

Centre for Evaluation

Improving global health practice through evaluation

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Foreword:

Evaluation, universities and global health in a changing world



The London School of Hygiene and Tropical Medicine (LSHTM) was crowned the Times Higher Education's University of the Year for 2016, in recognition of our response to the Ebola epidemic in West Africa.

This critical engagement with the world around us, grounded in world-leading technical expertise and visionary thinking, is what universities should strive to be about. We established the Centre for Evaluation with just such a vision in mind. The Centre convenes expertise in a range of advanced methodologies such as randomised trials, quasi-experimental methods, qualitative and participatory research and evidence synthesis. But what makes our work at LSHTM special is that we apply these methods to making progress towards improved health and health equity in the United Kingdom (UK) and worldwide.

In doing so, we must by necessity partner with governments, non-governmental agencies and private sector partners, not just our colleagues in other universities. The Centre for Evaluation is one of the most interdisciplinary of the School's Centres, exemplifying the environment here at LSHTM which strives to generate new understanding by having anthropologists grapple with the same problems as epidemiologists, and entomologists tackle shared concerns with statisticians. Public health evaluation continues to be central to the strategic aims of the School, and I wish the Centre well for the coming years.

Professor Peter Piot
Director, London School of Hygiene and Tropical Medicine

Public Health Evaluation:

More important now than ever



The LSHTM Centre for Evaluation is five years old! Our launch event in November 2012 seems as relevant today as it did then. We brought together evaluators working on a range of public health problems in settings across the globe.

All wanted to measure and understand the strength with which public health programmes were being delivered on the ground. This focus on evaluating efforts to translate the tools we have into impact on health and complex public health systems is at the heart of what the Centre is about.

We have many achievements to be proud of which are reflected in these pages. The range of public health evaluations being undertaken by LSHTM staff is impressive: the DREAMS impact evaluation (page 6) is one such example. The range of methods being deployed is striking: for example, the Centre has helped develop methods for the design and analysis of Stepped-Wedge Trials (page 3). We have hosted world-leading speakers and major events such as our 2014 symposium on Evaluation within the Ebola Response (page 12).

We deliver a range of training, including Master's modules and short courses, in both face-to-face and distance learning formats (page 11), and have reached several hundred of the next generation of public health evaluators in the last five years.

What next? Evaluation continues to grow in importance. Over the next five years LSHTM plays host to the secretariat of the new Centre for Excellence in Development, Impact and Learning (CEDIL), funded by the Department for International Development (DFID), led by our colleague Howard White (page 9). We are partners in the National School of Public Health Research and the Policy Innovation Research Unit working closely on UK public health. Methods development remains core to what the Centre does: convening across disciplines and public health contexts. We have tightened our methodological focus, with themes on outcome evaluation, process evaluation and synthesis of evaluation studies led by globally recognised leaders in their fields. Our goal remains the same: to lead to improvements in global health practice through evaluation.

Professor James Hargreaves
Director, Centre for Evaluation
at the London School of Hygiene & Tropical Medicine



Addressing significant public health challenges requires multidisciplinary working. The Centre for Evaluation provides an excellent example of how epidemiologists, social scientists, economists and public health specialists can come together to

develop and apply novel approaches to evaluating complex public health interventions. I have been delighted to see the Centre develop both as an internal mechanism for sharing opportunities and initiating new collaborations within the School and as a focal point for engaging with external researchers, programmes and funders. Recent years have also seen the Centre extend its reach through its teaching activities – both our own module Evaluation of Public Health Interventions, now taught in the face-to-face and distance learning programmes; and our contributions to the Evaluation for Development Programmes Short Course organised through the London International Development Centre. Through training, research, and policymaker engagement, the Centre is making an impact on the public health evaluation world.

Professor Kara Hanson

Chair, Steering Committee, Centre for Evaluation
at the London School of Hygiene & Tropical Medicine



As Director of the UK Medical Research Council Social & Public Health Sciences Unit, myself and my staff grapple each day with issues concerning the evaluation of complex public health interventions. I am enormously impressed by the

breadth and depth of expertise in this field at LSHTM, and with the wide ranging applications of this expertise in both the UK and globally. My unit works in partnership with several of the experts at LSHTM and we will continue to do so. The Centre for Evaluation holds an important role in convening discussion, debate and development of the most appropriate methods to tackle these problems, and by doing so will help LSHTM deliver its mission of Improving Health Worldwide.

Professor Laurence Moore

Director of the UK Medical Research Council Social & Public Health Sciences Unit

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Outcome evaluations: experimental studies

LSHTM researchers use a range of randomised study designs including individually randomised, cluster randomised, factorial, stepped-wedge and realist. Interventions are delivered in a range of settings from randomised controlled trials (RCTs) with controlled intervention implementation, to real-life settings with varying levels of control of intervention implementation.

Recent developments in Stepped-Wedge Trial methodology

There is often a tension between policy makers wishing to rapidly implement novel interventions and researchers wanting time to conduct a controlled evaluation. One trial design that can address this tension is the stepped-wedged RCT.

In a stepped-wedge trial, instead of randomising whether groups receive the intervention, groups are randomised to wait different lengths of time before they receive the intervention, with all groups eventually receiving it. This complex design poses challenges for the planning, analysis, and interpretation of evaluation

studies. In a series of articles for the *Trials* journal, researchers from the School, UCL and partners explored a range of issues around step-wedged design.

Subsequently, work by Jennifer Thompson highlighted the importance of making the right assumptions when estimating the treatment effect to get the right answer, and that it is inefficient to collect observations before any groups have received the intervention. These findings should lead to shorter trials. Work is ongoing, led by Katherine Fielding, to improve guidance on the use of stepped-wedge trial designs.

Bullying and aggression in UK schools

Recent reports suggest almost half of school children will experience some form of bullying. A cluster-RCT is assessing the effectiveness and cost-effectiveness of INCLUSIVE, a whole school intervention to reduce bullying and aggression in UK secondary schools. Changes in behaviour are being measured based on students' self-reports. This realist trial aims to assess not merely what works, but also what works for whom, how and under what conditions. Qualitative research aims to understand the way in which intervention mechanisms might generate outcomes and how context might influence this. Quantitative research aims to test theoretically derived hypotheses about what factors mediate intervention effects as well as how characteristics of population and setting moderate intervention effects.

Malaria vaccine and seasonal chemoprevention

RTS,S is the first vaccine to show a protective effect against malaria among young children and seasonal malaria chemoprevention has been shown to be highly efficacious in prevention of malaria in children under five years of age in areas of highly seasonal malaria. Researchers at the school are undertaking a double-blind, individually-randomised RCT to determine whether the malaria vaccine (RTS,S/AS01): (1) is as effective as seasonal malaria chemoprevention (SMC); and (2) provides additional protection when given together with SMC. The study is being conducted in children aged five to 17 months living in areas of Mali and Burkina Faso, where the transmission of malaria is intense and highly seasonal. Children enrolled have been randomised to three arms: (1) seasonal vaccination; (2) four courses of SMC during the malaria transmission season; or (3) combination of the two. The study will compare clinical malaria confirmed by microscopy detected by passive or active surveillance.



Antiretroviral therapy for prevention of HIV

Female sex workers often don't engage with HIV prevention and care. SAPPH-IRE is a pragmatic cluster-RCT of combination prevention to empower female sex workers. Conducted under real-life conditions, the trial was embedded within Zimbabwe's national female sex worker programme. Unusually, respondent driven sampling (in which participants recommend other people they know) was used to recruit participants. The intervention included intensified community mobilization, provision of on-site Antiretroviral Treatment (ART), Short Message Service (SMS) reminders to promote repeat testing, pre-exposure prophylaxis for HIV negative women, and community-based adherence support to build a "sisterhood" to improve engagement with intensified prevention and care. Both intervention and control clusters received sex-worker friendly services, free HIV testing, referral to government health services for ART, contraception, condoms, sexually transmitted infection syndromic management, health education and legal advice by peer educators.

The effect of community feedback on the coverage of maternal and newborn health services

The empirical literature on using publicly-reported performance data to improve health outcomes is scant. The School is undertaking a two by two factorial design cluster-RCT to evaluate the impact of giving private feedback to healthcare providers and public feedback to community members on the coverage of maternal and newborn health services in rural Uttar Pradesh, India. The intervention involves the use of report cards of village performance on maternal and child health indicators and participatory meetings to discuss strategies to improve coverage. Clusters were randomly assigned to one of four arms: (1) scorecard shared only with healthcare providers; (2) scorecard shared only with community members, (3) scorecard shared with providers and community members; and (4) no feedback. The study aims to shed light on the relative importance of public image and reputation, and providers' intrinsic motivation in the provision of healthcare.



Suri Sadar Hospital
Credit: Pieter ten Hoopen / London School
of Hygiene & Tropical Medicine / India / 2016

Outcome evaluations: quasi-experimental studies

Where randomisation of intervention is not possible, alternative approaches are needed in outcome evaluations. LSHTM researchers use several approaches to determine the impact of interventions in these settings.

Evaluation of user fee removal for healthcare in Zambia

Removing user charges for health care services in low-income settings remains a contentious policy, with mixed empirical evidence and few robust evaluations of such policy change. Researchers estimated the effects of a policy change that occurred in 2006 in Zambia, when 54 of 72 districts removed fees. The study used a quasi-experimental study design, applying a pooled synthetic control method, based on the characteristics of urban districts, to estimate the impact of the policy change that occurred in rural Zambian districts on health care use, choice of provider and out-of-pocket medical expenses. The study found no evidence that user fee removal increased health care utilisation, even among the poorest. However, it found that the policy led to a substitution away from the private sector and that it virtually eliminated medical expenditures, thereby providing financial protection to service users. Since the poorest individuals were less likely to use care and had lower expenses, the policy was found to mostly benefit the rich. The policy effect was equivalent to a transfer of US\$3.20 per health visit for the 50% richest but of only US\$1.10 for the 50% poorest.

Dagu project

The Dagu project aims to develop Ethiopian excellence for public health evaluation while also evaluating a project aiming to increase the use of community-based child health services, known as “Optimising the Health Extension Programme in Ethiopia” (OHEP). The evaluation aims to ascertain whether OHEP increases the utilisation of community-based care, how and at what cost, using a plausibility design based on baseline and endline surveys in intervention and comparison districts, and analysis of difference-in-differences. PhD students in four Ethiopian universities address various aspects of the evaluation.

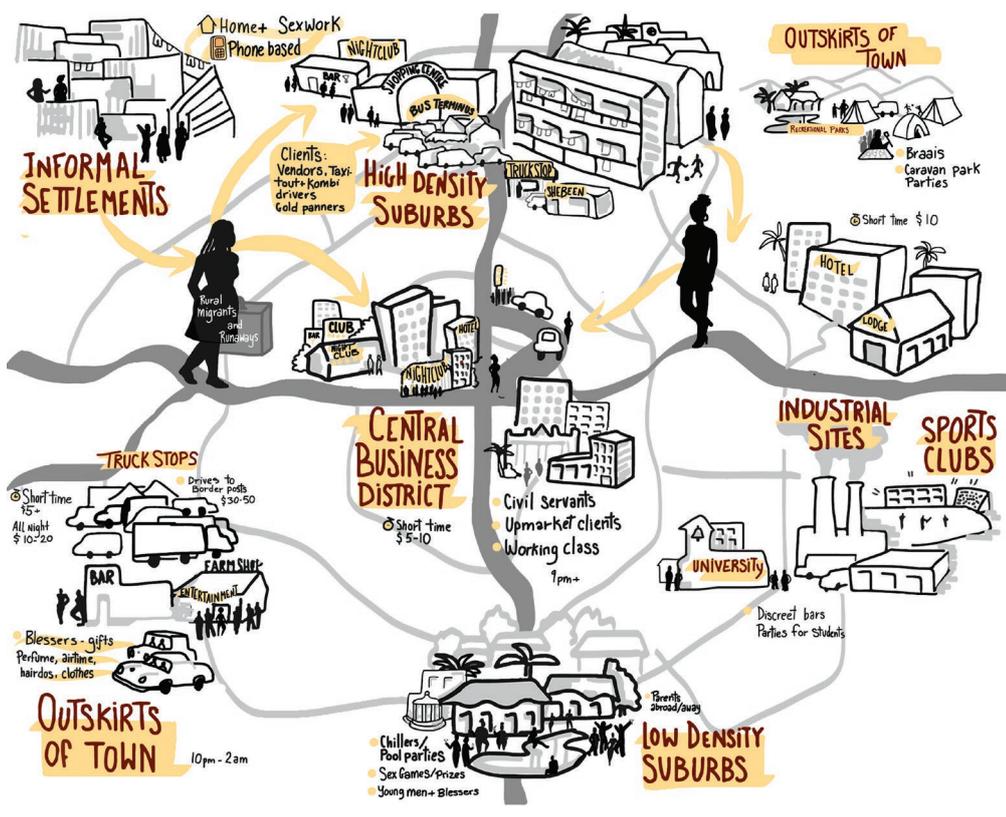
Evaluation of the impact of Adolescents 360 (A360) on the reproductive health of adolescent girls in Ethiopia, Nigeria and Tanzania

A360 is a \$30 million investment to increase voluntary modern contraceptive use and reduce unplanned pregnancy among girls aged 15 to 19 years old in Ethiopia, Tanzania and Nigeria. The innovative A360 intervention design approach combines human-centred design (HCD) with social marketing, developmental neuroscience, sociocultural anthropology and youth engagement. HCD places the participants at the centre of the design process, and involves an extended intervention development process. As a result, details of the intervention were not known at the time the evaluation study design was planned.

The School leads the external outcome evaluation of this programmatic intervention looking at the impact of A360 on the uptake of modern contraception among adolescent girls in the three countries. Different approaches are being taken in the study countries. In Nigeria, using a quasi-experimental approach, the study team will conduct repeat cross-sectional surveys in intervention and matched comparison communities. The primary analysis will be an estimation of difference-in-differences in modern contraceptive prevalence rate within each state. In Tanzania and Ethiopia repeat cross-sectional surveys will be conducted in intervention communities only. Approximately 23,500 girls will be interviewed at baseline in 2017 and a similar number in 2019. A process evaluation (led by Itad) and cost effectiveness study (led by Avenir health) run concurrently, in addition to programme monitoring and evaluation data.



Friends of Buburi Clinic
Credit: Thomas Lay / Friends of Buburi



Map of sex worker location and typology in Zimbabwe
Credits: Annalee Kornelsen with Drawing Change

Evaluating the impact of PEPFAR’s DREAMS Partnership in Kenya, South Africa and Zimbabwe

LSHTM leads a portfolio of impact evaluations on the new ‘DREAMS Partnership’ launched by PEPFAR and partners in 2015. Through a ‘core package’ of layered interventions, DREAMS strives to promote empowerment and reduce new HIV infections by 40% among the highest risk adolescent girls and young women in 10 high-burden countries.

Impact evaluations in Kenya (urban and rural), South Africa and Zimbabwe will follow cohorts of adolescent girls and young women over two years to track individual journeys through DREAMS. Exposure to DREAMS will be correlated with observed changes in sexual and reproductive health (SRH) outcomes and measures of empowerment and agency. In three settings, the cohorts are nested within

larger community-wide cohorts – among whom population-level impact of DREAMS on HIV incidence and SRH outcomes will be measured. In Zimbabwe, a network-based (respondent-driven) approach is used to recruit young women who sell sex, and outcomes will be compared among young women who sell sex in two DREAMS districts and four comparison areas. Annalee Kornelsen's figure above illustrates the results of an early mapping exercise to identify the location and typologies of sex work in the Zimbabwe evaluation settings. Process evaluation activities seek to document how this ambitious multi-sectoral program is implemented in each setting, for lessons about impact and replication.



Health Centre, Kenya
Photo courtesy of Jayne Webster

Process evaluations and mixed methods

Understanding how, why, and in what circumstances an intervention or programme works, is critical to learning how to achieve impact. This is an area of methodological development that the Centre is excited to be engaging in, including the use of innovative mixes of methods, both quantitative and qualitative, and varied approaches to developing, applying, and testing theory.

Microfinance and gender training to reduce violence against women (MAISHA)

A 55% reduction in intimate partner violence has been reported among women in South Africa receiving group-based microfinance combined with a participatory gender training and HIV curriculum. Researchers at the School are undertaking a two cluster-RCT studies to evaluate the impact of adapting the model in Tanzania. The first RCT has recruited existing microfinance groups and randomised them to either continue with microfinance alone or to receive gender training in addition to microfinance. For the second RCT, we have formed new groups of women, not receiving microfinance, who are then randomised to either receive gender training or not. The qualitative component looks at women's vulnerability to violence and how different intervention models may reduce risk. A process evaluation explores the implementation and context of the interventions. A cross-sectional survey and a qualitative study with men examines the drivers of violence perpetration.

Ethiopia's Hotspot Programme

Up to 180,000 Ethiopian women annually migrate to the Gulf States for domestic work. Most travel illegally and commonly face exploitation, mistreatment, physical and sexual abuse. To prepare potential migrants for challenges abroad, the Freedom Fund has established the Hotspot Safer Migration intervention. The programme teaches strategies for improving migrants' safety.

Researchers at the School have been evaluating the programme since its outset. Formative research, including interviews with returnees to learn about their experiences and elicit advice for future migrants, was translated into messages to be used in pre-departure materials. Ongoing work includes routinely collecting information using an innovative qualitative tool to measure changing "social norms" to assess whether communities are doing more to support safer migration practices.





Public health and alcohol licensing study

This study explores the range of influences shaping public health practitioners' contributions to alcohol licensing processes in local government. The process evaluation examines how practitioners in London engage with a guidance tool package which aims to support public health to make objections against alcohol licence applications. The study uses ethnographic observations of practitioners' work and licensing meetings, interviews and focus groups with stakeholders, a survey of practitioners and analysis of routine data collected by public health on licence applications to understand different aspects of the licensing process and the outcomes of public health contributions. Practitioners are engaged in the study to ensure outputs and recommendations strengthen public health's influence over the local alcohol environment.

Informed Decisions for Actions in Maternal and Newborn Health (IDEAS)

The IDEAS project aims to improve the health and survival of mothers and babies through generating evidence on “what works, why, and how” to inform policy and practice in Ethiopia, Nigeria and India. Starting in 2010, fifty seven diverse innovations implemented by nine partners were identified and characterised to identify anticipated effects. Before-and-after household and health provider surveys showed whether there were changes in coverage of live-saving interventions. We studied how and why scale-up happens and developed methods for studying implementation strength. In a second phase (IDEAS 2) we provide ongoing support in real time. This includes tracking progress in coverage of life-saving interventions, supporting local use of data in decision-making, improving coverage measurement and understanding quality improvement. For example, in India IDEAS support district health decision-making through the Data-Informed Platform for Health (DIPH), which brings together data from public and private health sectors. Using an action-research approach the DIPH will be adapted, implemented and evaluated in Ethiopia.



Centre of Excellence for Development Impact and Learning (CEDIL)



CEDIL is a new DfID supported initiative to develop and test innovative approaches to impact evaluation and evidence synthesis in low-income countries.

CEDIL is a multi-disciplinary consortium hosted at the London International Development Centre (LIDC). CEDIL brings together some of the leading minds and institutions working in the field of impact evaluation and evidence synthesis. It comprises LSHTM's Centre for Evaluation, the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI) at UCL, the Centre for Evaluation of Development Policy (EDePo) at the Institute for Fiscal Studies, the International Initiative for Impact Evaluation (3ie) and the Campbell Collaboration.

CEDIL aims to contribute to the attainment of the Sustainable Development Goals (SDGs) through evaluation methods innovation, development and testing to address gaps in the evidence base for high priority areas. This will support the allocation of development resources, and the design of development programmes based on evidence of what works, where, for whom and at what cost.

During the first half of 2017, CEDIL completed a series of discussion papers that identified the main gaps in evaluation methods. These papers set out an agenda for research streams that will develop into full research Programmes of Work. The Centre is now delving deeper into these themes and will be launching a second series of discussion papers in early 2018.

CEDIL will address these fundamental gaps:

Evidence Translation

Producing rigorous evidence is not sufficient to ensure its use, nor are the passive dissemination strategies of the past. CEDIL will develop models of stakeholder engagement to increase the relevance, interpretation and application of study findings for policy and practice. Policy uptake is also a function of evaluation design and timelines. CEDIL will explore approaches such as adaptive learning impact evaluations, predictive analysis and real-time data-based approaches to produce more timely and relevant study findings.

Methods

There are many evaluation questions in international development for which there is no consensus as to the best available approach to answering the question. In specific contexts new methods need to be developed, for example rapid onset emergencies, capacity development to a single agency and complex interventions which may evolve over time with emergent outcomes. There is also a need to properly test methods that will provide more timely information such as process tracing, qualitative comparative analysis (QCA), integrative mixed method analysis, and predictive analysis.

Synthesis

The synthesis of evidence on the effectiveness of development interventions presents a number of challenges related to the complexity of the interventions and the heterogeneity of the contexts and studies produced. There is also a tension between the rigour of the synthesis and the time frame and resources available. This calls for the development of methods of synthesis that are unique to the international development field.

Thematic and Geographic Evidence

There are themes, sectors or regions/ countries for which commonly used methods may be applied, but for which there are few existing studies. Examples include climate change, conflict and humanitarian settings, governance and infrastructure.



The new Centre for Excellence for Development, Impact and Learning will develop and test innovative methods for evaluation and evidence synthesis, drawing across a broad range of disciplines. The Centre for Evaluation is an excellent partner for this work given the broad range of expertise they bring to the table, contributing world class researchers from different disciplines with experience from around the world.



Howard White
CEDIL Research Director

Linking projects, networks and collaborations

The Centre values the development and nurturing of networks and collaborations in evaluation. These relationships facilitate shared experiences and learning for methodological approaches and evaluation practice.

Integrating immunisation and family planning

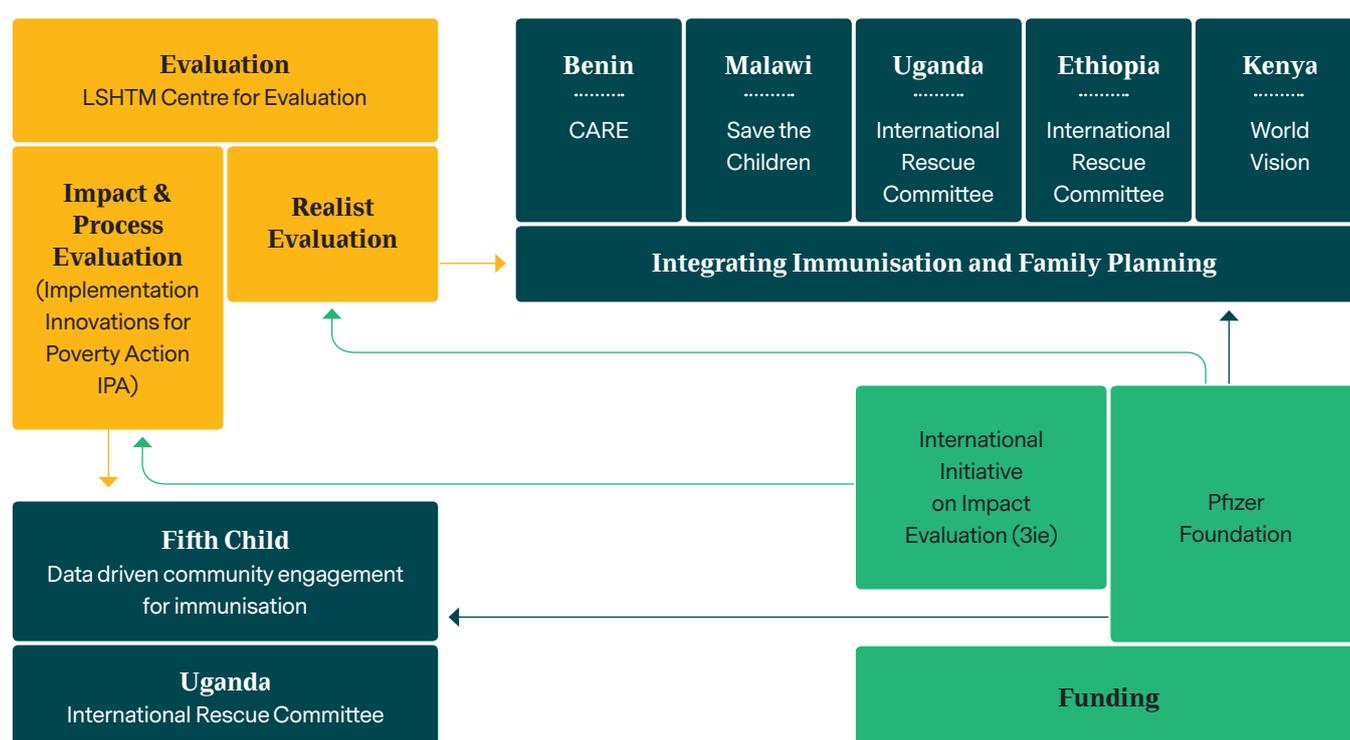
Immunisation and family planning are effective interventions to reduce mortality and morbidity through facilitating healthy and timely pregnancies. Successful integrated delivery of immunisation and family planning has the potential to:

- 1) increase access to each of the interventions
- 2) improve quality of care for post-partum women and their children
- 3) thereby increase overall health impact

The realist evaluation will focus on how, why, for whom and in what circumstances integrating the two interventions is successful in Benin, Malawi, Uganda, Ethiopia and Kenya. This includes exploration of the integration processes, their mechanisms and interaction with contextual factors in the different models, health systems, and countries. The evaluation will provide valuable insights into determining how best to design integrated delivery. For example, how acceptability impacts on the integration process, how the integration process impacts on perceived quality of care, and how the integration process (within the different models) impacts on the health system.

Fifth Child: data driven community engagement for immunisation

Health systems in Northern Uganda were weakened by two decades of conflict, contributing to lower immunisation coverage than other areas of the country. The Fifth Child project, implemented by the International Rescue Committee (IRC), aims to reach the estimated 20% of children who remain unvaccinated, through community engagement strategies that utilise an improved immunisation status data management system. The Centre is leading a cluster RCT with an embedded process evaluation to assess whether data-informed (ehealth intervention), community co-managed, vaccine defaulter tracing increases coverage of the third dose of diphtheria-pertussis-tetanus vaccination and measles vaccination. The process evaluation utilises an in-depth qualitative study and routine programme data to examine the implementation of the intervention, its mechanisms of impact, and the context and how this interacts with the intervention.



Teaching and events

The Centre hosts an extensive programme of events, which enable exciting and vibrant discussions between evaluation experts at the School, nationally, and globally.

Evaluation of Public Health Interventions

Centre staff developed a face-to-face and distance learning module called Evaluation of Public Health Interventions, which were first delivered in October 2014 and 2015 respectively. The module covers process and impact evaluation methods for large scale real world programmes.

Centre staff developed a 20-hour free online course entitled 'Impact Evaluation of interventions addressing health and its social determinants'. It was funded by a European Commission, FP7 grant for SDH-Net which aimed to develop capacity for research into Social Determinants of Health in low- and middle-income countries.

Evaluation for Development Programmes: LIDC short course

Staff from the Centre have been contributing to a short five-day course run by the LIDC on Evaluation of Development Programmes. The course has been running since 2014. It aims to provide participants with a better understanding of the terminology and fundamentals of evaluation methods. Participants come from a diverse range of sectors and disciplines, including: development professionals who commission and use evaluation studies, academics who plan to work on future evaluation studies of development programmes and PhD students who are looking to advance their understanding of the fundamentals of evaluation methods.



“

I started with the Centre for Evaluation during my MSc at LSHTM, as a member of the student evaluation group and by taking the Evaluations of Public Health Interventions module. The role of the Centre for Evaluation Fellow has been instrumental for my development as a junior researcher. My work was diverse; I worked with senior and junior researchers from different universities and organisations on writing academic papers, developed and updated the website, and helped organise meetings and events during which I took part in the latest discussions on evaluation methods and designs. Above all, the Centre provided the space for me to be part of a community of researchers of wide ranging expertise in evaluation methods; from students to senior academics and professionals, among which I could express my opinions, ideas, and experiences, and learn from theirs.

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Syreen Hassan
Centre Fellow

MSc student evaluation group

The Centre runs a student led group comprising students from various LSHTM courses, both with and without previous experience in evaluation, but who share a common interest in increasing their knowledge in this field in a student led environment. There are two student groups, one for MSc students and one for RD students. As well as meeting regularly, students have supported the organisation by delivering seminars, running journal clubs and contributing blog posts.

"The very need to walk across disciplines and expand beyond our familiar scopes calls for a shift away from the traditional mode of evaluation, and towards a more integrated way of evaluating programmes. It calls for us to rethink who needs to be involved in the research process not just at the end, but at the earlier stages of the research process."

Myra Cheung

MSc Public Health Student reflects after listening to the closing keynote speaker for the Centre for Evaluation retreat

Highlights of events

Centre for Evaluation Retreat

The Centre for Evaluation Retreat in 2016 was attended by 87 researchers from the School, the University of Glasgow, the Campbell Collaboration, 3ie and other institutions. It was a full day of presentations and discussions focused on a range of topics within evaluation, including 'the role of evaluation in policy development', 'assessing context and its influence on outcomes' and 'opportunistic evaluations of programmes and systems'. Speed talks highlighted key evaluation projects undertaken at the School and the event was brought to an interesting close by keynote speaker Professor Laurence Moore, from the University of Glasgow.

Methods Seminars

Realist evaluation and mechanisms – Professor Nick Tilley

'Mechanism' is crucial to realist evaluation, yet it has turned out to be tricky. The term is used in many different ways, not all of which accord with Pawson and Tilley's conception of realist evaluation. In this talk Professor Tilley turned to the original use of the term and illustrated ways in which it has been applied in practice that do and do not accord with Pawson and Tilley. Developing and testing realist hypotheses in evaluative studies, Professor Tilley concluded more speculatively on the contribution realist evaluations of programmes and policies might make to cumulation in social science.

Symposia

Evaluating a national response to an epidemic of public health concern – the example of the Ebola crisis in Sierra Leone

The Ebola crisis posed a unique public health challenge to affected countries. The ways in which countries responded to the crisis hold important lessons, both for managing future crises and for other diseases outbreaks. The symposium addressed how decisions were made, the evaluation methods used to inform these decisions and the broader lessons from the Ebola crisis on best practise in evaluation.

Stepped-wedge trial symposium

The symposium aimed to share current understanding on the rationale, design, analysis and approaches to sample size determination for stepped-wedge trials and foster discussion between practitioners and methodologists considering, planning and undertaking stepped-wedge trials. A series of papers on stepped-wedge trials published in the journal *Trials*, were also presented and launched.

Joint Events

Joint events with Centres build relationships across the School and bring researchers together.

The Centre for Evaluation together with the Centre for Maternal, Adolescent, Reproductive and Child Health, the Centre for Global Mental Health and the external organisation THET (Partnerships for Global Health) ran a workshop to discuss portfolio-level evaluations. The workshop generated useful discussion on common challenges, the role of portfolio evaluation from different stakeholder perspectives and possible methodological approaches to their evaluation.

A joint workshop was held with the Medical Research Council MACH (Meta-analysis, Complexity and Heterogeneity) project on methods for systematic reviews across disciplines. We ran a joint session with the London Centre for Neglected Tropical Disease (NTD) Research, which stimulated discussion of novel approaches to measure and evaluate access to NTD control interventions.

Knowledge synthesis

Rigorous methods of knowledge synthesis are critical to ensuring policies are based on the best evidence available. Diversification of the traditional systematic review methods, to fit research questions that address complex interventions and questions on how and in what circumstances intervention works, is needed. This is an area in which the Centre is invested.

Interventions to strengthen the HIV prevention cascade: a systematic review of reviews

Commissioned by the Bill & Melinda Gates Foundation to inform their HIV prevention platform, this systematic review aimed to map current evidence for HIV prevention against a new classification system, the HIV prevention cascade. The review used an innovative ‘review of reviews’ approach to assess and summarise a very wide body of evidence.

There was strong evidence for the efficacy of pre-exposure prophylaxis and voluntary medical male circumcision and suggestive evidence that interventions aimed at increasing the supply of prevention methods such as condoms or clean needles can be effective. However, the evidence for demand-side interventions such as providing information, education, and communication and interventions to promote the use of adherence to prevention methods was less clear.

Realist systematic literature review of interventions to improve evidence-informed decision-making in Low- and Middle-Income Countries (LMICs)

Despite the growing global emphasis on evidence-informed policy and practice and its promise to improve health system performance, failure to translate research into policy across high and LMIC settings is a common problem. To reduce this ‘evidence to policy gap’ a range of interventions promoting Evidence-Informed Decision-Making (EIDM) have been implemented, yet evaluations rarely capture why and under what conditions interventions work, especially in low-income settings.

Researchers at the School are undertaking a realist systematic literature review to identify mechanisms underlying EIDM interventions which use the promotion of interactions between policy makers and researchers to improve EIDM at the programmatic and policy level for health in LMICs. The study began with a scoping review and identification of candidate middle-range theories. In the second phase of the study a programme theory of evidence informed decision-making will be developed from the realist review, and mechanisms promoting EIDM identified.

Tools for assessing applicability

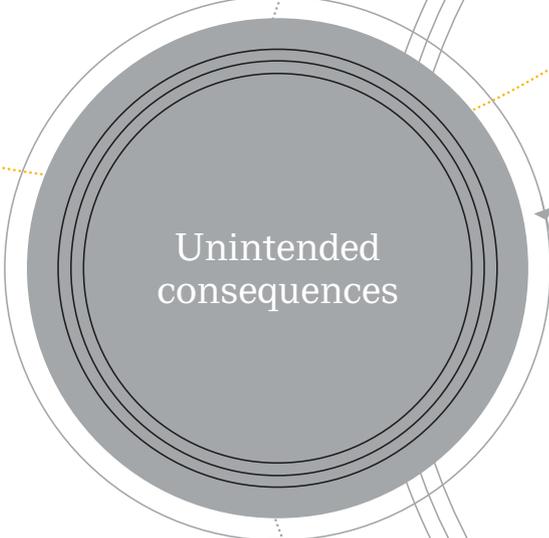
For an intervention to be of use beyond the original study setting, research users need to judge whether it is applicable to other contexts. There are many tools for assessing interventions’ applicability, yet few seem to be widely used. This study tested the ease of use and usefulness of published tools. Tools were identified through updating an existing review. In total 11 tools were identified. Each tool was used to assess the applicability of a Swedish weight management intervention to the English context.

The tools varied considerably in terms of their length, content and style. No tool was considered ideal for assessing applicability. Checklist-style tools were not considered to be the best method as they were either too long, incomplete, or failed to address relevant elements specific to the topic of interest. Focusing on mechanisms of action, rather than solely on characteristics, could be a useful approach which is currently underutilised.



Project Directory

Project title	People	Partners
Antiretroviral therapy for prevention of HIV	Frances Cowan (LSTM)	CeSHHAR Zimbabwe Research Department of Infection and Population Health, University College London RTI International Women's Global Health Imperative Zambian Ministry of Health and Child Care United Nations Population Fund Population Services International Zimbabwe United Nations Population Fund USAID German Federal Enterprise for International Cooperation (GIZ)
Bullying and aggression in UK schools	Chris Bonell Russell Viner (UCL)	University College London King's College London Cardiff University National Institute for Health Research Education Endowment Foundation
Dagu project	Joanna Schellenberg	Federal Democratic Republic of Ethiopia Ministry of Health University of Gondar Hawassa University Jimma University Mekelle University Ethiopian Public Health Institute PATH UNICEF The Last Then Kilometres Project and Save the Children Bill & Melinda Gates Foundation
Ethiopia's Hotspot Programme	Joanna Busza	EMAH Consulting Addis Ababa University School of Social Work Freedom Fund
Evaluation of the impact of Adolescents 360 on the reproductive health of adolescent girls in Ethiopia, Nigeria, and Tanzania	Aoife Doyle	MMA Development Consultancy, Ethiopia Binomial Optimus Limited (BOL), Nigeria Mwanza Intervention Trials Unit, Tanzania Itad Avenir Health Bill & Melinda Gates Foundation Children's Investment Fund Foundation (CIFF)
Evaluating the impact of PEPFAR's DREAMS Partnership in Kenya, South Africa and Zimbabwe	Isolde Birdthistle Sian Floyd	Africa Health Research Institute, KwaZulu Natal, South Africa African Population and Health Research Centre in Nairobi Kenya Medical Research Institute Centre for Sexual Health HIV and AIDS Research (CeSHHAR) in Zimbabwe Liverpool School of Tropical Medicine Bill & Melinda Gates Foundation
Evaluation of user fee removal for healthcare in Zambia	Aurelia Lepine Mylene Lagarde (LSE) Alexis Le Nestour (University of Otago)	Medical Research Council
Fifth Child: data driven community engagement for immunisation	Jayne Webster Jane Bruce Tracey Chantler	International Rescue Committee Innovations for Poverty Action (IPA) Uganda Pfizer Foundation (The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions) International Initiative for Impact evaluation (3ie)
IDEAS	Joanna Schellenberg Tanya Marchant	Bill & Melinda Gates Foundation
Integrating immunisation and family planning	Jayne Webster Shari Krishnaratne	International Rescue Committee (IRC) in Uganda and Ethiopia CARE in Benin Save the Children in Malawi World Vision in Kenya Pfizer Foundation (The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions)
Interventions to strengthen the HIV prevention cascade: a systematic review of reviews	Shari Krishnaratne	Bill & Melinda Gates Foundation
Malaria vaccine and seasonal chemoprevention	Brian Greenwood Daniel Chandramohan	Malaria Research and Training Center The University of Sciences Techniques and Technologies of Bamako in Mali Institut de Recherche en Sciences de la Santé Direction Régionale de l'Ouest (IRSS-DRO) in Burkina Faso MRC/DFID/Wellcome Trust Global Health Trials
Microfinance and gender training to reduce violence against women (MAISHA)	Sheila Harvey Shelley Lees Saidi Kapiga	Tanzanian National Institute for Medical Research Mwanza Intervention Trials Unit Anonymous donor Supported by the STRIVE Research Programme Consortium funded by UK Aid from the Department for International Development
Public health and alcohol licensing study	Joanna Reynolds Karen Lock Matt Egan	NIHR School for Public Health Research Safe Sociable London Partnership London Borough of Southwark London Healthy Place Network
Realist Systematic Literature Review (rSLR) of interventions to improve evidence-informed decision-making in Low- and Middle-Income Countries (LMICs)	Lauren Hashiguchi	Department for International Development
Recent developments stepped-wedge trial methodology	Katherine Fielding James Hargreaves Richard Hayes	Medical Research Council
The effect of community feedback on the coverage of maternal and newborn health services	Timothy Powell-Jackson	Sambodhi Research and Communication MSD for Mothers
Tools for assessing applicability	Helen Burchett	EPPI-Centre, Institute of Education (UCL) Department of Health, England



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