information necessary for the reader to understand the content of the policy brief; and it should motivate the target audience to continue reading.

Subsequent iterations and analysis of the problem can lead to clearer descriptions of the problem, a better understanding of its size and causes and, possibly, a better way of framing the problem that will facilitate the identification of appropriate solutions.

It is not uncommon for health system problems to be unclear when they first come to attention. Sometimes a solution rather than a problem is brought to attention by policymakers or advocates without it being made clear what exactly the problem is that the solution is intended to address. For example, while the issue of task shifting may appear on a political agenda, it may not be clear whether the problem is in fact the shortage of health workers, the distribution of health workers, the use of health workers, the performance of health workers, or a combination of these issues. Therefore before appropriate options can be identified, it is necessary to clarify what the problem is.

Sometimes a diagnosis rather than a problem may be brought to attention, but it may not be clear that the right diagnosis has been made. Many countries have implemented health reforms to address the poor coordination of care. This may have been done because uncoordinated care was thought to be the cause of inefficiency and high costs; of ineffectiveness and poor health outcomes; of patient dissatisfaction and long waiting times; or of other problems. Without knowing what the problem is, it is difficult to know if a correct diagnosis has been made or whether the policies targeted at improving the problem are likely to address it. In such cases, before appropriate policy options can be identified, it will be necessary to ascertain what the problems are that a lack of coordination is thought to be causing.

Thus, when clarifying a problem, it is important to ensure that a problem has in fact, been identified (rather than a solution or a diagnosis). Interactions with policymakers and other stakeholders may be needed to uncover what the problem is before proceeding. In other cases, it may be helpful simply to flag uncertainty about what the problem is in the background section and to facilitate subsequent discussions of this.

Knowing how the problem came to attention can help to clarify both what the problem is and the extent to which it warrants attention. A problem may come to attention as a result: of a specific event (e.g. an avoidable death that is widely reported in the media); of a change in an indicator (e.g. an increase in treatment failures for malaria or tuberculosis); of a lack of progress towards established goals (e.g. the Millennium Development Goal for maternal mortality); of advocacy (e.g. for improvement in anti-retrovirals coverage); of public dissatisfaction brought to attention through polls and the mass media; of political consensus (e.g. to increase insurance coverage); of a political event (e.g. the appointment of a new Minister of Health who has a personal interest in a particular issue); pressure from donors or international agencies (e.g. to reduce corruption); or of a priority-setting process.

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## How has the problem been framed (described) and what are the consequences of this framing?

How a problem is framed or described can determine the kinds of options considered to address the problem, as well stakeholders' perceptions of its importance. Thinking about how a problem has been framed means viewing the problem from different perspectives and identifying ways in which the problem could be packaged. A problem with chronic care, for example, might be framed in a number of different ways: as one of coordination and communication between primary and secondary care providers; as a problem with inadequate primary care; as a quality-of-care problem (poor adherence to clinical practice guidelines); as a problem of rising costs; or as a problem of long waiting times or lack of access to care. Each of these would lead to different perceptions and different sets of solutions. It is important to ensure that a problem is framed in a way that resonates with stakeholders and leads to the identification of appropriate options for addressing the problem. Therefore to facilitate this, consideration should be given to the different ways to frame the problem in light of how it originally came to attention, the available indicators and comparisons, and an analysis of its cause.

Interviews or discussions with key stakeholders about how a problem has been framed (or could be framed) can lead to the identification of alternative framing ideas and information about their advantages and disadvantages. Discussions can also provide a better sense of which framing approach is likely to resonate most with stakeholders and result in the identification of appropriate options. Studies of the perceptions and attitudes of stakeholders may also help to clarify how best to frame a problem. A [worksheet for clarifying a problem](#) is provided in the 'Additional resources' section of this guide, as well as [examples of completed worksheets](#). Further guidance can be found in the [SUPPORT tool on using evidence to clarify the problem](#). [Workshop materials](#) and a [presentation](#) on clarifying the problem are also provided in the 'Additional resources' section. Click [here](#) to listen to a member of the Zambian EVIPNet team describing the clarification of the problem for a policy brief on integrating mental health care into primary care. Box 3.1 shows an example of a clarifying the problem exercise.

### **Box 3.1 Example of a clarifying the problem exercise**

1. Write in two or three sentences what the problem is and why this problem is being addressed at this time.
2. Make a table (see [Table 3.1](#)) listing different ways of framing the problem and then consider the advantages and disadvantages of each of these. This sometimes results in framing the problem differently. It helps to clarify problems and identify information that should be included in the background or in a section following the background.
3. Consider what information would best characterise the size of the problem by identifying what indicators or measures are relevant (e.g. numbers of clinics or health workers) and the size of the consequences (e.g. utilisation/access, expenditures). For each indicator consider what comparisons would be relevant (e.g. with goals, changes over time, between different areas within the country, and with other countries).
4. Consider what the causes or factors underlying the problem are in two ways: by brainstorming and by applying a framework.
5. Then generate a list of potential solutions based on the underlying factors, and on what has been found in the literature and through brainstorming. This is helpful for the next step in preparing a policy brief: deciding on and describing policy options.

A useful way to consider whether a problem has been framed appropriately might be to create a table such as [Table 3.1](#), and to add rows iteratively.

<b>Table 3.1 Example of alternative ways of framing a problem - task shifting</b>		
<b>Ways of framing the problem</b>	<b>Advantages</b>	<b>Disadvantages</b>
Task shifting	This was initially suggested as a topic by a senior policymaker and is a topic of interest that will resonate with other policymakers	Task shifting is a solution, not a problem, and the term may be unfamiliar to some stakeholders, or misleading and may generate unnecessary controversy
Expanding health worker roles	Expanding the roles of health workers (e.g. community health workers, traditional birth attendants, nurses and midwives) may better describe the issue and be less likely to generate unnecessary controversy	Expanding health workers roles is also a solution and therefore also leaves unclear the nature of the problem that this solution is intended to address
Supply of health workers	This is a problem that is easily understood and for which there are many possible options, including expanding health worker roles	Based on available information, there does not appear to be a shortage of health professionals
Inefficient use of health workers (i.e. paying highly trained professionals to do tasks that could be done by less costly health workers)	This is another problem that is easily understood and for which there are many possible options, including task shifting	It is unclear if this <i>is</i> a problem (e.g. that physicians are performing tasks that other health workers could perform at a lower cost) or that task shifting would result in substantial savings
Distribution of health professionals	There is evidence that this is a problem, particularly recruiting and retaining health professionals in rural areas. It is a problem that is easily understood and for which there are many possible options, including expanding health worker roles	This may not resonate with policymakers or be sufficiently focussed
Inadequate provision of effective MCH care. Inadequate human resources and sub-optimal use of available human resources is a major contributing factor	Upon further reflection this is the starting point and the underlying problem for which 'task shifting' was suggested as the focus for a policy brief. This is a problem that is likely to resonate with a wide range of stakeholders and policymakers. It is well focused, and expanding the roles of health workers is a promising strategy	It may be important to consider a broad range of other options, in addition to expanding the roles of health workers, in order to address this problem

A detailed analysis of different ways to frame a problem is unlikely to be helpful to stakeholders or decision makers. However, when relevant, the policy brief should include a description of the different ways of framing the problem, the reason for framing the problem in a particular way, and the consequences of doing so. This information can be provided in the background section, in a separate section after it, or at the end of the problem description. Providing this information could help to reassure stakeholders that alternative ways of framing the problem have been considered, and that the problem has been framed appropriately. It can also form the basis for a more informed discussion of the problem.

An [example of how a problem can be better clarified through a consideration of different ways to frame it](#) is provided in the 'Additional resources' section of this guide.

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## How big is the problem?

Providing a description of how big a problem is requires a consideration of which indicators would describe the size of the problem best, of the consequences of the problem, of what comparisons should be used to clarify the size and of the consequences of the problem, and where to find relevant data. [Box 3.2](#) below illustrates an example of these considerations:

### Box 3.2 Recruitment and retention of health professionals in rural areas: which indicators and comparisons can be used to describe the size of a problem

#### **The problem (indicators and comparisons)**

(Compared to goals or other problems over time, within the country, and within other countries)

*Numbers of doctors, nurses and medical technicians in remote areas*

- Compared to targets in the National Plan
- Compared to international (WHO) standards
- Compared to other countries
- Changes over time/turnover/length of stay
- Remote areas compared to non-remote areas

*Numbers of doctors, nurses and medical technicians registered in remote areas but not located there*

#### **Consequences of the problem (indicators and comparisons)**

(Compared to goals or other problems, over time, within the country, and within other countries)

*Utilisation of services, health status, quality of service, attitudes towards health services in remote areas*

- Compared to non-remote areas

Implicit or explicit comparisons are needed to establish the size of a problem. The following types of explicit comparisons may be helpful:

- **Comparisons with goals** – e.g. the Millennium Development Goals (MDGs) for maternal or child mortality
- **Comparisons with other problems** – e.g. with other priorities
- **Comparisons over time** – e.g. an increase in treatment failures or in the prevalence of a disease or risk factor
- **Comparisons across areas within a country** – e.g. variations in access to or utilisation of services
- **Comparisons with other countries** – e.g. with mortality or prevalence rates in comparable countries or changes in these over time in those countries

Goals or targets may be found in published or unpublished government documents or international documents. The sources of data as shown above can also be used for comparisons over time and across areas within a country. Data sources for comparisons with other countries include published studies and international data, from the WHO, the World Bank, GAVI or the Global Fund and other organisations.

Different indicators may be relevant when estimating the size of a problem. This may depend on whether the problem is described in terms of:

- A risk factor or disease
- Coverage, quality of care, cost of care, or equitable access to care
- Delivery, financial or governance arrangements (see [Table 3.2](#) below)
- The implementation of agreed policies or programmes

Sources of data for risk factors and the burden of disease include epidemiological surveys and [routinely collected data](#).<sup>2</sup> Sources of health services utilisation data also include [routinely collected data](#), as well as studies of access to care, of the utilisation of care, of the quality of care, of health care expenditures and of health inequities. The availability of data describing health system arrangements and the implementation of policies and programmes is highly variable and such data may be difficult to find. Sources include government documents (often unpublished), data collected by the government or other agencies on their behalf (e.g. regarding expenditures or health workers), and studies that describe or analyse health system arrangements or policy implementation. A [SUPPORT Tool providing guidance on how to find and use evidence about local conditions](#) together with a [worksheet](#), [workshop materials](#) and a [presentation](#), and [strategies for finding unpublished studies and grey literature](#) are provided in the 'Additional resources' section of this guide.

**Table 3.2: Health system arrangements**

Health system organisation can be categorised in different ways. The taxonomy illustrated below was developed by Lavis and colleagues and divides health system arrangements into three main types. Strategies for realising change do not form part of this taxonomy, but include those for changing health behaviours, professional practice, and organisational change.

<b>Delivery arrangements</b>	<b>Financial arrangements</b>	<b>Governance arrangements</b>
<i>Including problems with:</i>	<i>Including problems with:</i>	<i>Including problems with:</i>
To whom care is provided and the efforts made to reach them (such as culturally inappropriate care)	Financing – e.g. how revenue is raised for programmes and services	Policy authority – who makes policy decisions (such as specific types of decisions being centralised rather than decentralised)
By whom care is provided (such as providers working autonomously rather than as part of multidisciplinary teams)	Funding – e.g. how clinics are paid for the programmes and services they provide	Organisational authority – e.g. who owns and manages clinics (such as private for-profit clinics)
Where care is provided – e.g. care delivered at inaccessible health facilities	Remuneration – e.g. how providers are remunerated	Commercial authority – e.g. who can sell and dispense drugs and how they are regulated
What information and communication technology is used to provide care – e.g. record systems may not be conducive to providing continuity of care	Financial incentives – e.g. financial disincentives for patients or a lack of incentives for health workers	Professional authority – e.g. who is licensed to deliver services; how their scope of practice is determined; and how they are accredited
How the quality and safety of care is monitored – e.g. not having quality-monitoring systems in place	Resource allocation – e.g. providing insurance coverage for inefficient or ineffective services	Consumer and stakeholder involvement – who from outside government is invited to participate in policymaking processes and how their views are taken into consideration

## What is the cause of the problem?

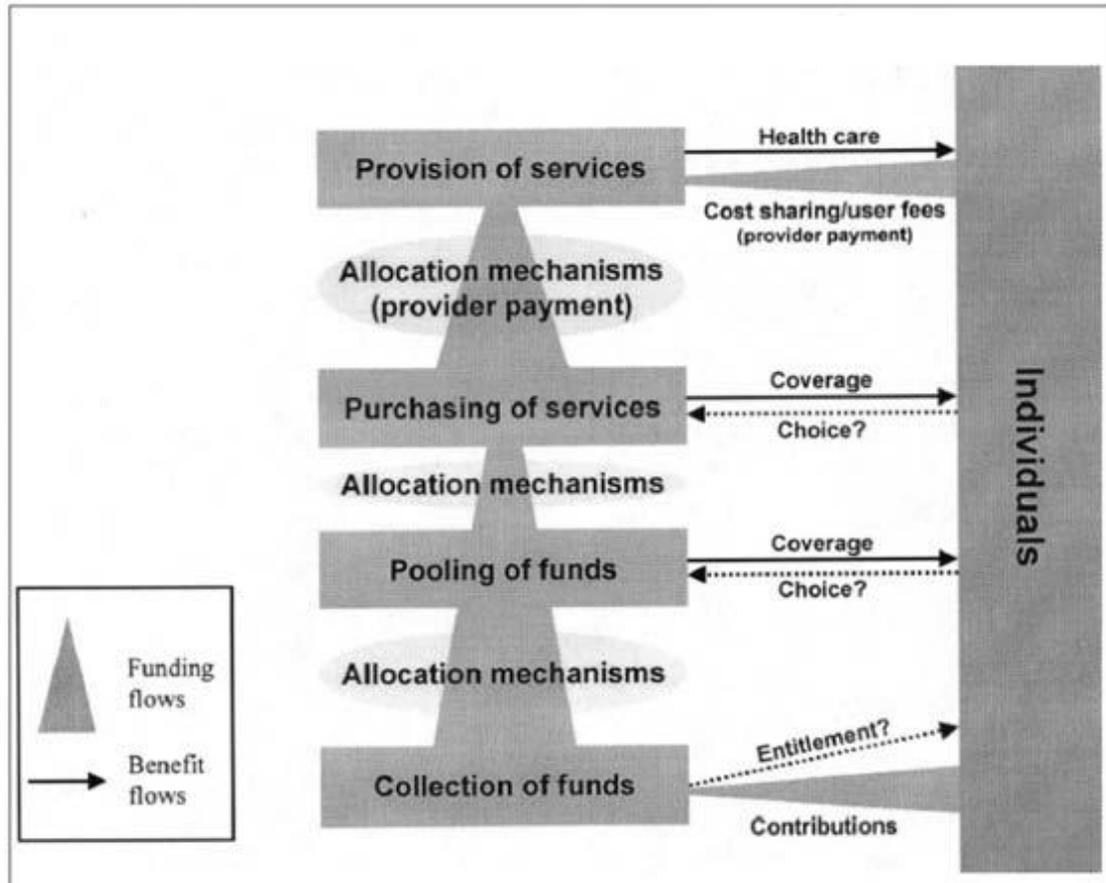
The identification and selection of appropriate options for addressing a problem should be guided by an understanding of its cause. Such insights may also lead to the original framing choice being changed. Often the causes of health systems problems are complex and uncertain and it may be more appropriate to consider underlying factors without attributing causation. The process of clarifying the cause or underlying factors is unlikely to be simple or linear. And although it may be possible to reduce uncertainty about the cause, it may be equally or more important to clarify uncertainty about the cause.

Strategies for clarifying the cause of health system problems include using either broader or more specific frameworks, [brainstorming](#), reviewing relevant research evidence, and interviews with key informants.

Broad frameworks for health system problems that could be used include the extent to which the problem is due to delivery, financial and governance arrangements (see [Table 3.2](#)),<sup>3,4</sup> or to the implementation of existing policies (see [SURE Guide 5. Identifying and addressing barriers to implementing the options](#)). Although, for example, the problem may be described initially as a problem with delivery arrangements (e.g. a shortage of health workers in rural areas), the cause of this shortage instead may actually have to do with financial arrangements (e.g. how health workers are remunerated) or governance arrangements (e.g. the licensing of different types of health workers to perform specific tasks).

More specific frameworks may facilitate a more detailed consideration of the potential causes of some types of problems. For example, a framework for addressing problems with human resources for health might be used to think systematically through the potential causes of problems such as a shortage of health workers, their distribution, their performance, or their cost and efficient use, and to consider the solutions to these.<sup>5</sup> Similarly, a framework for healthcare financing may help with thinking through the problems with health care financing systematically ([Figure 1](#)).<sup>6</sup> Other examples of frameworks are shown in [Table 3.3](#). Searching for frameworks such as these can be done easily using Google Scholar or PubMed by combining the word 'framework' with key words describing the problem. Often the most efficient way of finding frameworks is to talk to people with expertise in the specific area of interest. Other sources of such frameworks include other policy briefs on the same or closely related issues, policy analyses, and systematic reviews or overviews of systematic reviews.

**Figure 1. Framework for health system financing functions (from Kutzin 2001) <sup>6</sup>**



**Table 3.3: Examples of frameworks for analysing the cause of a problem or underlying factors**

<b>Problem</b>	<b>Framework</b>	<b>Reference</b>
Illegal sale of pharmaceuticals	Conceptual framework for understanding determinants of market outcomes and normative consequences of public health product sales	Conteh L, Hanson K. Methods for studying private sector supply of public health products in developing countries: a conceptual framework and review. <i>Social Science and Medicine</i> 2003; 57:1147-61.
Integration of TB and HIV services	Analytic framework for vertical versus horizontal approaches for delivering priority health services	Oliveira-Cruz V, Kurowski C, Mills A. Delivery of priority health Services: searching for synergies within the vertical versus horizontal debate. <i>J International Development</i> 2003; 15:67-86.
Community health worker performance	Analytical framework for productivity, competence and responsiveness	Dieleman M, Harnmeijer JW. Improving health worker performance: in search of promising practices. Evidence and Information for Policy, Department of Human Resources for Health, WHO: Geneva, 2006.
Underutilisation of antenatal care	Factors affecting the utilisation of antenatal care	Simkhada B, van Teijlingen ER, Porter M, Simkhada P. Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. <i>J Advanced Nursing</i> 2008; 61:244-60.
Skilled birth attendance	Strategies for increasing demand and bringing pregnant women closer to the formal health system	Lee ACC, Lawn JE, Cousens S, et al. Linking families and facilities for care at birth: What works to avert intrapartum-related deaths? <i>International J Gyn Obs</i> 2009; 107: S65-S88
Health insurance coverage	Strategies for expanding coverage of health insurance schemes	Meng Q, Yuan B, Jia L, et al. Expanding health insurance coverage in vulnerable groups: a systematic review of options. <i>Health Policy Planning</i> 2010; 1-12.

[Brainstorming and creative thinking](#) can also be helpful and can be done either in a structured way using a framework, or in an unstructured way. It is desirable too that people with different perspectives are involved as well as those with a broad knowledge of the health system. Doing this may be an iterative process. It may start with hypotheses about the potential causes of the problem, followed by searches for information to support or refute those hypotheses, then a discussion about the causes of the problem based on the information found.

Information to support or refute hypotheses can come from:

- [Routine Health Information Systems](#)
- [Studies that have been undertaken within the country](#) (e.g. of the perceptions and attitudes of patients or health workers)
- Studies that have been undertaken internationally or in other settings with similar problems
- Key informants (i.e. by interviewing or discussing the problem with individuals with relevant experience or knowledge).

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## Additional resources

### [Evaluation form](#)

A form to allow you to complete an evaluation of the SURE guide

### [Glossary](#)

A glossary of terms used in the guides

### [Worksheet for clarifying the problem](#)

A worksheet for clarifying the problem that a policy brief addresses

### [Examples of completed worksheets for clarifying the problem](#)

Completed worksheets for clarifying the problem from policy briefs done in [Uganda](#) and [Zambia](#)

### [SUPPORT Tool on using research evidence to clarify the problem](#)

Further guidance on finding and using evidence to clarify the problem

### [Example of how considering different ways of framing the problem can help to clarify the problem](#)

From a policy brief on improving emergency department performance in [Cameroon](#)

### [Data from routine health information systems](#)

Information on data from routine health information systems

### [Finding studies that have collected and analysed data describing the size of a problem in a specific area](#)

Information on finding studies that have collected and analysed data describing the size of a problem in a specific area

### [SUPPORT Tool for finding and using evidence about local conditions](#)

Questions to consider when finding and using local evidence

### [Local evidence worksheet](#)

A worksheet for searching for and assessing local evidence

### [Workshop materials and presentations](#)

Guides for a workshops and PowerPoint presentations on:

Clarifying the problem for policy briefs – [workshop materials](#) – [presentation](#)

Finding and using local evidence – [workshop materials](#) - [presentation](#)

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6. Kutzin J. 'A descriptive framework for country-level analysis of health care financing arrangements. [Health Policy 2001; 56:171-204.](#)

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