

BURDEN OF ILLNESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b) community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence, Race, Occupation, Religion, Education, SES, Social capital/resources)	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
<p>Primary Health Care Management Advancement Program (PHC Map) Needs Assessment Module</p>	<ul style="list-style-type: none"> ▪ a series of modules (9), guides and reference materials ▪ each module includes a user's guide, a facilitator's guide and computer programs ▪ - essentially it is a survey tool accompanied by a computer programme called Epi-info 	<ul style="list-style-type: none"> ▪ both qualitative and quantitative a) Prevalence of condition (quan) b) Unit cost (quan) c) Variation in rates (quan) d) Burden of illness (qual) e) Results to potentially change f) health outcomes (qual) g) Results of the assessment to change costs (qual) h) Assessment that is informed by ethical, legal and social issues ▪ Ultimately a score is calculated to prioritise technology 	<p>Epidemiology methods</p>	<ul style="list-style-type: none"> ▪ gov't (3); ▪ health professionals (2); ▪ district planners (4); ▪ international NGOs (3); ▪ national NGOs (3); ▪ local NGOs (3); ▪ businesses (2) 	<p>a) monitoring and evaluating health programmes b) the community participates in a variety of ways i.e. through rapid community surveys or client satisfaction assessment c) assessing information needs for management purposes(no explicit mention of advocacy on equity)</p>	<ul style="list-style-type: none"> ▪ part of the questionnaire is to be designed to assess " community needs" ▪ overall rate: 3 	<ul style="list-style-type: none"> ▪ district manager ▪ planners can be trained to use this tool ▪ health centre staff for data collection and analysis ▪ Epi-info is the software required (shareware) + computer (minimal 286) 	<ul style="list-style-type: none"> ▪ yes: Columbia; India; Kenya; Pakistan; Thailand; ▪ the PHC-MAP Training Course is offered by the ASEAN Institute for Health Development (AIHD) with participants from many countries 	<ul style="list-style-type: none"> ▪ data stratified by gender ▪ other PROGRESS components not explicitly mentioned but may be part of data collected for analysis 	<ul style="list-style-type: none"> ▪ the number of questions is limited ▪ surveys assess level of health or service coverage. NOT determinants or causes ▪ the survey results are not exact estimates; they are confidence intervals 	<p>not much emphasis on advocacy and most of the PROGRESS components except gender</p>

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Sentinel Community Surveillance (SCS)	<ul style="list-style-type: none"> ▪ planning method developed by CIET 	<ul style="list-style-type: none"> ▪ both quantitative and qualitative information on issues that are important, as defined by the community ▪ sets baselines and benchmarks for progress 	Based on epidemiological, statistical, social science and communication methods	<ul style="list-style-type: none"> ▪ - gov't (3); ▪ health professionals (3); ▪ district planners (4); ▪ national & local NGOs (3); ▪ businesses (3) 	a) measurement of variables through surveys (data collection) b) community is part of both the fact finding (what the problems of the communities are), and analysis stages c) no explicit mention of advocacy	<ul style="list-style-type: none"> ▪ yes, this is part of the cycle ▪ overall rate: 3 	<ul style="list-style-type: none"> ▪ communities, ▪ district level government ▪ workers are trained to use this tool ▪ in some cases, journalists and teachers have been used ▪ resources required to bring in CIET personnel for training and facilitating the "cycles" for at least 4 cycles (2 years) before it can be self-sustaining by government/donor ▪ resources: notebooks for questionnaire; Epi-info is the software (required computer: minimal 286) 	applied in 38 countries: South Asia, Africa, South and Central Americas, North America, Eastern Europe	<ul style="list-style-type: none"> ▪ gender stratified analysis of existing data ▪ gender as a factor in risk and resilience analysis ▪ researchers select sites representative of the entire population including income levels and ethnic groups ▪ no mention of other PROGRESS components 	long process; for best results requires intensive 2 year commitment	<ul style="list-style-type: none"> ▪ Apart from community involvement, gender, income levels and ethnic group considerations, it is somewhat limited in terms of equity

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WHO Quality of Life Assessment (WHOQOL)	<ul style="list-style-type: none"> an assessment tool on quality of life 	<ul style="list-style-type: none"> provides a measurement of individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns this can be used in clinical trials; population studies; auditing of health and social services 	Physiology; psychology; psychometry; sociology	<ul style="list-style-type: none"> govt (3); health professionals (3); district planners (2); international NGOs (2); national NGOs (1); local NGOs (1); business (1) 	a) and c) no explicit mention of monitoring/advocacy b) an individually-based assessment process. Therefore no community participation	<ul style="list-style-type: none"> the construct is built on the perceived need of individuals overall rate: 3.5 	<ul style="list-style-type: none"> expert driven 100 item instrument has already been developed 	translated into 12 languages and tested in 15 different cultural settings	<ul style="list-style-type: none"> home environment, financial resources and religion are assessed the domains can be applied to either gender with structure and content allowing for gender issues to emerge some sub-facets have particular links to women's health eg. self-esteem and bodily image. 	training required	<ul style="list-style-type: none"> equity not explicitly addressed. access and quality of social care can be expanded to include equity
Global Burden of Disease - DALY from:the WDR 1993	<ul style="list-style-type: none"> a formula to measure the global burden of disease 	<ul style="list-style-type: none"> provides a quantitative number of the GBD by combining loss of healthy life from premature death and from disability, and estimates the cost effectiveness of control strategies 	Epidemiology, economics, statistics, anthropology sociology	<ul style="list-style-type: none"> govt (3); health professionals (2); district planners (2); international NGOs (2); national NGOs (1); local NGOs (1); business (1) 	a) and c) no explicit mention of monitoring/advocacy b) no community participation	<ul style="list-style-type: none"> needs assessment not part of tool but information gathered can be used for it overall rate: 3.5 	this is already being done by the GBD Unit which has estimates of 150 major disease and injury conditions	28 countries were using the DALY by 1995	No explicit mention	<ul style="list-style-type: none"> assumptions for value choices in eg. Age weights lead to treatments for the elderly being considered less cost-effective than that for young children lengthy questionnaire 	limited
NHS Health Technology Assessment Programme 1996	<ul style="list-style-type: none"> a report on the NHS research and development programme 	<ul style="list-style-type: none"> the process by which priority research areas are identified (priorities are turned to effective research projects) 	Health Services Research, Health Economics, Health Policy and Management	<ul style="list-style-type: none"> govt(3); health professionals (2); district planners (1); international NGOs (2); national NGOs (1); local NGOs (1); business (1) 	a) part of assessment process is monitoring/measurement b) evidence is obtained from national and community organizations to identify problems c) no explicit mention of advocacy	<ul style="list-style-type: none"> needs assessment is part of problem identification rate: 3 	an expert driven model for government and national organisations	this was tested and done in UK	PROGRESS components may or may not be focus of research projects	focuses only on research projects	equity may or may not be considered

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Geographic Information Systems	<ul style="list-style-type: none"> ▪ Automated information Systems based on the methodology of geographical database management and query 	<ul style="list-style-type: none"> ▪ provide means of manipulating spatial data and the corresponding attribute information and a means of integrating these different types of data in a single analysis 	Geography, cartography, statistical science Methodologies have to be developed by specialists in the field of application, i.e. epidemiologists	<ul style="list-style-type: none"> ▪ research institutes ▪ administrative institutions ▪ government agencies ▪ commercial enterprises 	<ul style="list-style-type: none"> ▪ N/A 	Data can be used for needs assessment	Information specialists are required to acquire and manage data	GIS have been used in many cultures in other fields, i.e. traffic and transport, agricultural planning, land use, etc. Just beginning to be used in health	Components of PROGRESS may be incorporated into data analysis	Requires training	Equity may be considered